

IN THE SUPREME COURT FOR THE STATE OF NEVADA

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Elizabeth A. Brown
Clerk of Supreme Court

Jeffrey Reed, Petitioner, vs. Alecia Reed nka Draper and Alicia Draper, as Conservator for Emily Reed, Respondent.	Supreme Court #: 82575 (Appeal) District Court Case #: 05D338668
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VOLUME 8 of 11 - RESPONDENT'S APPENDIX

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

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Phone: (702) 419-2133

Attorney for Respondent Emily Reed

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Respectfully Submitted on this 10th day of January, 2022.

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

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Henderson, Nevada 89011

Phone: (702) 419-2133

Attorney for Respondent Emily Reed

CERTIFICATE OF SERVICE

The foregoing **Respondent's Appendix** in the above-captioned case was served this date by mailing a true and correct copy thereof, via first class, postage prepaid and addressed as follows **and** by electronic service through the Court's electronic filing system:

Amanda M. Roberts, Esq.
Roberts Stoffel Family Law Group
Attorney for Appellant
4411 S. Pecos Road
Las Vegas, Nevada 89121

Clerk, Nevada Supreme Court
201 S. Carson Street, Suite 201
Carson City, Nevada 89701

Dated this 10th day of January, 2022.

/s/ Elizabeth Brennan
an employee of Brennan Law Firm

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

as prescribed prior to your Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Medications That Were Changed - Changes Shown Below

Other Medications

Current **calcium carbonate (Tums)** 2 tabs Chewed every 4 hours as needed heartburn.

Last Dose: _____ Next Dose: _____

Current **gabapentin (gabapentin 300 mg oral capsule)** 1 Capsules Oral (given by mouth) every morning as needed anxiety.

Last Dose: _____ Next Dose: _____

Medications That Have Not Changed

Other Medications

acetaminophen (Tylenol 325 mg oral capsule) 2 Capsules Oral (given by mouth) every 6 hours as needed as needed for fever.

Last Dose: _____ Next Dose: _____

bismuth subsalicylate (Pepto-Bismol) 30 Milliliters Oral (given by mouth) 3 times a day as needed nausea.

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 25 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day, do not crush or chew., Do not crush

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 50 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day., Do not crush

Last Dose: _____ Next Dose: _____

diphenhydramine (Benadryl 25 mg oral capsule) 1 Capsules Oral (given by mouth) every 6 hours as needed as needed for allergy symptoms.

Last Dose: _____ Next Dose: _____

hydrocortisone topical (hydrocortisone 0.5% topical cream) Topical (on the skin) 4 times a day as needed allergy symptoms.

Last Dose: _____ Next Dose: _____

hydroxyzine (Vistaril 25 mg oral capsule) 1 Capsules Oral (given by mouth) 3 times a day as needed as needed for anxiety.

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Last Dose: _____ Next Dose: _____

lamoTRigine (LaMICtal 200 mg oral tablet) 1 tab Oral (given by mouth) every day.

Last Dose: _____ Next Dose: _____

loperamide (Imodium A-D) 2 Milligrams Oral (given by mouth) every 4 hours as needed diarrhea.

Last Dose: _____ Next Dose: _____

naproxen (Midol Extended Relief) 440 Milligrams Oral (given by mouth) every 6 hours as needed cramping.

Last Dose: _____ Next Dose: _____

prazosin (prazosin 2 mg oral capsule) 1 Capsules Oral (given by mouth) every day at bedtime.

Last Dose: _____ Next Dose: _____

template non-formulary (medication) (cough drops) 1 lozenge Oral (given by mouth) every 2 hours.

Last Dose: _____ Next Dose: _____

Please share your new medication list with your primary care provider and carry a list of updated medications with you at all times in case of emergency.

Major Tests:

The following tests were performed during your ED visit.

Laboratory or Other Results This Visit (last charted value for your 10/01/2019 visit)

Hematology

10/01/2019 2:28 PM

WBC: 8.3 10x3/uL -- Normal range between (4.0 and 11.0)

RBC: 5.07 10x6/uL -- Normal range between (3.90 and 4.98)

MCV: 92.4 fL -- Normal range between (81.0 and 93.0)

MCHC: 34.4 g/dL -- Normal range between (33.0 and 37.0)

Hct: 46.8 % -- Normal range between (35.0 and 45.0)

MCH: 31.8 pg -- Normal range between (28.0 and 35.0)

Hgb: 16.1 g/dL -- Normal range between (12.0 and 15.5)

MPV: 7.7 fL -- Normal range between (6.0 and 11.1)

Platelets: 298 10x3/uL -- Normal range between (140 and 400)

RDW: 13.0 % -- Normal range between (10.9 and 14.7)

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Absolute Neuts: 6.3 10x3/uL -- Normal range between (1.5 and 8.0)
Basophil % Auto: 0.3 % -- Normal range between (0.0 and 2.0)
Monocyte % Auto: 7.4 % -- Normal range between (3.0 and 14.0)
Lymphocyte % Auto: 15.6 % -- Normal range between (15.0 and 45.0)
Absolute Monos: 0.6 10x3/uL -- Normal range between (0.3 and 1.1)
Absolute Eos: 0.1 10x3/uL -- Normal range between (0.0 and 0.6)
Eosinophil % Auto: 0.6 % -- Normal range between (0.0 and 5.0)
Absolute Basos: 0.0 10x3/uL -- Normal range between (0.0 and 0.2)
Neutrophil % Auto: 76.1 % -- Normal range between (40.0 and 78.0)
Absolute Lymphs: 1.3 10x3/uL -- Normal range between (1.0 and 4.0)

Chemistry

10/01/2019 2:28 PM

Creatinine Lvl: 0.7 mg/dL -- Normal range between (0.5 and 0.9)
BUN: 12 mg/dL -- Normal range between (6 and 20)
Glucose Lvl: 103 mg/dL -- Normal range between (70 and 99)
Calcium Lvl: 9.5 mg/dL -- Normal range between (8.5 and 10.5)
CO2: 24 mmol/L -- Normal range between (21 and 29)
eGFR Non-AA: >60 mL/min/1.73 m2
eGFR AA: >60 mL/min/1.73 m2
Chloride Lvl: 103 mEq/L -- Normal range between (97 and 108)
Anion Gap: 13.0 -- Normal range between (3.0 and 11.0)
hCG Ur: Negative
Sodium Lvl: 140 mEq/L -- Normal range between (136 and 145)
Potassium Lvl: 4.4 mEq/L -- Normal range between (3.4 and 5.1)

Toxicology

10/01/2019 2:28 PM

Ethanol Level: <0.01 %
Barbiturate Scrn Ur: Negative
Benzodiazepine Scrn Ur: Negative
Cocaine Scrn Ur: Negative
Methadone Scrn Ur: Negative
Oxycodone Scrn Ur: Negative
Opiate Scrn Ur: Negative
Cannabinoid Scrn Ur: Negative
Ethanol: <10.1 mg/dL -- Normal range between (0.0 and 10.1)

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Emergency Documentation

Phencyclidine Scrn Ur: Positive
Amphetamine Scrn Ur: Negative

SEDATION OR ANESTHESIA

For patients who have received sedation or anesthesia, it is typical to experience sleepiness.

For the first 24 hours:

Do have a responsible person with you.

Do not drive a car. If you are alone, **do not** take public transportation.

Do not drink alcohol.

Do not take medicine that has not been prescribed by your health care provider.

Do not sign important papers or make important decisions.

Name: REED, EMILY

FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:

Dissociative Identity Disorder; Dissociative Identity Disorder

With:

Address:

When:

Follow up with specialist

Comments:

Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

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Name: REED, EMILY
FIN: 1927410070

"You may have received diagnostic testing at this facility for which final results are not yet available. Please follow up on MyCovenantHealth patient portal to obtain your diagnostic results, which will be available once the results are finalized. Contact your primary care physician with any questions regarding diagnostic test results. If you do not have a primary care physician, please contact this facility's emergency department and ask to speak with an emergency department nurse."

MyCovenantHealth Patient Portal is a secure way to access your electronic health records throughout the Covenant Health system. With MyCovenantHealth, you can:

- View lab results and other relevant health documents
- Manage upcoming appointments
- Send secure messages to your provider
- View your medications

How Do I Sign Up for the MyCovenantHealth Patient Portal?

If you've provided your email address to us, you will receive an email invitation to join the MyCovenantHealth patient portal. The email will come from CovenantHealth <noreply@iqhealth.com>. Follow the instructions in the email to access your patient record.

If you have not provided us with your email address, you may self-enroll in the patient portal by going to <https://mycovenanthealth.iqhealth.com/self-enroll> and providing the following required information:

- Name
- Birthdate
- Medical Record Number (MRN). Please do not enter any letters or leading zeroes. For example, if your Medical Record Number is listed as "MREC- 000000123" or "MRN: ABCD000000123," then only enter "123."
- Last four digits of your Social Security number

Then, follow the instructions provided to complete the self-enrollment process. If you have any questions about registering for the MyCovenantHealth patient portal, please contact us at (865) 374-5260.

Once enrolled, to access the patient portal visit <https://mycovenanthealth.iqhealth.com>.

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For more information about accessing the MyCovenantHealth patient portal, visit CovenantHealth.com/MyCovenantHealth.

How Do I Get the MyCovenantHealth App?

Once you've enrolled in the MyCovenantHealth patient portal, you can download the MyCovenantHealth app from the Apple App Store or Google Play Store.

How do I Connect My Health Information with other Health Management Apps?

Covenant Health also offers the ability to securely connect your MyCovenantHealth patient portal information with some of the health management apps you may use. Please visit www.CovenantHealth.com/health-apps to learn more about this opportunity.

Name: REED, EMILY
FIN: 1927410070

NATIONAL HOTLINES

National Suicide Prevention Lifeline

1-800-273-TALK (8255) [24/7 hotline]
1-888-628-9454 (Spanish)
1-800-799-4889 (TTY)

National Alliance on Mental Illness

1-800-950-6264

National Center on Elder Abuse

877-664-6140

National Child Abuse Hotline

1-800-422-4453

National Domestic Violence Hotline

1-800-799-7233 or 1-800-787-3224 (TTY)

National Sexual Assault Hotline

1-800-656-4673 [24/7 hotline]

National Human Trafficking Resource Center

1 (888) 373-7888

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TENNESSEE HOTLINES

Suicide & Crisis Hotlines

Listed by City, County, or Service Area

Knox, Blount, Loudon, Sevier, Monroe Counties

Mobile Crisis Unit
24 hours / 7 days
(865) 539-2409

Name: REED, EMILY

FIN: 1927410070

Anderson, Roane, Campbell, Scott, Morgan County

Ridgeview Mobile Crisis
24 hours / 7 days
1-800-870-5481
(865) 481-6175

ATHENS

Contact

McMinn / Meigs Counties

24 hours / 7 days
Helpline
(423) 745-9111

Claiborne County

Cherokee Health Systems Mobile Crisis
24 hours / 7 days
1-800-826-6881

Cumberland County

Volunteer Behavioral Health
1-800-704-2651

Hamblen County

Mobile Crisis
24 hours / 7 days
(423)-586-5031

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Emergency Documentation

Youth Villages

Children < 18 years
1-866-791-9224

Name: REED, EMILY
FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:
Dissociative Identity Disorder; Dissociative Identity Disorder

With: **Address:** **When:**
Follow up with specialist
Comments:
Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

Document Type: ED Triage Note
Service Date/Time: 10/1/2019 14:00 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 2 - Adult_v2
Sign Information: MESSICK,ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 2 - Adult_v2 Entered On: 10/01/19 14:08 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

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Emergency Documentation

aED Triage Part 2 - Adultv2

Domestic Concerns : Unable to obtain
Document KINDER Falls Risk : Unable to obtain
Behavioral Health Concern : Unable to obtain
High Risk Non-Suicidal : Impaired thought processes, not appropriate for age, or the inability to make appropriate decisions that leads to self-harm or harm to others
ED Clinical Trial : Unable to obtain
ED Language Preference : Unable to obtain
ED Communication Education Barriers : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

Document Type: ED Triage Note
Service Date/Time: 10/1/2019 14:00 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult_v2
Sign Information: MESSICK,ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 1 - Adult_v2 Entered On: 10/01/19 14:07 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

ED Triage Part 1 - Adultv2

Chief Complaint : Sent by pasadena villa for danger to self and elopement risk. Patient refuses to speak or answer any questions.
Lynx Mode of Arrival : Police
ED Allergies/Med Hx Section : Document assessment
RFV Disclaimer : **Note: the 'Reason For Visit' Diagnosis Type is the Chief Complaint. This is not a Clinical Diagnosis. The Discharge Diagnosis is the Clinical Diagnosis for this visit.
Temperature Oral : 36.8 Deg C(Converted to: 98.2 Deg F)
Systolic Blood Pressure : 124 mmHg
Diastolic Blood Pressure : 83 mmHg
Peripheral Pulse Rate : 130 bpm (HI)
Respiratory Rate : 17 br/min
SpO2 : 98 %
Oxygen Therapy : Room air
Pain : No pain observed or expressed
ED Triage Sepsis Screening : None
Weight Method Type : Measured

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Height Method Type : Estimated
Weight Dosing : 52.10 kg(Converted to: 114 lb 14 oz)
Height Inches : 64 in(Converted to: 163 cm)
ED Infectious Risk Screening : ED Launch Screening

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

DCP GENERIC CODE

Tracking Acuity : 2 - Emergent
Tracking Group : LCMC ED Tracking Group

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT
(As Of: 10/1/2019 2:07:35 PM EDT)

Diagnoses(Active)

Mental illness

Date: 10/1/2019 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Mental illness ;
Classification: Nursing ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
91097F17-F03A-41F9-9471-2423E720D5E5

ED Triage Allergies

(As Of: 10/1/2019 2:07:35 PM EDT)

Allergies (Active)

Haldol

Estimated Onset Date: Unspecified ; Reactions: unknown ;
Created By: MESSICK, ELIZABETH ANNE RN; Reaction
Status: Active ; Category: Drug ; Substance: Haldol ; Type:
Allergy ; Updated By: MESSICK, ELIZABETH ANNE RN;
Reviewed Date: 10/01/19 14:03 EDT

ED IP Screening

Travel Outside US the Last 6 Months : Unable to obtain
Candida Auris Screening : Unable to obtain
Is there a risk of exposure to an infectious disease or history of infectious disease? : Unable to obtain
Hx of TB exposure, infection, or cough : No, Unable to obtain
ED Mask Patient Alert : Unable to obtain
C Diff Loose Stool Screening : Unable to obtain
ED Immunocompromised : Unable to obtain
ED Hazardous Exposure Screening : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Automated Diff	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	76.1 ^{*1}	%	[40.0-78.0]	10/1/2019 14:44 EDT
Lymphocyte % Auto	15.6 ^{*1}	%	[15.0-45.0]	10/1/2019 14:44 EDT
Monocyte % Auto	7.4 ^{*1}	%	[3.0-14.0]	10/1/2019 14:44 EDT
Eosinophil % Auto	0.6 ^{*1}	%	[0.0-5.0]	10/1/2019 14:44 EDT
Basophil % Auto	0.3 ^{*1}	%	[0.0-2.0]	10/1/2019 14:44 EDT
Absolute Neuts	6.3 ^{*1}	10x3/uL	[1.5-8.0]	10/1/2019 14:44 EDT
Absolute Lymphs	1.3 ^{*1}	10x3/uL	[1.0-4.0]	10/1/2019 14:44 EDT
Absolute Monos	0.6 ^{*1}	10x3/uL	[0.3-1.1]	10/1/2019 14:44 EDT
Absolute Eos	0.1 ^{*1}	10x3/uL	[0.0-0.6]	10/1/2019 14:44 EDT
Absolute Basos	0.0 ^{*1}	10x3/uL	[0.0-0.2]	10/1/2019 14:44 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
CBC w/ Automated Differential	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	8.3 ^{*1}	10x3/uL	[4.0-11.0]	10/1/2019 14:44 EDT
RBC	5.07 ^{H*1}	10x6/uL	[3.90-4.98]	10/1/2019 14:44 EDT
Hgb	16.1 ^{H*1}	g/dL	[12.0-15.5]	10/1/2019 14:44 EDT
Hct	46.8 ^{H*1}	%	[35.0-45.0]	10/1/2019 14:44 EDT
MCV	92.4 ^{*1}	fL	[81.0-93.0]	10/1/2019 14:44 EDT
MCH	31.8 ^{*1}	pg	[28.0-35.0]	10/1/2019 14:44 EDT
MCHC	34.4 ^{*1}	g/dL	[33.0-37.0]	10/1/2019 14:44 EDT
RDW	13.0 ^{*1}	%	[10.9-14.7]	10/1/2019 14:44 EDT
Platelets	298 ^{*1}	10x3/uL	[140-400]	10/1/2019 14:44 EDT
MPV	7.7 ^{*1}	fL	[6.0-11.1]	10/1/2019 14:44 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Basic Metabolic Panel	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	140 ^{**}	mEq/L	[136-145]	10/1/2019 15:18 EDT
Potassium Lvl	4.4 ^{**}	mEq/L	[3.4-5.1]	10/1/2019 15:18 EDT
Chloride Lvl	103 ^{**}	mEq/L	[97-108]	10/1/2019 15:18 EDT
CO2	24 ^{**}	mmol/L	[21-29]	10/1/2019 15:18 EDT
Glucose Lvl	103^{H**}	mg/dL	[70-99]	10/1/2019 15:18 EDT
BUN	12 ^{**}	mg/dL	[6-20]	10/1/2019 15:18 EDT
Creatinine Lvl	0.7 ^{**}	mg/dL	[0.5-0.9]	10/1/2019 15:18 EDT
Calcium Lvl	9.5 ^{**}	mg/dL	[8.5-10.5]	10/1/2019 15:18 EDT
Anion Gap	13.0^{H**}		[3.0-11.0]	10/1/2019 15:18 EDT
eGFR AA	>60 ^{i1**}	mL/min/1.73 m2		10/1/2019 15:18 EDT
eGFR Non-AA	>60 ^{**}	mL/min/1.73 m2		10/1/2019 15:18 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG Qualitative Urine	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
hCG Ur	Negative ^{**}		[Negative]	10/1/2019 14:46 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Alcohol Level (ETOH Level)	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Ethanol	<10.1 ^{*1}	mg/dL	[0.0-10.1]	10/1/2019 15:25 EDT
Ethanol Level	<0.01 ^{*1}	%		10/1/2019 15:25 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Drugs of Abuse Screen, Urine toxicology	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ^{i2 *1}		[Negative]	10/1/2019 15:25 EDT
Barbiturate Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Benzodiazepine Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Cannabinoid Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Cocaine Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Methadone Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Opiate Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Oxycodone Scrn Ur	Negative ^{*1}		[Negative]	10/1/2019 15:25 EDT
Phencyclidine Scrn Ur	Positive ^{@ *1}		[Negative]	10/1/2019 15:25 EDT

Interpretive Data

i2: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient: REED, EMILY
MRN: LCMC0000592122
FIN: 1928001957
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC LAB
Admit: 10/7/2019
Disch: 10/7/2019
Admitting:

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
Automated Diff	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	71.4 ^{**}	%	[40.0-78.0]	10/7/2019 10:53 EDT
Lymphocyte % Auto	21.6 ^{**}	%	[15.0-45.0]	10/7/2019 10:53 EDT
Monocyte % Auto	5.9 ^{**}	%	[3.0-14.0]	10/7/2019 10:53 EDT
Eosinophil % Auto	0.6 ^{**}	%	[0.0-5.0]	10/7/2019 10:53 EDT
Basophil % Auto	0.5 ^{**}	%	[0.0-2.0]	10/7/2019 10:53 EDT
Absolute Neuts	5.2 ^{**}	10x3/uL	[1.5-8.0]	10/7/2019 10:53 EDT
Absolute Lymphs	1.6 ^{**}	10x3/uL	[1.0-4.0]	10/7/2019 10:53 EDT
Absolute Monos	0.4 ^{**}	10x3/uL	[0.3-1.1]	10/7/2019 10:53 EDT
Absolute Eos	0.0 ^{**}	10x3/uL	[0.0-0.6]	10/7/2019 10:53 EDT
Absolute Basos	0.0 ^{**}	10x3/uL	[0.0-0.2]	10/7/2019 10:53 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
CBC w/ Automated Differential	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	7.3 ^{**}	10x3/uL	[4.0-11.0]	10/7/2019 10:53 EDT
RBC	4.76 ^{**}	10x6/uL	[3.90-4.98]	10/7/2019 10:53 EDT
Hgb	15.3 ^{**}	g/dL	[12.0-15.5]	10/7/2019 10:53 EDT
Hct	43.9 ^{**}	%	[35.0-45.0]	10/7/2019 10:53 EDT
MCV	92.3 ^{**}	fL	[81.0-93.0]	10/7/2019 10:53 EDT
MCH	32.1 ^{**}	pg	[28.0-35.0]	10/7/2019 10:53 EDT
MCHC	34.8 ^{**}	g/dL	[33.0-37.0]	10/7/2019 10:53 EDT
RDW	13.0 ^{**}	%	[10.9-14.7]	10/7/2019 10:53 EDT
Platelets	301 ^{**}	10x3/uL	[140-400]	10/7/2019 10:53 EDT
MPV	7.8 ^{**}	fL	[6.0-11.1]	10/7/2019 10:53 EDT

Performing Locations

*1: This test was performed at:
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LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Comprehensive Metabolic Panel	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	139 ^{**}	mEq/L	[136-145]	10/7/2019 10:51 EDT
Potassium Lvl	4.2 ^{**}	mEq/L	[3.4-5.1]	10/7/2019 10:51 EDT
Chloride Lvl	101 ^{**}	mEq/L	[97-108]	10/7/2019 10:51 EDT
CO2	25 ^{**}	mmol/L	[21-29]	10/7/2019 10:51 EDT
Glucose Lvl	82 ^{**}	mg/dL	[70-99]	10/7/2019 10:51 EDT
BUN	12 ^{**}	mg/dL	[6-20]	10/7/2019 10:51 EDT
Creatinine Lvl	0.6 ^{**}	mg/dL	[0.5-0.9]	10/7/2019 10:51 EDT
Calcium Lvl	9.5 ^{**}	mg/dL	[8.5-10.5]	10/7/2019 10:51 EDT
Protein Total	7.6 ^{**}	g/dL	[6.6-8.7]	10/7/2019 10:51 EDT
Albumin Lvl	4.6 ^{**}	g/dL	[3.5-5.2]	10/7/2019 10:51 EDT
Bilirubin Total	1.0 ^{**}	mg/dL	[0.2-1.2]	10/7/2019 10:51 EDT
AST	18 ^{**}	unit/L	[5-32]	10/7/2019 10:51 EDT
ALT	14 ^{**}	unit/L	[5-41]	10/7/2019 10:51 EDT
Alkaline Phos	70 ^{**}	unit/L	[35-105]	10/7/2019 10:51 EDT
Anion Gap	13.0^{H**}		[3.0-11.0]	10/7/2019 10:51 EDT
eGFR AA	>60 ^{i1**}	mL/min/1.73 m2		10/7/2019 10:51 EDT
eGFR Non-AA	>60 ^{**}	mL/min/1.73 m2		10/7/2019 10:51 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Cholesterol Total	160 ^{**}	mg/dL	[0-200]	10/7/2019 10:51 EDT
HDL Cholesterol	49 ^{i2**}	mg/dL		10/7/2019 10:51 EDT

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Lipids and CV Risk

Orderable Name Ordering Provider Accession Number Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL) SEE-FACESHEET,PHYSICIAN 06-19-280-0267 10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Triglycerides	41 ^{**}	mg/dL	[9-150]	10/7/2019 10:51 EDT
LDL Calculated	102 ^{H**}	mg/dL	[10-100]	10/7/2019 10:51 EDT
Cholesterol/HDL Ratio	3 ^{**}			10/7/2019 10:51 EDT

Interpretive Data

i2: HDL Cholesterol
HDL Cholesterol Note:

LEVEL	RISK
Females -	
> 55	Low
35 - 54	Moderate
< 35	High
Males -	
> 65	Low
45 - 65	Moderate
< 45	High

Pregnancy Testing

Orderable Name Ordering Provider Accession Number Collected Date/Time
HCG, Beta Quant, Serum SEE-FACESHEET,PHYSICIAN 06-19-280-0267 10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Beta-HCG Quant	<0.1 ^{f1 i3 **}	mIU/mL	[0.0-5.0]	10/7/2019 11:32 EDT

Result Comments

f1: Beta-HCG Quant
result rechecked

Interpretive Data

i3: Beta-HCG Quant
bHCG REFERENCE RANGE
<5.0 Negative
5.0-15.0 Indeterminate; recommend recollect in 3 days
>15.0 Positive

LeConte Medical Center
742 Middle Creek Road
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Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Interpretive Data

i3: Beta-HCG Quant
Weeks post LMP:

3-4 wks 15-750
4-5 wks 18-7,138
5-6 wks 217-31,795
6-7 wks 158-163,563
7-12 wks 3,697 -210,612
12-16 wks 27,832-56,451
16-18 wks 9,040-58,176
2nd Trimester 1,400-53,000
3rd Trimester 940-60,000

This assay is not FDA cleared as a tumor marker.

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Thyroid

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Thyroid Stimulating Hormone	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
TSH	0.82 ^{i4*}	mcIntlUnit/mL	[0.27-4.20]	10/7/2019 11:09 EDT

Interpretive Data

i4: TSH
This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name Ordering Provider Accession Number Collected Date/Time
Drugs of Abuse Screen, Urine SEE-FACESHEET,PHYSICIAN 06-19-280-0268 10/7/2019 10:09 EDT
toxicology

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ^{i5 *1}		[Negative]	10/7/2019 10:43 EDT
Barbiturate Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Benzodiazepine Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Cannabinoid Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Cocaine Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Methadone Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Opiate Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Oxycodone Scrn Ur	Negative ^{*1}		[Negative]	10/7/2019 10:43 EDT
Phencyclidine Scrn Ur	Positive ^{@*1}		[Negative]	10/7/2019 10:43 EDT

Interpretive Data

i5: Amphetamine Scrn Ur

The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Urinalysis

Legend: c=Corrected, (A)=Abnormal, I=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

UA Macroscopic

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Urinalysis Dipstick Only	SEE-FACESHEET,PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
UA Color	Yellow *1		[Yellow]	10/7/2019 10:34 EDT
UA Appear	Clear *1		[Clear]	10/7/2019 10:34 EDT
UA Spec Grav	1.015 *1		[1.030]	10/7/2019 10:34 EDT
UA pH	8 *1		[5.0-8.0]	10/7/2019 10:34 EDT
UA Protein	NEG *1		[NEG]	10/7/2019 10:34 EDT
UA Glucose	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Ketones	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Bili	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Blood	1+ @ *1		[Negative]	10/7/2019 10:34 EDT
UA Nitrite	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Urobilinogen	NEG *1			10/7/2019 10:34 EDT
UA Leuk Est	Negative *1		[Negative]	10/7/2019 10:34 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

EXHIBIT 39

EXHIBIT 39

EXHIBIT 39
RESP'T APP 1701

Discharge Summary

Demographics

Resident Name: Emily Reed (Case 2)

Date: 11/10/2019

Time: 2:56 PM

Provider: Timothy Meeks, MSSW

Date of Original MTP: 10/02/2017

MR#: 60763

Admit Date: 10/03/2019

Date of Birth: 11/16/1996

Date of Discharge: 11/11/2019

Age: 22

Services Provided

One on one therapy, group therapy, animal assisted therapy, rec therapy, medication management

Type of Discharge

- ☒ Planned
- ☐ Unplanned
- ☐ Administrative
- ☐ AMA

Reason for Admission

Discharge Diagnosis

Code System	Code	Description
DSM5	F60.7	F60.7 Dependent personality disorder
DSM5	F33.9	F33.9 Major depressive disorder, Recurrent episode, Unspecified
DSM5	F44.89	F44.89 Other specified dissociative disorder
DSM5	F43.10	F43.10 Posttraumatic stress disorder

Explanation of Changes to Diagnosis

Client meets criteria for dependent personality disorder. MTP has been updated to reflect diagnosis.

Master Problem List

Date	#	Problem	EST Completed	Date Resolved
10/29/2019	1	Major Depressive Disorder		
10/29/2019	2	Other Specified Dissociative Disorder		
10/29/2019	3	Posttraumatic Stress Disorder		
10/29/2019	4	Dependent Personality Disorder		

Summary of Progress

Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
1	Major Depressive Disorder	Emily will report a significant improvement in mood and sense of well-being.;
Client has learned emotional regulation and self soothing skills to deal with negative mood states.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
2	Other Specified Dissociative Disorder	
Client has learned grounding skills and distress tolerance skills to help soothe high dissociative states.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)

RESPI APP 1702

ER 002502

		assessment)
3	Posttraumatic Stress Disorder	Emily will achieve a significant reduction in anxiety symptoms associated with PTSD, (i.e., distress no longer causes clinical impairment).;
Client has learned grounding skills, distress tolerance, and emotional regulation skills to help soothe through symptoms. Client has also begun understanding and challenging negative cognitions related to trauma.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
4	Dependent Personality Disorder	
Client has demonstrated understanding that dependency is a pattern relating to past trauma and has begun to work through independent decision making.		

Strengths and Weaknesses

Strengths	
Needs	
Abilities	
Preferences	

Medication

Psychotropic Medications	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #21 sent with resident at discharge			
		Active	PS	PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #35 sent with resident at discharge			
		Active	PS	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
				Start Date: 10/18/2019		Stop Date:	
				Med Notes: #21 (100mg), #30 (50mg), and #20 (25mg) tabs sent with resident at discharge			
Other Medications	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs - as needed
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #19 sent with resident at discharge			
	Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily - as needed
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #63 sent with resident at discharge			
		Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
				Start Date: 10/04/2019		Stop Date:	
				Med Notes: #66 sent with resident at discharge			

RESP'T APP 1703

Disposition of Medication	Remaining supply of medication sent with resident at time of discharge.
Explanation of Changes	N/A

Discharge Planning

Anticipated Discharge Date	10/24/2019
Living Arrangements	
Education	
Therapy (Specify individual, family or group treatment)	
Discharge Transition Obstacles	

Condition on Discharge

Client is both optimistic about discharge and anxious about what the future holds. There is no indication of SI, HI, or impulses to self harm.

Reason for Discharge

<input type="checkbox"/> Completed treatment
<input checked="" type="checkbox"/> Exhaustion of personal finances
<input type="checkbox"/> Against Medical Advice
<input type="checkbox"/> Against Treatment Advice
<input type="checkbox"/> Administrative Discharge
<input type="checkbox"/> Transferred for further treatment
<input type="checkbox"/> Dropped out of treatment
<input type="checkbox"/> Exhaustion of insurance finances
<input type="checkbox"/> Failed treatment for other reasons
<input type="checkbox"/> Legal issues
<input type="checkbox"/> Transferred for further treatment/Medical
<input type="checkbox"/> Transferred for further treatment/Psychiatric
<input type="checkbox"/> Other

Family/Guardian Participation in Treatment

Mother and grandmother have been involved in treatment.

Critical Events & Interaction

The client was sent to LeConte Medical Center and upon return, demonstrated a greater control over alter presentations and other trauma responses. The observation of alter presentations and trauma responses fell noticeably after hospitalization.

Prognosis

Moderate assuming the client continues treatment for the trauma and for dependent personality disorder.

Recommendations

Client has a follow-up appointment with Dr. Love-Far, her long term psychiatrist, on 11/18/19 at 10:00am. Dr. Love is located at 3150 Bristol St., Suite 400 Costa Mesa, CA 92626, 949 266-3700.

Medical Follow-up

Please follow up with Psychiatrist for medication management. Take your medications exactly as prescribed. Please contact nursing staff if you have any questions or concerns.

RESP'T APP 1704

Contact Signatures

--Digitally Signed: 11/11/2019 09:37 am: Emily Reed (Case 2)

Treatment Team Signatures

--Digitally Signed: 11/11/2019 09:37 am Head Nurse Rachel Stewart, RN

RESP'T APP 1705

EXHIBIT 40

EXHIBIT 40

EXHIBIT 4 0
RESP'T APP 1706



A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

February 7, 2020

Alecia Draper
20762 Crestview Lane
Huntington Beach, CA 92646

RE: Emily Reed
DOB: 11/16/1996

Hello,

This file is pertaining to medical records request for the patient listed above.
The file will contain the following documents:

- Invoice
- Face Sheet
- Discharge Summary
- Initial Psychiatric Evaluation (Admission Report)
- History & Physical
- Labs
- Medication Reconciliation
- Aftercare Plan

For your convenience, the invoice is sent out via mail along with a pre-paid envelope for payment (check/money order). If paying cash, please submit payment in person to the Medical Records Department.

If there are any questions or concerns, please give me a call at (310) 530-1151 x412.

Thank you,

Mollina Reth
Medical Records Clerk
Mollina.reth@uhsinc.com
Tele: (310) 530-1151 x412
Fax: (310) 626-9330

RESP'T APP 1707



A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

INVOICE FOR PROCESSING/COPYING MEDICAL RECORDS

Date: February 7, 2020

Patient Name: EMILY REED

Medical Record Number: 06-02-76

___\$4.00___ Clerical fee: \$4.00 per ¼ hour for location/processing records

___15___ Minutes to process requested information

___\$6.00___ Photocopying charges @ .25¢ per page for _24_ pages

___\$10.00___ **TOTAL AMOUNT DUE UPON RECEIPT**

MAKE CHECK PAYABLE TO: DEL AMO HOSPITAL

PLEASE SUBMIT PAYMENT TO: Medical Records Department
Del Amo Hospital
23700 Camino del Sol
Torrance, California 90505

Thank-you in advance,

Mollina Reth

Medical Records Clerk

Mollina.reth@uhsinc.com

Tele: (310) 530-1151 x412

Fax: (310) 626-9330

RESP'T APP 1708



AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
(Substance Abuse/Psychiatric Records)

REC'D JAN 28 2020

Failure to provide all information may invalidate this authorization.

Patient Information	Patient Name: <u>REED, EMILY C</u> MRN: _____	
	Date of Birth: <u>000060276 11/16/1996 023</u> Phone: _____	
Release To	Address: <u>A#1057817-0010 I IPL DEL</u>	
	City: <u>12/31/2019 22:31</u> State: _____ Zip: _____	
	M. WONG MD	
Release To	AUTHORIZES: <u>Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505</u>	For the following: <input checked="" type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other: _____
	Person / Organization: <u>mother (Alecia Draper)</u> Address: <u>20762 Crestview Lane</u> City / State / Zip: <u>Huntington Beach CA 92646</u> Phone: <u>(714) 916-1584</u> Fax: _____ Relationship: <u>mother</u>	

I REFUSE to have my information disclosed. _____
(Signature of Patient)

_____ Date

Information to Release	Treatment Dates: <u>12/31/2019 - 1/27/2020</u>	State / Federal Laws require specific authorization to release the following types of information: (please initial) ____ HIV test results ____ Psychotherapy Notes
	<input checked="" type="checkbox"/> Discharge Summary <input checked="" type="checkbox"/> Admission Report <input checked="" type="checkbox"/> History & Physical <input checked="" type="checkbox"/> Psychological Testing <input checked="" type="checkbox"/> Labs/EKGs <input type="checkbox"/> Other (Please Specify) _____	
Expiration	Information to be released via: <input type="checkbox"/> Pick-up <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <u>alecia.draper@gmail.com</u>	
	This authorization will automatically expire in 30 days from the date of execution unless a different end date or event is specified: _____ (Date/Event)	

RESP'T APP 1709

Notice of Rights and Conditions	<ol style="list-style-type: none"> 1. Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California WIC 5328 and Federal Regulations, CFR, Part 42, concerning the privacy of information. 2. If I refuse to sign this authorization my refusal will not affect my ability to obtain treatment. 3. If I revoke this authorization, the revocation will not have any effect on any actions taken in reliance on this authorization prior to receiving the revocation. 4. I have a right to receive a copy of this authorization. 5. Information disclosed pursuant to this authorization could be re-disclosed by the recipient and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law. 6. <u>If the child is 12 years of age or older</u>, Title XXII (California State Law [45C.F.R. 164/502(G); Cal Civil Code 56.105] requires BOTH the child/adolescents' signature as well as the legal guardians' signature. 7. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming it is accurate and consent to the release of my Protected Health Information (PHI). 								
Signature	<table border="0"> <tr> <td data-bbox="214 936 1023 1197"> <p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p> </td> <td data-bbox="1023 936 1500 1197"> <p><u>1/27/20</u></p> <p>Date</p> </td> </tr> <tr> <td data-bbox="214 1197 1023 1323"> <p>Parent / Guardian / Power Of Attorney - Relation to Patient</p> </td> <td data-bbox="1023 1197 1500 1323"> <p>Date</p> </td> </tr> <tr> <td data-bbox="214 1323 1023 1449"> <p>Risk Manager Signature</p> </td> <td data-bbox="1023 1323 1500 1449"> <p>Date <u>2/5/20</u></p> </td> </tr> <tr> <td data-bbox="214 1449 1023 1667"> <p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p> </td> <td data-bbox="1023 1449 1500 1667"> <p>Date</p> </td> </tr> </table>	<p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p>	<p><u>1/27/20</u></p> <p>Date</p>	<p>Parent / Guardian / Power Of Attorney - Relation to Patient</p>	<p>Date</p>	<p>Risk Manager Signature</p>	<p>Date <u>2/5/20</u></p>	<p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p>	<p>Date</p>
<p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p>	<p><u>1/27/20</u></p> <p>Date</p>								
<p>Parent / Guardian / Power Of Attorney - Relation to Patient</p>	<p>Date</p>								
<p>Risk Manager Signature</p>	<p>Date <u>2/5/20</u></p>								
<p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p>	<p>Date</p>								
Revocation	<p><u>COMPLETE ONLY TO VOID THIS CONSENT</u></p> <p>SIGNATURE OF PATIENT/LEGAL REP: _____</p> <p>If signed by other than the patient, state relationship and authority to do so</p>								

RESP'T APP 1710

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY C**
Address..... 20762 CRESTVIEW LN
City, State, Zip..... HUNTINGTON BEACH, CA 92646
Phone..... 714 916-1524 Cell:
Social Security No..... 604-94-3768 Other.
Birth Date..... 11/16/1996
Age..... 023Y
Sex..... F
Race..... W White
Ethnicity..... CAUCASIAN Amer
Language..... English
Marital Status..... SINGLE
Referral Source 1..... HOAG HOSPITAL
Referral Source 2.....
Financial Class: 4024
Fin. Class Name: BLUE SHIELD MHSA
Doctor Name..... WONG MATTHEW
NPP.....
Auth #..... 0G3WDB000

Account No/Type.....1057817-0010 INV -INVOLUNTARY
Medical Record No... 000060276
County.....
Admit Date/Time..... 12/31/19 22:31
Disch Date/Time..... 1/27/20 20:13
Adm.Dx..... Dissociative identity disorder F4481
F332
Prev. Admit Date..... 00/00/0000
Service..... IPL Nursing Station:
Occupation.....
Employer.....
Address.....
Phone.....

Other Contact:

Name..... DRAPER ALECIA
Address..... 20762 CRESTVIEW LN
City, State, Zip..... HUNTINGTON BEACH, CA 9264
Phone..... 714-916-1524
Relationship..... MOTHER
Cell..... Other.

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... REED EMILY CHRISTINE
Address..... 20762 CRESTVIEW LN
City, State, Zip.... HUNTINGTON, CA 92646
Phone..... 714-916-1524
Relationship..... SELF
D.O.B. 11/16/1996
Occupation.....
Employer.....
Address.....
City, State, Zip..
Cell.....
Other.....

Spouse/Parent

Name..... DRAPER ALECIA
Relationship..... MOTHER
Address..... 20762 CRESTVIEW LN
City, State, Zip.. HUNTINGTON BEACH, CA
Phone..... 714-916-1524
Occupation.....
Employer.....
Cell.....
Other.....

*** Insurance Carrier 1 Information ***

Carrier..... BLUE SHIELD MHSA
Group Name... Grp#.. W0093925
Policy..... XEA908826036
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 710400
City/St/Zip.... SAN DIEGO, CA 92171
Ins Phone..... (877)263-8827
Policy Hld DOB. 11/16/1996

*** Insurance Carrier 2 Information ***

Carrier..... MEDI-CAL
Group Name... Grp#..
Policy..... 92694533F
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 13029
City/St/Zip.... SACRAMENTO, CA 95813
Ins Phone.....
Policy Hld DOB. 11/16/1996

*** Insurance Carrier 3 Information ***

Carrier.....
Policy.....
Policy Holder..

*** Insurance Carrier 4 Information ***

Carrier.....
Policy.....
Policy Holder..

Preferred Name:
Notes:

RESP'T APP 1711

ER 002447

Del Amo Hospital
23700 Camino Del Sol
Torrance, CA. 90505
Telephone: (310) 530-1151

DISCHARGE SUMMARY

PATIENT NAME: REED, EMILY CHRISTINE
DATE OF ADMISSION: 12/31/2019
DATE OF DISCHARGE: 01/27/2020

ADMITTING DIAGNOSES:

Psychiatric: Major depression, severe, recurrent, without psychotic features.
Posttraumatic stress disorder (PTSD).
Dissociative identify disorder.

Medical: None.

Psychosocial and Contextual Factors: Severe.

CHIEF COMPLAINT/REASON FOR ADMISSION: Reason for admission: Patient came in here. She tried to put a plastic bag over her head and tied a belt around her neck. Apparently, she was molested between the ages of 12 and 16 by a family friend and developed PTSD and dissociative identity disorder as a result of that. She has had multiple hospitalizations now.

CLINICAL COURSE/PSYCHIATRIC/PHYSICAL: She was started on Pristiq 100 mg q.a.m. for further depression control, Abilify 2.5 mg q.a.m. for further depression control, trazodone 50 mg nightly p.r.n. insomnia, prazosin 2 mg nightly for PTSD, Lamictal 200 mg q.a.m. for mood lability control, gabapentin 300 mg t.i.d. for anxiety control on 01/01/2020. On 01/03/2020, Abilify discontinued. Gabapentin increased to 600 mg b.i.d. On 01/04/2020, Remeron started at 7.5 mg nightly that was increased to 15 mg nightly on 01/09/2020. Prazosin increased to 4 mg nightly on 01/11/2020. Lamictal increased to 225 q.a.m. on 01/13/2020. Remeron increased to 22.5 mg nightly for depression on 01/14/2020. On 01/15/2020, Seroquel started at 25 mg nightly for mood lability and psychosis control. Remeron increased to 30 mg nightly for depression control on 01/18/2020. On 01/20/2020, Seroquel increased to 100 mg nightly. Lamictal increased to 250 mg q.a.m. On 01/22/2020, Seroquel increased to 200 mg nightly. Seroquel increased to 300 mg nightly on 01/24/2020. On discharge, she denied any suicidal or homicidal ideations, auditory, visual, tactile or olfactory hallucinations. Reported mood is good. Denies side effects.

REPORT OF PHYSICAL EXAM/LAB DATA/CONSULTS: Head normal. Neck normal. Pulmonary normal. Musculoskeletal normal. Neurologic normal. Laboratories from 01/24/2020: CBC normal. CMP normal. Urinalysis cloudy. From 01/02/2020, urine drug screen negative. Urinalysis normal. Pregnancy negative. From 01/01/2020, CMP normal. TSH normal. RPR nonreactive. CBC

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 1 of 3

Patient Name: **REED, EMILY CHRISTINE**

Patient Number: **10578170010**

Medical Record No.: **06RESP'T APP 1712**

Attending Physician: **MATTHEW WONG, MD**

ER 002448

normal.

HOW GOALS IN TREATMENT PLAN HAVE BEEN MET: Patient denies suicidal or homicidal ideations.

TREATMENT RECEIVED IN HOSPITAL: Medication management.

SUMMARY OF PATIENT'S CONDITION AT DISCHARGE (Including baseline psychiatric, physical, and social functioning): Physically stable. She was able to ambulate on her own. Socially, she is able to voice her needs, wants, concerns in an appropriate manner. Psychiatric: Denies suicidal or homicidal ideations. No hallucinations.

PROGNOSIS: Guarded.

DISPOSITION OF PATIENT: Home and outpatient psychiatric followup.

AFTERCARE INSTRUCTIONS: Call or go to the emergency room should she feel unsafe, and get rid of any sharp objects in the home.

FOLLOW-UP TREATMENT AND SPECIFIC APPOINTMENTS ARRANGED: Yet to be determined by social work at the time of this dictation.

PHYSICAL ACTIVITY: As tolerated.

MEDICATIONS AT DISCHARGE: Pristiq 100 mg q.a.m. , Gabapentin 600 mg b.i.d. , Remeron 30 mg qhs, Prazosin 4 mg qhs, Lamictal 250 mg q.a.m., Seroquel 300 mg qhs.

DISCHARGE MEDICATIONS INSTRUCTIONS: Take 1 pill of Pristiq in the morning, take 1 pill of Gabapentin twice a day, take 1 pill of Remeron at bedtime, take 2 pills of Prazosin at bedtime, take 2 pills of Lamictal 100 mg in the and take 2 pills of Lamictal 25 mg in the morning, take 1 pill of Seroquel at bedtime.

DIET: Regular.

FOLLOWUP CARE: Will be determined by mother actually. The mother says that she wants her home and that would take care of her there.

ALLERGIES: Haldol, midazolam.

FINAL DIAGNOSES:

Psychiatric: Major depression, severe, recurrent, with psychotic features.
Posttraumatic stress disorder (PTSD).

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 2 of 3

Patient Name:

Patient Number:

Medical Record No.:

Attending Physician:

REED, EMILY CHRISTINE

10578170010

06 RESP'T APP 1713
MATTHEW WONG, MD

ER 002449

Dissociative identify disorder.
Medical: None.
Psychosocial and Contextual Factors: Mild.

Electronically Signed on 01/29/2020 10:33:50 AM (GMT 8:0)

Matthew Wong, MD

MW/rs/cb

DD: 01/27/2020 08:30:43 AM

DT: 01/29/2020 09:47:00 AM

Job #: T687601

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 3 of 3

Patient Name:

Patient Number:

Medical Record No.:

Attending Physician:

REED, EMILY CHRISTINE

10578170010

060116

MATTHEW WONG, MD

RESP'T APP 1714

ER 002450

Del Amo Hospital
23700 Camino Del Sol
Torrance, CA. 90505
Telephone: (310) 530-1151

INITIAL PSYCHIATRIC EVALUATION

PATIENT NAME: REED, EMILY
DATE OF ADMISSION: 12/31/2019
UNIT: DS

IDENTIFICATION OF PATIENT: This is a 23-year-old white female who is admitted on a 5150 for danger to self.

REASON FOR ADMISSION/CHIEF COMPLAINT/PRESENT ILLNESS (PATIENT OR GUARDIAN'S OWN WORDS):

Chief Complaint: "I don't know".

History of Present Illness: According to hold, the patient attempted to kill herself and was found in her room with a plastic bag over her head and belt tied around her neck. In speaking with the patient today, the patient remains despondent and withdrawn. She seems to be very confused even. She suffers from PTSD. She was molested between the ages of 12 and 17 by a family friend who was taking care of her father in Las Vegas. As a result, she developed this PTSD as well as dissociative identity disorder. I spoke with her mother, as the patient is not a very good historian, and she is very withdrawn right now. The patient historically has tried to run away from treatment facilities and the home in order to try to harm herself. Right now, she remains somewhat withdrawn and involuted. No symptoms of bipolar disorder or any eating disorder or any psychotic symptoms; however she is so withdrawn, that she actually may even appeared to be somewhat internally preoccupied, but historically she has never been noted to be psychotic per se other than when she dissociates.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY: She has had multiple suicide attempts in the past, including running away, overdosing, trying to hang herself, and running into traffic. She has had multiple remissions. In fact, she was last admitted to a hospital in Tennessee for 10 weeks only to be transferred to a residential thereafter, and she has actually been here before as well.

SOCIAL HISTORY/DEVELOPMENTAL HISTORY: She has never been married. No children. She lives with mother right now, and this is where this symptoms occurred. She hit all milestones in terms of walking, talking, crawling, and toilet training.

FAMILY HISTORY: She denies any psychiatric or drug abuse issues in the family.

PAST MEDICAL HISTORY: None. No history of head traumas, seizures, CNS injuries, or illnesses.

**INITIAL PSYCHIATRIC
EVALUATION
DEL AMO HOSPITAL**
Page 1 of 3

Patient Name: REED, EMILY
Patient Number: 10578170010
Medical Record No.: 06027
Attending Physician: MATTHEW WONG, MD

RESP'T APP 1715

ER 002451

CURRENT MEDICATIONS/ALLERGIES: She is on Pristiq 100 mg a day, gabapentin 300 mg three times a day, Lamictal XR 200 mg a day, prazosin 2 mg at bedtime, and Vistaril 25 mg as needed. Allergies: **Haldol and midazolam**

HISTORY OF MEDICATIONS: She tried Haldol, Seroquel, and Prozac before. The mother has actually said that one residential she would like us to look at either into UBH Health Systems in Decatur, Texas or Denton Texas, or Sheppard Pratt in Maryland.

MENTAL STATUS EXAMINATION:

APPEARANCE AND BEHAVIOR: The patient is dressed casually. She is in no apparent distress.

Behavior: She has some psychomotor retardation with poor eye contact. No psychomotor agitation.

ORIENTATION (Mode of Evaluation): Cognition is to person, place, time, and situation to a certain extent. She knows her name, Emily. She knows the date, 01/01/2020. She knows this a hospital. She is not exactly sure why she is here though. I think she seems to be in a sort of dazed state right now.

MOOD: Depressed.

AFFECT: Restricted.

MOTOR ACTIVITY: Slow.

THOUGHT CONTENT: No thought insertion, blocking, or withdrawal. Right now, she is still quite despondent with thoughts to hang herself.

LONG/SHORT TERM MEMORY (mode of evaluation): Long-Term Memory: She knows her birthday, 11/16/1996. Short-Term Memory: She remembers my name after our interview.

ESTIMATE OF INTELLIGENCE (mode of evaluation): Average. She knows Trump is the president.

CAPACITY FOR SELF HARM and/or HARM TO OTHERS: Capacity for self-harm: High.

INSIGHT (Mode of Evaluation): Partial. She knows why she is here.

JUDGMENT (Mode of Evaluation): Partial: She knows not to put her hands on a hot stove.

IMPULSE CONTROL: Poor.

CAPACITY FOR ACTIVITIES OF DAILY LIVING: Fair.

EVIDENCE OF FAILURE OR INABILITY TO BENEFIT FROM A LESS INTENSIVE PROGRAM: The patient is actively suicidal.

PATIENT STRENGTHS AND ASSETS: She is physically healthy. She has average intelligence.

Weaknesses: Poor coping skills.

ADMITTING DIAGNOSES:

Psychiatric: *MDN 10/2, PTSD, BID*

Medical: *nm*

Psychosocial and Contextual Factors: *fear*

INITIAL TREATMENT PLAN/TREATMENT MODALITIES (i.e., Milieu Tx, AT Tx, Group Tx):

The patient is admitted to Del Amo Hospital. We will start her on her outpatient medications. I am also going to add on Abilify 2.5 mg every morning for further depression control. I spoke with mother, who

INITIAL PSYCHIATRIC
EVALUATION
DEL AMO HOSPITAL
Page 2 of 3

Patient Name:
Patient Number:
Medical Record No.:
Attending Physician:

REED, EMILY

10578170010

060

RESP'T APP 1716

MATTHEW WONG, MD

ER 002452

said she is the conservator; however, the conservatorship papers we have here are dated back from November 2018 so I believe it would have expired by now. The mother has not gone back to court to seek conservatorship; however, the patient is willing to take medications so as it stands right now, the mother says she is the conservator, and I have read the conservatorship papers that suggest that she is the LPS conservator for the patient; however, it does not say that it was going to expire so it is questionable at this point in time whether or not the mother is the conservator or not. Nonetheless, the patient is amenable to taking her medications. The patient is advised of the risks, benefits, and alternatives of taking medications, including cause of death, weight gain, sexual side effects, increased suicidal ideations, difficulty having children, having children with mental and physical tardive dyskinesia, diabetes mellitus, hyperprolactinemia, gynecomastia, neuroleptic malignant syndrome, and galactorrhea. She assents to medications. Now the mother needs to know that the patient is essentially "hell-bent on killing herself." It is a very sad case. The patient is just very unsafe. The patient will be seen by the internist who will do a history and physical.

PROBLEM AREAS: Mood disorder and suicide ideations.

STAFF RESPONSIBLE: As stated above.

ESTIMATED LENGTH OF STAY: 10 to 14 days as we try to get her into some sort of residential.

PLANNED DISPOSITION ON DISCHARGE: Home and outpatient psychiatric followup.

GOALS (Include Target in Attitude and Behavior): No longer suicidal

PROJECTED OUTCOME THIS HOSPITALIZATION: The patient is no longer suicidal.

EDUCATION: The patient will be educated regarding her diagnosis, and this will continue during this hospitalization.

I certify that inpatient psychiatric hospitalization is medically necessary for treatment which could reasonably be expected to improve the patient's current condition.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MATTHEW WONG, MD
1/3/2020 10:04 PM (PST)

MW/kpa/mac

DD: 01/01/2020 08:24:03

DT: 01/01/2020 22:26:51

Job #: 14270003405

INITIAL PSYCHIATRIC
EVALUATION
DEL AMO HOSPITAL
Page 3 of 3

Patient Name:
Patient Number:
Medical Record No.:
Attending Physician:

REED, EMILY
10578170010
060
RESP'T APP 1717
MATTHEW WONG, MD

ER 002453

Name: Emily Reed Date: 1/1/20

Age: 23 Sex: Male ☐ Female ☒ Transgender (Male → Female) ☐
(Female → Male) ☐

Race: White

Chief Complaint: Per Psych ☒
 Drug OD ☐ Alcohol/Drug Withdrawal ☒ Alcohol/Drug Detox ☐
 Other: _____

Past Psychiatric History: Per Psychiatrist ☒

Past Medical Problems: None ☐

A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input type="checkbox"/>	Tachycardia <input checked="" type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmias <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	<u>Self-Inflicted:</u>
Arthritis <input type="checkbox"/>	DM I/Renal <input type="checkbox"/>	Migraines <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Cuts/Lacerations
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	<input type="checkbox"/> Burns
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdrawal) <input type="checkbox"/>	<input type="checkbox"/> Wounds
Bradycardia <input type="checkbox"/>	DM II Insulin Dependent <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input checked="" type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheumatoid Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdrawal) <input type="checkbox"/>	Seizure <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastroesophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input checked="" type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

SP ASPHYXIATION attempt C plastic bag + Belt

Past Surgical History: None ☒

Appendectomy <input type="checkbox"/>	Hysterectomy <input type="checkbox"/>	Tonsillectomy <input type="checkbox"/>	CABG <input type="checkbox"/>
Spinal <input type="checkbox"/>	Lap Band <input type="checkbox"/>	Gastric Bypass <input type="checkbox"/>	Splenectomy <input type="checkbox"/>
Cholecystectomy <input type="checkbox"/>	Ortho/Joint <input type="checkbox"/>	Hip Replacement <input type="checkbox"/>	Other: _____



History and Physical Examination

PATIENT IDENTIFICATION STICKER

REED, EMILY G
 000060276-11/10/11 C21
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31 ER 002454
 M. WONG MD

Family History:

Unremarkable ☒ CVA ☐ DM ☐ CAD ☐ Asthma ☐ Alcoholism ☐ or Chemical Dependency ☐
Cancer ☐ Hyperlipidemia ☐ HTN ☐ Psych Disorder ☐ Other: _____

Social History:

		Amount	Frequency
Tobacco Products	Denies <input checked="" type="checkbox"/>	Cigarette <input type="checkbox"/>	Day <input type="checkbox"/> Week <input type="checkbox"/>
Positive <input type="checkbox"/>	Dependent <input type="checkbox"/>	Nicotine <input type="checkbox"/>	Day <input type="checkbox"/> Week <input type="checkbox"/>
		Chewing Tobacco <input type="checkbox"/>	Day <input type="checkbox"/> Week <input type="checkbox"/>
		Other <input type="checkbox"/>	Day <input type="checkbox"/> Week <input type="checkbox"/>

Substance-Related and Addictive Disorders: ☒ Denies

Alcohol Use Disorder ☐ OR Alcohol Withdrawal ☐ OR Occasional Use ☐

Without perceptual disturbances (visual or tactile hallucinations) ☐

With perceptual disturbances (visual or tactile hallucinations) ☐

Cannabis Use Disorder ☐ OR Cannabis Withdrawal ☐ OR Occasional Use ☐

Opioid Use Disorder ☐ OR Opioid Withdrawal ☐

Sedative, Hypnotic, or Anxiolytic Use Disorder ☐ OR Withdrawal ☐

Stimulant Use Disorder ☐ OR Stimulant Withdrawal ☐

Amphetamine-type substance ☐ Cocaine ☐

Other or unspecified stimulant ☐

☐ Mild
☐ Moderate
☐ Severe

☐ Unspecified Other
Substance-Related D/O

Allergies:

NKA: ☒ Medications: See Medication Reconciliation ☒ Unable to Obtain ☐ Denies ☐

ROS-Review of System

General:	Denies	Occasional	Frequent
Weight Loss or Wt Gain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Night Sweats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever or Chills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEENT:	Denies	Occasional	Frequent
Cephalgia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ear Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



History and Physical Examination

PATIENT IDENTIFICATION STICKER

REED, EMILY
A#1057817-0010 I IPI DOB
12/31/2019 22:31
M. WONG MD
APP 1719
ER 002455

Skin:	Denies	Present	
Rash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tattoos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pruritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lacerations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abrasions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Birthmark	<input type="checkbox"/>	<input type="checkbox"/>	

Pulmonary:	Denies	Occasional	Frequent	
Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemoptysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cardiac:	Denies	Occasional	Frequent	
Palpitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopnea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GI:	Denies	Occasional	Frequent	
N&V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hematochezia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dyspepsia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Melena	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GU:	Denies	Occasional	Frequent	
Menstrual Irregularities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dysuria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flank Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Musculoskeletal:	Denies	Occasional	Frequent	
Myalgia/Arthralgia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Back Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Hematology:	Denies	Occasional	Frequent	
Abnormal Bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easy Bruising	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



History and Physical Examination

PATIENT IDENTIFICATION STICKER

RESPT APP 1720
 000060276 11/16/19 0023
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31 **ER 002456**
 M. WONG MD

Endocrinology:	Denies	Occasional	Frequent
Heat or Cold Tolerance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria/polydipsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neurology:	Denies	Occasional	Frequent
Syncope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focal Weakness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paresthesia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Exam

General:

Well Developed/Well Nourished Agree ☒ Disagree ☐
 Appeared Stated Age Agree ☒ Disagree ☐
 Distress Absent ☒ Present ☐

Vital Signs: BP 105/58 Pulse 103 RR 20 Temp 97.6 BMI 20

HEENT:

Head	NC/AT <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Conjunctiva	Clear <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Sclera	Nonicteric <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Fundi	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
External Ear	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Pharynx	Clear <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Oral	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>

Neck:

Palpation	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Tone	Supple <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Thyroid	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>

Chest Wall:

Palpation	Nontender <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Deformities	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>

Lungs:

Auscultation	Clear <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
--------------	---	-----------------------------------

Heart:

S1/S2	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
S3/S4/Murmur	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
PMI	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Rate	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Rhythm	Regular <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>



History and Physical Examination

REED, EMILY C
RESPITE APP 1721
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31
 M. WONG MD
ER 002457

Abdomen:

HSM	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
Auscultation	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Palpation	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Guarding/Rebound	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
Discomfort	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>

Flank:

Palpation	Nontender <input checked="" type="checkbox"/>	Tender <input type="checkbox"/>
-----------	---	---------------------------------

Skin: Refuses full exam ☒

Turgor	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Rash	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
Suspicious Lesions	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
Scars	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>
Abrasions	None Visible <input type="checkbox"/>	Present <input checked="" type="checkbox"/>
Birthmark	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>

See Nursing Diagram: ☒**Musculoskeletal:**

Upper Extremities	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Lower Extremities	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Spine	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>

Genitals: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Rectal: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Pelvic: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Breast: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

**History and Physical Examination****PATIENT IDENTIFICATION STICKER**

RESPT APP 1722
 000060276 11/16/1996 023
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31 **ER 002458**
 M. WONG MD

Lymph: Normal ☒ Abnormal _____

Peripheral Vascular: Normal ☒ Abnormal _____

Extremities:

Clubbing/Cyanosis Absent ☒ Present _____

Edema Absent ☒ Present _____

CRANIAL NERVES: Note normal findings – if abnormal, indicate finding	
II – Optic <input checked="" type="checkbox"/>	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other: _____
III Ocular-Motor <input checked="" type="checkbox"/> IV Trochlear <input checked="" type="checkbox"/> VI Abducens <input checked="" type="checkbox"/>	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
V Trigeminal <input checked="" type="checkbox"/>	Distinguishes 1 from 2 point touch symmetrically on forehead, cheek, and chin. Chews symmetrically. Opens mouth symmetrically. Other: _____
VII Facial <input checked="" type="checkbox"/>	Upper: Frowns symmetrically. Lower: Smiles symmetrically. Other: _____
VIII Auditory <input checked="" type="checkbox"/>	Hears fingers rubbing or snapping equally in both ears. Hears whispered voice. Other: _____
IX Glosso-Pharyngeal <input checked="" type="checkbox"/> X Vagus <input checked="" type="checkbox"/>	Has gag reflex. Says "ah" and uvula elevates symmetrically. . Other: _____
XI Accessory <input checked="" type="checkbox"/>	Shrugs shoulders symmetrically. Other: _____
XII Hypoglossal <input checked="" type="checkbox"/>	Can stick tongue out straight without tremors or fasciculation. Other: _____
Motor Functions And Other Functions <input checked="" type="checkbox"/>	Muscle strength is 5/5. No abnormal movements or tremors No limb weakness, atrophy Gait and station are normal Deep tendon reflexes are 2+ and symmetric Finger-to-nose is normal. Other: _____
Sensory <input checked="" type="checkbox"/>	Sensory examination to light touch is normal. Other: _____
Laboratory Data	<input checked="" type="checkbox"/> Laboratory Data Reviewed and Unremarkable <input checked="" type="checkbox"/> Laboratory Data Not Yet Available Pertinent Laboratory Data: <div style="text-align: center;">AHC</div>



History and Physical Examination

PATIENT IDENTIFICATION STICKER

RESPIR APP 1723
 000060276 11/16/1996 023
 A#1057817-0010 I IPL DEF
 12/31/2019 22:31 **ER 002459**
 M. WONG MD

Impressions:		Psychosocial Problems per Psychiatry and :	
A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input type="checkbox"/>	Tachycardia <input type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmias <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	Self-Inflicted:
Arthritis <input type="checkbox"/>	DM I/Renal <input type="checkbox"/>	Migraines <input type="checkbox"/>	<input type="checkbox"/> Cuts/Lacerations
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	<input type="checkbox"/> Burns (old)
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdrawal) <input type="checkbox"/>	<input type="checkbox"/> Wounds
Bradycardia <input type="checkbox"/>	DM II Insulin Dependant <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheumatoid Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdrawal) <input type="checkbox"/>	Seizure <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastroesophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

Handwritten: Hypotension, S/R ASPHYXIATION attempt, Hyperglycemia

Plan:	
Follow-up with Primary Care Physician & Psychiatrist after Discharge <input checked="" type="checkbox"/>	Detox Protocol; See Attached <input type="checkbox"/>
See Admit Orders <input checked="" type="checkbox"/>	Monitor Vitals <input checked="" type="checkbox"/>
Monitor Blood Sugar <input type="checkbox"/>	Pain Management <input type="checkbox"/>
Restriction on Activities:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Seizure Precautions <input type="checkbox"/>
	Fall Precautions <input type="checkbox"/>
	Activity as Tolerated <input checked="" type="checkbox"/>

Further evaluation and therapy will be instituted as indicated ☒

Other: *pt edr; A Meds; Tx Symp*

Examining Physician Name: (Print)

Examining Physician (Signature)

Date/Time

Barry Allswang, MD ☐

Winston Chung, MD ☐

Rene Perez-Silva, MD ☐

Gerald Cohen, MD ☐



History and Physical Examination

PATIENT IDENTIFICATION STICKER

RESPT APP 1724
 000060276 11/16/1996 023
 A#1057817-0010 I IPL
 12/31/2019 22:31
 M. WONG MD

ER 002460

1/27
PS-D-B-144



Patient Report

Specimen ID: 023-097-8047-0
Control ID: XSK04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/02/07
Gender: F SSN:
Patient ID: 000062076-060274

Specimen Details

Date collected: 01/23/2020 0830 Local
Date received: 01/24/2020
Date entered: 01/23/2020
Date reported: 01/31/2020 0905 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

UA with Culture Reflex

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
UA with Culture Reflex					
Urinalysis Gross Exam					01
Specific Gravity	1.017			1.005 - 1.030	01
pH	8.5	High		5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Trace			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01
Urinalysis Reflex					01
This specimen will not reflex to a Urine Culture.					

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

Date Issued: 01/31/20 0907 ET

FINAL REPORT

Page 1 of 1

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RESPT APP 1725
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ER 002461



Patient Report

Specimen ID: 024-097-0026-0
Control ID: XTM04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/02/08
Gender: F SSN:
Patient ID: 60276

Specimen Details

Date collected: 01/24/2020 0830 Local
Date received: 01/25/2020
Date entered: 01/24/2020
Date reported: 01/25/2020 0505 ET

Physician Details

Ordering: WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Vitamin D, 25-Hydroxy; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CBC With Differential/Platelet						
WBC	4.8		x10E3/uL	3.4 - 10.8		01
RBC	4.57		x10E6/uL	3.77 - 5.28		01
Hemoglobin	13.7		g/dL	11.1 - 15.9		01
Hematocrit	41.5		%	34.0 - 46.6		01
MCV	91		fL	79 - 97		01
MCH	30.0		pg	26.6 - 33.0		01
MCHC	33.0		g/dL	31.5 - 35.7		01
RDW	13.4		%	11.7 - 15.4		01
Platelets	262		x10E3/uL	150 - 450		01
Neutrophils	43		%	Not Estab.		01
Lymphs	43		%	Not Estab.		01
Monocytes	12		%	Not Estab.		01
Eos	2		%	Not Estab.		01
Basos	0		%	Not Estab.		01
Neutrophils (Absolute)	2.0		x10E3/uL	1.4 - 7.0		01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 3.1		01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 0.9		01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4		01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2		01
Immature Granulocytes	0		%	Not Estab.		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1		01
Comp. Metabolic Panel (14)						
Glucose	74		mg/dL	65 - 99		01
BUN	13		mg/dL	6 - 20		01
Creatinine	0.75		mg/dL	0.57 - 1.00		01
eGFR If NonAfricn Am	113		mL/min/1.73	>59		
eGFR If Africn Am	130		mL/min/1.73	>59		
BUN/Creatinine Ratio	17			9 - 23		
Sodium	141		mmol/L	134 - 144		01

Date Issued: 01/25/20 0507 ET

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RESPT APP 1/25/20
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ER 002462

WBC 01/25/20 at 0326 AM

Patient: REED, EMILY
DOB: 11/16/1996

Patient ID: 60276

Control ID: XTM04285095

Specimen ID: 024-097-0026-0
Date collected: 01/24/2020 0830 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Potassium	4.4		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	24		mmol/L	20 - 29	01
Calcium	9.2		mg/dL	8.7 - 10.2	01
Protein, Total	6.6		g/dL	6.0 - 8.5	01
Albumin	4.1		g/dL	3.9 - 5.0	01
Please note reference interval change					
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.2 - 2.2	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	75		IU/L	39 - 117	01
AST (SGOT)	19		IU/L	0 - 40	01
ALT (SGPT)	11		IU/L	0 - 32	01

Vitamin D, 25-Hydroxy 23.0 Low ng/mL 30.0 - 100.0 01

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

MP
1/25/20

2/1/20

release 01/25/20 lab 0526 1m

ER 002463



Patient Report

Specimen ID: 011-097-1161-0
Control ID: XJN04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/01/25
Gender: F SSN:
Patient ID: 000060276

Specimen Details

Date collected: 01/10/2020 1120 Local
Date received: 01/12/2020
Date entered: 01/12/2020
Date reported: 01/12/2020 1405 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

Urinalysis, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	>=1.030	Abnormal		1.005 - 1.030	01
pH	5.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Cloudy	Abnormal		Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Trace	Abnormal		Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

Date Issued: 01/12/20 1407 ET

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RESP'T APP 1728

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ER 002464



Patient Report

Specimen ID: 003-097-8061-0
Control ID: XFA04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/01/17
Gender: F SSN:
Patient ID: 000060276

Specimen Details

Date collected: 01/02/2020 0900 Local
Date received: 01/04/2020
Date entered: 01/03/2020
Date reported: 01/06/2020 0905 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: CCU:0352382321 H-00416817

Clinical Info: LM

Ordered Items

733688 10 Drug-Scr; Urinalysis, Routine; Pregnancy Test, Urine

PS 1-7-20

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
733688 10 Drug-Scr					
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
					02
Barbiturates	Negative		ng/mL	Cutoff=200	01
Benzodiazepines	Negative		ng/mL	Cutoff=200	01
Drug Screen Comment:					
This analysis is performed by immunoassay. Positive findings are unconfirmed analytical test results; if results do not support expected clinical finding, confirmation by an alternate methodology is recommended. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome.					
Technical consultation is available at otstoxline@labcorp.com, or call toll free 888-883-5017.					
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Methaqualone	Negative		ng/mL	Cutoff=300	01
Opiate	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Methadone Screen, Urine	Negative		ng/mL	Cutoff=300	01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300	01
Urinalysis, Routine					
Urinalysis Gross Exam					
Specific Gravity	1.023			1.005 - 1.030	03
pH	5.5			5.0 - 7.5	03
Urine-Color	Yellow			Yellow	03
Appearance	Clear			Clear	03
WBC Esterase	Negative			Negative	03
Protein	Negative			Negative/Trace	03
Glucose	Negative			Negative	03

Date Issued: 01/06/20 0905 ET

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RESPTAPP 1720
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noted 1-16-2020 @ 1:50 PM
ER 002465
Mbarcia m

**Patient Report**

Patient: REED, EMILY C.
DOB: 11/16/1996

Patient ID: 000060276

Control ID: XFA04285095

Specimen ID: 003-097-8061-0
Date collected: 01/02/2020 0900 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ketones	Negative			Negative	03
Occult Blood	2+	Abnormal		Negative	03
Bilirubin	Negative			Negative	03
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	03
Nitrite, Urine	Negative			Negative	03
Microscopic Examination	See below:				03
WBC	0-5		/hpf	0 - 5	03
RBC	11-30	Abnormal	/hpf	0 - 2	03
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	03
Mucus Threads	Present			Not Estab.	03
Bacteria	Few			None seen/Few	03
Pregnancy Test, Urine	Negative			Negative	03

01	UI	LabCorp OTS RTP 1904 TW Alexander Drive, RTP, NC 27709-0153	Dir: Ntei Abudu, PhD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: Sanjai Nagendra, MD
03	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 800-833-3984

BS
1-7-20

21/276

Date Issued: 01/06/20 0905 ET

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noted 1-6-2020 also
ER 002466



Patient Report

Specimen ID: 001-097-0550-0
Control ID: XFB04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/01/16
Gender: F SSN:
Patient ID: 60276

Specimen Details

Date collected: 01/01/2020 0850 Local
Date received: 01/02/2020
Date entered: 01/02/2020
Date reported: 01/03/2020 1105 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

CMP14+LP+CBC/D/Plt+TSH; Venipuncture

75 1-3-20

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CMP14+LP+CBC/D/Plt+TSH						
Glucose	86		mg/dL	65 - 99		01
BUN	9		mg/dL	6 - 20		01
Creatinine	0.73		mg/dL	0.57 - 1.00		01
eGFR If NonAfricn Am	116		mL/min/1.73	>59		
eGFR If Africn Am	134		mL/min/1.73	>59		
BUN/Creatinine Ratio	12			9 - 23		
Sodium	140		mmol/L	134 - 144		01
Potassium	4.3		mmol/L	3.5 - 5.2		01
Chloride	104		mmol/L	96 - 106		01
Carbon Dioxide, Total	24		mmol/L	20 - 29		01
Calcium	9.7		mg/dL	8.7 - 10.2		01
Protein, Total	6.7		g/dL	6.0 - 8.5		01
Albumin	4.3		g/dL	3.5 - 5.5		01
Globulin, Total	2.4		g/dL	1.5 - 4.5		
A/G Ratio	1.8			1.2 - 2.2		
Bilirubin, Total	1.2	~1.4/20	mg/dL	0.0 - 1.2		01
Alkaline Phosphatase	74		IU/L	39 - 117		01
AST (SGOT)	13		IU/L	0 - 40		01
ALT (SGPT)	11		IU/L	0 - 32		01
Cholesterol, Total	167		mg/dL	100 - 199		01
Triglycerides	41		mg/dL	0 - 149		01
HDL Cholesterol	52		mg/dL	>39		01
VLDL Cholesterol Calc	8		mg/dL	5 - 40		
LDL Cholesterol Calc	107	High	mg/dL	0 - 99		
TSH	1.610		uIU/mL	0.450 - 4.500		01
RPR	Non Reactive			Non Reactive		01
CBC, Platelet Ct, and Diff						
WBC	4.6		x10E3/uL	3.4 - 10.8		01

Date Issued: 01/03/20 1106 ET

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RESP-TAPP 1731

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ER 002467



Patient Report

Patient: REED, EMILY C.
DOB: 11/16/1996

Patient ID: 60276

Control ID: XFB04285095

Specimen ID: 001-097-0550-0
Date collected: 01/01/2020 0850 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RBC	4.77		x10E6/uL	3.77 - 5.28	01
Hemoglobin	14.6		g/dL	11.1 - 15.9	01
Hematocrit	43.6		%	34.0 - 46.6	01
MCV	91		fL	79 - 97	01
MCH	30.6		pg	26.6 - 33.0	01
MCHC	33.5		g/dL	31.5 - 35.7	01
RDW	12.8		%	12.3 - 15.4	01
Effective January 6, 2020, the RDW pediatric reference interval will be removed and the adult reference interval will be changing to:					
				Female 11.7 - 15.4	
				Male 11.6 - 15.4	
Platelets	314		x10E3/uL	150 - 450	01
Neutrophils	46		%	Not Estab.	01
Lymphs	41		%	Not Estab.	01
Monocytes	10		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	2.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.9		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

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92128-4108

Dir: Jenny Galloway, MD

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ER 002468

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:

☐ Patient ☒ Family/Friend: Mother
☒ Other: Chart
☐ Unable to obtain - Reason: _____

ALLERGIES:

Haldol, midazolam

Females Only:

Pregnant: ☐ Yes / ☐ No Lactating: ☐ Yes / ☐ No

List ALL Patient's Current Medications (prescriptions, over the counter meds, PRNs, vitamins, supplements, birth control, eye/ear drops, etc)	Dosage	Route	Schedule / Frequency	Reason / Indication	Last Taken (date)
Pristiq XR	100mg	p.o.	qdaily	Antidepressant	
Neurontin	300mg	p.o.	bid	Seizure	
Hydroxyzine (Atarax)	25mg	p.o.	prn	Anxiety	
Lamictal XR	200mg	p.o.	qdaily	labile mood	
prazosin	2mg	p.o.	1/2 hr before bedtime	Nightmares	

Contacted Psychiatrist and/or Internist (print names): Dr Wong, P. Silva

To Review/Reconcile Medications on: (Date / Time) 12/31/19 @ 2300

By Nurse (print/sign name and title): A. E. Curran RN

MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
Seroquel	300 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	psychosis
Lamictal	250mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	labile mood
Prazosin	4 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	Nightmares
Remeron	30 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	Depression
Gabapentin	600 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input checked="" type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	Anxiety
pristiq	100 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	Depression
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ Yes (explain below)

Med(s)/Reaction(s): _____

I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: 1/27/20

Patient or Guardian Signature: X

Discharging RN Signature: A. E. Curran



REED, EMILY

000060276 11/16/1996 023

A#1057817-0010 I IPL DEL ion Label

12/31/2019 22:31

M. WONG MD

RESP'T APP 1733

ER 002469

Del Amo Hospital Discharge Plan
23700 Camino Del Sol, Torrance, CA 90505, 310-530-1151

PSYCHIATRIST SECTION

Nature of problem/illness:

Expected course of recovery:

PSYCHIATRIST PRINTED NAME:

Signature:

INTERNIST SECTION

During your hospitalization, the following physical problems were identified/treated, including follow up recommendations below. In addition, other issues may have been identified that were discussed with you during your stay. Please go to your primary medical doctor or county health facility 3-5 days after discharge for follow-up, routine health maintenance, and age appropriate screening. Your doctor should request a copy of your medical records/labs.

Prescription for FDA-approved med. for:

☐ Alcohol/drug disorder provided ☐ Refused ☒ Not applicable ☐ See referral below
☐ Tobacco cessation provided ☐ Refused ☒ Not applicable ☐ See referral below

INTERNIST PRINTED NAME:

Signature:

SOCIAL WORK SECTION

Psychiatrist / Clinic	Name: DR. LINDA FARRELL #808-526-2900	Date/Time of Appt: Per clinic, Mon & Wed
Address/Phone#:	3150 Bristol St. Ste. 400 Costa Mesa, CA 92626 PT to call @ d/c	
Other	Name: Elise Collier & Roger Boehm	Date/Time of Appt: to schedule appts. directly
Address/Phone#:	901 Dove St. #140 Newport Beach, CA 92660 #949-335-9552	
Continuing care:	<input type="checkbox"/> PHP <input type="checkbox"/> IOP <input type="checkbox"/> RTC <input type="checkbox"/> Other:	
Referral for addictions treatment:	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Patient refused <input type="checkbox"/> Appt date/time: <input type="checkbox"/> Referral made to:	
Referral for tobacco cessation counseling:	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Patient refused <input type="checkbox"/> Appt date/time: <input type="checkbox"/> Referral made to:	
Other community referrals:	Suicide Prevention: 877-727-4747 NAMI: 800-450-6264	
SOCIAL WORKER PRINTED NAME:	Natalie S.	Signature: Natalie S.

NURSING SECTION

Pre-discharge RN assessment:	1) Is pt currently having/verbalizing thoughts to harm or kill self?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2) Is pt currently demonstrating any self-harm behaviors?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes to either question, notify psychiatrist and document specifics in progress notes.		
MD notified: _____ Date/Time of notification: _____		
Type of discharge:	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> AMA <input type="checkbox"/> Other:	
Discharged to:	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Board & Care <input type="checkbox"/> Group Home <input type="checkbox"/> SNF <input type="checkbox"/> Other:	
Accompanied by:	Alecia Draper	Relationship: Mother
Transportation:	<input type="checkbox"/> Personal car <input checked="" type="checkbox"/> Family/friend <input type="checkbox"/> Taxi <input type="checkbox"/> Hospital Van <input type="checkbox"/> Other:	
Destination name, address & phone #	Name: private Phone #: 714-916-1524 Address: 20762 Crestview Ln. Huntington Beach, CA 92646	
For homeless discharges:	Clothing: <input type="checkbox"/> Has own clothing <input type="checkbox"/> Weather appropriate clothes provided <input type="checkbox"/> Refused	
	Meal: <input type="checkbox"/> Meal provided <input type="checkbox"/> Refused to accept offered meal	
Patient and/or legal guardian verbalizes understanding of: <input checked="" type="checkbox"/> Referrals / placement / discharge plan		
<input checked="" type="checkbox"/> Educational handouts about suicide provided <input checked="" type="checkbox"/> Crisis safety plan and when/how to seek further care		
<input checked="" type="checkbox"/> Current medication regimen (or <input type="checkbox"/> N/A - Pt is not prescribed medications)		
Discharge plan and crisis safety plan reviewed with: <input checked="" type="checkbox"/> Family/friend/support person OR <input type="checkbox"/> No ROI given		
I understand if I experience any recurrence of the symptoms that led to my hospitalization, I am to notify my current therapist/doctor immediately. I also understand the information provided above.		
PT/LEGAL GUARDIAN SIGNATURE:	DATE:	NURSE SIGNATURE:
Erin M. Paul	1/27/20	Aileen RN
		DATE: 1/27/20

EXHIBIT 42

EXHIBIT 42

EXHIBIT 42
RESP'T APP 1735

DATE FROM	DATE TO	Facility & Record	PHYSICIAN/COUNSELOR & Contact	DIAGNOSIS/HISTORY/Reason	MEDS AT DISCHARGE
Current medical Card info for Emily C. Reed Blue Shield of California Member ID: XEA908826036 RxBIN: 600428 RxPCN: 01910000 Effective 12/01/2018					
Current medical Card info for Emily C. Reed Media-Cal Cal Optima www.caloptima.org Member ID: 92694533F AltamEd Health services 1-866-880-7805 RxBIN: 600428 RxPCN: 05720000 Effective 12/16/2015 RX services: 1-888-587-8088 Vision Services: 1-800-438-4560* Providers: Eligibility must be verified at the time of service. Failure to obtain authorization may result in non-payment					
State of California Benefits Identification Card ID NO: 92694533F35294 Issue Date 10 21 15					
In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by: Healthcare Partners Medical Group - Harbor 714.929.2300 Lori A Debold 3501 S Harbor Blvd Santa Anna, CA 92704-6919 714.929.2300 Effective Date with PPG 07.01.14 PPG# 2917 Minute Clinic Copay: \$30 Office Copay \$50 E/R Copay \$300 Pharmacist: for assistance call Pharmacy Help Line at 1.800.600.0180 Rx BIN#004336 Rx PCN 'HINET' Rx Caremark For electronic claim submission info, call 1.800.977.3568					
NOTE: Prior to 2014 when Emily went to her school counselor and said she wanted to commit suicide and we found out it was due to Allan Gorry's sexual molestation of her since she was a very young girl, she was a straight A student, on Cross Country and Track for Huntington Beach High School. But as you can see from the following information, she has been in and out of hospitals and counseling for suicidal ideation and her life has not been the same.					
5/14/08	6/11/2015	N/A	N/A	Emily has had Special Education Services from grade school thru high school. We now know it was due to the sexual molestation.	None.
09/01/13	09/01/13	Therapist	Lisa Ennels 2900 Bristol St. A207 Costa Mesa, CA 92626 Phone: 949.374.2321 Email: lisaenn@aol.com	Worked with family, particularly with Adam Reed. Emily went one time and did not want to go again.	None.
RESP'T APP 1736					

03/07/14	06/12/15	N/A	Huntington Beach High School Phone: 714.536.2514 Emily has had several episodes of suicidal ideation at school starting on 3/7/14. Her points of contact at school are: Tiffany Do, School Psychologist Michael Olsen, School Psychologist Rae Rolsman, Case Manager Erin Dorsey School Nurse Michelle Pendergast, School Psychologist	Emily also was in IEP throughout school. Parents always thought it was a processing/hearing issue but after realizing that she had been sexually molested from the time she was around 8/9 they now realize that her school issues were related to the molestation. Emily suffers from disassociation and has for many years. Prior to admitting the molestation was taking place, she didn't want to think, kept to herself, and was depressed.	Special Note for IEP: Emily was given extra time on assignments, tests and quizzes not to exceed double assigned time, many take tests in special ed. Classroom if desired, may have preferential seating if desired, variable credits, may leave classroom if needed to visit school psychologist or case manager to assist with emotional needs. She also had a monitor FM device at her desk to help with hearing the teacher.
03/10/14	03/10/14	N/A	Dawn L. Bruner, MD	Emily saw physician for depression. Physician	None.
03/11/14	03/17/14	Therapist	Stephanie L. Fraser, MA License# MFC 495333 Marriage & Family Therapist 1207 Main Street Huntington Beach, CA 92648 General #: 714.369.7161 Direct Line #: 714.845.5343 Direct Fax #: 714.835.5443 sfrasermt@gmail.com Counselor at Huntington Beach HS: Tiffany Doe referred Emily to Ms. Fraser	Had suicidal ideations at Huntington Beach HS and was recommended to see a counselor. She saw Emily one time and diagnosed Emily with PTSD. Emily then went to school counselor and said she wanted to commit suicide.	None.
03/18/14	04/07/14	Medical Record #: 2342274 and 2034857751 UCIMC Neuropsychiatric Center (Mental Health)	Admitting MD: Robert Bota, MD 101 The City Drive Orange, CA 92668-3298 714.456.5847 Dr. Seegan took the first report from Emily at UCIMC Neuro Center. She contacted CPS and report was given to following: Report of sexual abuse taken by Hanaa Hanna, Senior Social Worker, on 3.26.14 @ 8:00 pm	Sent to UC Irvine Medical Center Emergency Room by Huntington Beach High School due to suicidal ideations (this was the second time this experience happened at school. First time she was sent home with parent Alecia Draper). After evaluation at the emergency room she was admitted into UCIMC Neuropsychiatric Center. After being at the Psych Center for about 5-6 days, Emily admitted to being sexually abused by her father's friend, Allan Gorrey, from the time she was 7 or 8 years old. The physician at the hospital contacted Child Protective Services and notified them. Her father, Jeffrey A. Reed, used the	While in the hospital she was on: Clonazepam 1.5 mg 2 x a day Lorazepam 1 mg, every 6 hrs as needed Prozac 40 mg, daily Prazosin Hydrochloride 2 mg, daily at bedtime Neurontin 100 mg, twice daily Neurontin 300 mg, daily at bedtime Neurontin 200 mg, twice daily morning and noon Senna 17.2 mg @ bedtime

RESP'T APP 1737

		CONTINUE	CONTINUE		<p>Gorrey's as baby sitters since the time of his divorce from Emily's mom. Emily and sibling brothers spent the nights of their father's visitation as well as the last 3-4 years rented a room in Allan Gorrey's home where the kids stayed during father's visitation. While mom was living in Vegas, the Gorrey's had children every other Thursday night until Saturday night. When mom moved to California at the beginning of Emily's freshman year in high school, their father's visitation was 2 weekends a month starting on Friday night and the children were returned on Sunday night as well as spring break, every other holiday and seven weeks in the summer. All of these times were spent at the Gorrey's home.</p>	<p>At discharge Melatonin 3 mg, daily at bedtime Clonazepam .5 mg, 2 x a day Prozac 30 mg, daily Neurontin 300 mg 3 x a day Prazosin 2 mg @ bedtime Ativan 1 mg, every six hrs as needed Multivitamin, daily</p>
03/26/14	Present		<p>State of Nevada Victims of Crime Program P.O. Box 94525 Las Vegas, NV 89193-1525 Phone: 702.486.2740 Fax: 888.941.7890 Email: applications@voc-net.com also support@voc-net.com Website: http://voc.nv.gov Emily C. Reed VOCP Claim # 14-10027066-LV Jacquelline Jimenez</p>	<p>Emily has been approved specifically for Counseling and Mental Health Benefits</p> <p>NOTE: If Emily recovers any money from insurance, civil lawsuit or otherwise, she is required to notify the VOCP, and to repay the money VOCP pays to her or on her claim</p>	None.	
03/26/14	04/04/14	N/A		N/A	None.	
04/10/14	04/10/14	N/A	<p>Emily saw the following in Las Vegas, NV Case #: 140402-2444 Las Vegas Metropolitan Police Department L. Salavessa-Cho #7073 Detective Sexual Assault Unit Desk: 702.828.3766 Main: 702.828.3421 Fax: 702.828.3073 Email: L7073S@lvmpd.com</p>	<p>Emily saw Detective Salavessa-Cho in Las Vegas, NV to report long term sexual abuse by Allen Richard Gorrey. There is now a criminal case pending against him for 10 Felony charges, case # 14F13227X, date filed 8/27/14. State of Nevada against Allen Richard Gorrey. District Attorney prosecuting is Alexander Chen, DA 702.671.2618</p>	None.	
04/10/14	04/10/14	Memorial Care Health System Long Beach Memorial ED	<p>Julie E. McKay, PA 562.933.2000</p>	<p>Emily fell down a full flight of concrete steps while at the court house in Las Vegas. When she returned from Las Vegas, she was complaining of severe headache and her knee was feeling bad. She was given a CT scan of her head for a concussion and x-rays of her knee. She was diagnosed with a concussion and contusions around her knee and was given a soft knee brace.</p>	None.	

RESP'T APP 1738

04/07/14	05/12/14	Center for Discovery	Sara Tucker, MSW, ACSW #36722 Primary Therapist, supervised by Lisa Arndt, MFC #47667 Jeffrey Utzinger, MD (prescribed meds) 425 East 31st Street Long Beach, CA 90806 Admissions #: 800.760.3934 Phone: 562.981.0700 Ext. 30 Fax: 562.981.0809 Email: sara.tucker@centerfordiscovery.com	PTSD, Severe Depression due to years of sexual abuse by Allen Gorry. Emily had symptoms consistent with the diagnosis of PTSD, Chronic, with Delayed Onset. Her symptoms are consistent with a significant and severe trauma history.	Melatonin 3 mg, daily at bedtime Clonazepam .5 mg, 2 x a day Prozac 30 mg, daily Neurontin 300 mg 3 x a day Prazosin 2 mg @ bedtime Ativan 1 mg, every six hrs. as needed Multivitamin, daily
05/14/14	07/01/14	N/A	Sunil Gulaya, MD	Records were un readable by doctor.	Gabapentin 300 mg
05/14/14	06/30/14	Therapist	Barbara Denny, Psy.D Doctor of Psychology Licensed Clinical Social Worker Licensed marriage and Family therapist 242 W. Main St., Suite 200H Tustin, CA 92780 714.832.6454 www.BarbaraDennyCounselor.com	Emily saw her 10 times for EMDR Psychotherapy	None.
05/14/14	07/01/14	N/A	Chula	Marriage & Family Therapist	None.
06/05/14	03/06/15	The Relationship Warehouse Therapist	Roxanna Grimes, MA P.O. Box 2912 Newport Beach, CA 92659 Visiting Address: 151 Kalmus Drive, Suite M2 Costa Mesa, CA 92626 949.482.2233 Direct: 909.437.1551	She worked with Emily to recovery from sexual abuse trauma she experienced throughout childhood and adolescence up until she was 17. She has progressed in her ability to utilize tools that assist her with episodic panic, anxiety, and dissociative behavior. Due to the intensity and longevity of the trauma, she anticipated this work as well as the need for counseling, therapy, and reintegration into life and relationships to be gradual and thereby extended for at least the next 12-24 months, depending on concentrated ability to respond to treatment.	None.

RESP'T APP 1739

ER 000018

02/09/15	04/03/15	N/A	State of California Department of Rehabilitation Contact Info: Jacquie El Azzi, QRP, M.S., CRC Sr. Vocational Rehabilitation Cnsl Orange/San Gabriel District Off 222 South Harbor Blvd, #300 Anaheim, CA 92805 Voice: 714.991.0824 Fax: 714.991.0843 Main: 714.991.0800 Email: Jacqueline.El-Azzi@dor.ca.gov	On March 2, 2015 Emily was approved by the Department of Rehabilitation for Vocational Rehabilitation Services because she met the eligibility criteria because she has a physical or mental impairment which constitutes or results in a substantial impediment to employment based on information from her doctor or another valid source. She was given the following Priority Category: Priority Category 1, 2 and 3 On April 3, 2015 they closed the above due to the following: You are unavailable to participate in VR services. Title 9 CCR section 7179.3(a)(3) This occurred due to her suicidal ideation at Huntington Beach HS, she was hospitalized on two different occasions and is now in intense outpatient therapy.	
03/06/15	03/06/15	N/A	ALPHA Crisis Intervention	Called to school to intervene due to suicidal	None.
03/06/15	03/07/15	Los Alamitos Medical Center ED (Mental Health) 3751 Katella Ave Los Alamitos, CA 90720 562.598.1311	Emergency Room. Transferred from Huntington Beach HS due to suicidal ideation. Because Emily did not have the ability to sign the medical release and because she was 18 her mother was not able to go with her to the hospital.	She was transferred to Del Amo Hospital Psych Ward	None.
03/07/15	03/30/15	Medical Record #: 000060276 Del Amo Hospital 23700 Camino del Sol Torrance, CA 90505 800.533.5266	Admitting MD: Hiruy Gessesse, MD	Admitting Diagnosis: Major depressive disorder with psychotic features, post traumatic stress disorder, medical none, stressors severe. Discharge Diagnosis: Major depressive disorder, severe with psychotic features, PTSD, trauma and stressor related disorders.	Discharge Medications: Ablify 5 mg 2 x per day for depression Ablify 15 mg 1 x per day for depression Prozac 40 mg 1 x per day for depression
4/1/2015	4/4/2015	Max My Brain	Rick Tansey Owner & Advanced Provider Max My Brain 901 Dove Street, Suite 145 Newport Beach, CA 92660 Phone: 949.636.2788	Emily had a Brain Optimization Assessment and the results were: Showed she is always in a state of trauma and unable to talk about her feelings	None.
04/13/15	05/22/17	Pure Light Counseling	Elise Collier, MS, MFF Individual, Couples, Family & Group Counseling License #: MFT #78451 Specializes in PTSD, Addiction, Depression & Anxiety, Inner child work, EMDR, Psychodrama, DBT	Ms. Collier is seeing Emily and Emily is starting to make a connection with her. She agrees with the other counselors, physicians, that Emily has suffered from PTSD, severe depression and disassociation disorder.	None.

RESP'T APP 1740

04/16/15	04/20/15	Medical Record #: 2342274 and Visit #2043855341 UCIMC Neuropsychiatric Center Mental Health 101 The City Drive Orange, CA 92868-3298 714.456.5847	Admitting MD: Pamela Howard, MD be noted on 4/17/15 Emily had an event in the psych ward: Emily became anxious during the morning, stating that the voices were getting louder and louder. Patient then started to posture with arms flexed at elbows, neck extension, with eyes rolled back and intermittent choking sounds with increased time between breaths. Rapid response called. Vital signs were checked which showed elevated heart rate to approximately 170s, blood pressure up to 160/90s, oxygen saturation was maintained above 90% without episodes of apnea. Emily was transferred to the hospital portion of UCIMC. While there she was given a CT Head or Brain Scan without contrast. Discharge diagnosis: Drug-induced dystonia Code 333.72; Tachycardia; History of schizophrenia, Coe V11.0 Emily had an allergic reaction to the drug haloperidol which was given by the paramedics on transport to the hospital as well as while in the emergency room Emily was transferred back to psych ward on 4/18 and discharged on 4/20/15	To Sent to UC Irvine Medical Center Emergency Room by school psychologist at Marina High School, special school program called Pathway, Emily was attending after getting out of Del Amo Hospital. School psychologist said Emily was shaking in the bus on the way to school. She told her school counselor 'it is loud in my head, I don't want to go back, I don't understand, I don't want to go to the hospital.' Then she took off running in the parking lot at the school then dropped down in the middle of the street rolling around on the ground in the fetal position for 35 minutes. Per psychologist report. She continued to scream in the middle of the street for the entire 35 minutes she was rolling on the ground. The school counselor was concerned she was going to hurt herself. Paramedics transported Emily to UCIMC. She was given IM Versed 5 mg during transport. On arrival to UCIMC she required restraints and IM Haldol and Benadryl for agitation. She was placed on 5150 for DTS 4/16/15 @ 1400.	While in the hospital she was on: Prozac 40 mg, daily Benadryl 25 mg, 3 x a day At discharge: Prozac 40 mg, daily Benadryl 25 mg, 3 x a day Ativan 1 mg, every six hrs. as needed Multivitamin, daily
06/01/15	N/A	N/A	Group Therapy with Elise Collier, MS, MFF Pure Light Counseling Individual, Couples, Family & Group Counseling License #: MFT #78451 Specializes in PTSD, Addiction, Depression & Anxiety, Inner child work, EMDR, Psychodrama, DBT 901 Dove Street, Suite 145 Newport Beach, CA 92660 Phone: 562.335.9552 Email: elisencollier@gmail.com	N/A	None.
07/06/15	07/09/15	Max My Brain	Rick Tansey Owner & Advanced Provider 901 Dove Street, Suite 145 Newport Beach, CA 92660 Phone: 949.636.2788 Email: rick@maxmybrain.com Provider: Matthew Hunt, MD Assistant: EO 1 Hoag Drive Newport Beach, CA 92663 949-764-8372 Emergency Room	Emily had a second session of brain optimization recommended by her therapist Elise Collier	
09/01/15	09/01/15	Hoag Hospital Newport Beach MR # 2274718 Account # 19429472		Diagnosis by Dr. Hunt: Depression Emily had a panic attack and her therapist called her mom. Her mom picked Emily up from her therapist office and took her to the Hoag Hospital Newport Beach Emergency Room	None.

RESP'T APP 1741

11/05/15	11/05/15	Fountain Valley Dental Care	Nora Vinh, DDS 18120 Brookhurst Avenue, Suite 13 Fountain Valley, CA 92708 Phone: (714) 962-1300	Teeth Cleaning & Full Mouth X-Rays	
02/04/16	02/04/16	Alta Med	Provider: Joanne Fierro, NP Alta Med 8041 Newman Ave HB, CA 92647 phone: 888-499-9303 Fax: 323-201-3233	Emily was required to find a primary doctor for her care through medi-Cal and this is who was chosen for her care. A physical was done. BP 123/85 Pulse/min: 94; temp: 98.1F; height: 63.00 inches; weight: 107.60 and BMI: 19.06 A blood panel was ordered and it all came back in the normal range except Bilirubin which was 0.2 above average which is nothing to worry about	None.
02/24/16	02/24/16	Hoag Hospital Newport Beach IMR # 2274718 Account # 19664777	Provider: Darrin Fryer, MD Assistant: PT 1 Hoag Drive Newport Beach, CA 92663 949-764-8372 Emergency Room	Emily was taken her by ambulance from her therapist office because she was in a dissociated state and was unresponsive. They wanted to put Emily in a psychiatric center but both Emily and her mom said No Emily does not recall what happened. She was treated for Generalized Anxiety Disorder.	While in the hospital: a shot of Geodon
03/23/16	03/25/16	Amen Clinic	Medical Historian: Teri Stroop Amen Clinic physician: Jennifer Farrell, M.D. Phone: 949.266.3793 Amen Clinic 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700 Patient ID: 365847	Emily did three days of brain testing which consisted of written, computer, and brain (SPECT) scans. Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders There is a full report which is too in-depth to put into this document. Request if needed.	None.
04/29/16	04/29/16	Amen Clinic	Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders	For the first 2 weeks take 25 mg of lamotrigine then the following 2 weeks take 50mg. Take fish oil and vitamin B daily
05/27/16	05/27/16	Amen Clinic	Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders	For the first 2 weeks take 100 mg of Lamotrigine in the morning. Then the next two weeks take 150mg of lamotrigine at night. Take fish oil and vitamin B daily
06/24/16	06/24/16	Amen Clinic	Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders	For the first two weeks take 100mg of lamotrigine in the morning and 150mg at night. The next two weeks take 150mg of lamotrigine in the morning and 150mg at night Take fish oil and vitamin B daily

RESP'T APP 1742

07/22/16	07/22/16	N/A	<p>Safety officer: S. Woods</p> <p>Lawyer: Andrew</p> <p>Officer who took report: W Beverly (badge T1034) Phone: 949.644.3681</p> <p>DMV Appointment: Drivers safety Branch 790 The City Drive, Suite 420 Orange, CA 92668-4941 Phone: 714.703.2511</p>	<p>On February 24, Emily was taken by ambulance to hospital from therapy as show above. Her drivers license was suspended from this incident because Beverly wrote a report stating her condition at the scene, which was sent to the DMV. She had 5 day to appear to the DMV but she did not because she had no knowledge of her license being taken from her possession. She was required to have an medical evaluation which was written by Jennifer Love Farrell, an interview by S. woods, take a written, vision and behind the wheel driving test in order to get her license back. It was reinstated on August 4th 2016.</p>	N/A
07/22/16	07/22/16	Amen Clinic	<p>Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700</p>	<p>Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders</p>	Take 150 mg of Lamotrigine 2 times per day.
07/26/16	07/26/16	Fountain Valley Dental Care	<p>Nora Vinh, DDS 18120 Brookhurst Avenue, Suite 13 Fountain Valley, CA 92708 Phone: (714) 962-1300</p>	Teeth Cleaning	
08/23/16	08/23/16	Amen Clinic	<p>Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700</p>	<p>Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders</p>	Take 150 mg of Lamotrigine 2 times per day.
09/22/16	09/22/16	Amen Clinic	<p>Jennifer Love Farrell Psychology appointment 3150 Bristol St, Suite 400 Costa Mesa, CA 92626 Phone: 949.266.3700</p>	<p>Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders</p>	Take 150 mg of Lamotrigine 2 times per day. She also recommended I see a nutritionist
10/17/16	10/17/16	Alta Med 8041 Newman Ave HB, CA 92647 phone: 888-499-9303 Fax: 323-201-3233	Deborah Binning, NP	Reason for visit medication evaluation. Request bloodwork, request referral for nutritionist, PMH, HEDS. Vitals: BP: 113/72 pulse: 90 Temp: 99.2 Height: 63inches Weight: 109lbs BMI: 19.31	N/A
12/11/16	12/11/16	Hoag Hospital Newport Beach ED Med Rec # 2274718 Account #20066217	<p>Primary Provider: William Park, MD 1 Hoag Drive Newport Beach, CA 92663 Emergency Room 949-764-8372</p>	<p>Emily had an episode at home. She was taken to the hospital by ambulance. She claimed to have taken 5 pills of her Lamotrigine 750mg. She was treated for anxiety and a migraine.</p>	<p>While in the Hospital _____ anxiety- Geodon migraine- Morphine For For</p>

RESPT APP 1743

12/19/16	12/19/16	Alta Med	Sidney Wu, MD 8041 Newman Ave HB, CA 92647 phone: 888-499-9303 Fax: 323-201-3233		Reason for visit HPV #2 shot and anxiety. Vitals: BP:103/66 Pulse:89 Resp/min: 16 Temp:98.4 Height:63in Weight:113.40 BMI:20.09	Propranolol 10mg tablet. Take 2 tablets by oral route 3 times each day prn anxiety End date 6/26/17
04/11/17	04/12/17	N/A	N/A		After a therapy session with Elise Emily decided to leave. She drove the car with no warning to anyone. Or no real plan of what next. She ended up in Las Vegas. With her dad Her mom picked her up the following day	N/A
4/14/2017 Ongoing	4/14/2017 Ongoing	Amen Clinic	Jennifer Love Farrell psychology appointment 3150 Bristol st, Suite 400 Costa Mesa, CA 92626 Phone: 949-266-3700		Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders. Emily saw Dr. Farrell because of an event that happened on 4/11/17.	Take 150 mg of lamotrigine 2 times per day. Also prescribed Abilify 1/2 5 MG tablet for 1 week the one 5mg tablet after a week.
05/22/17	06/07/17	Horse 4 U Therapy	Connie 6422 East Santiago Canyon Road Orange Phone: 714-369-4072		Emily is trying out different forms of therapy for at home treatment. Horse therapy seems to be a great way to build her confidence and bond with horses.	N/A
05/31/17	05/31/17	Alta Med	Sherin Fouladi Rad MD 8041 Newman Ave HB, CA 92647 phone: 888-499-9303 Fax: 323-201-3233		The reason for the visit was to get the third shot for the HPV. She also received A TB test that came back negative on 6/2/17. Vital signs: BP 106/65 pulse: 65 Temp: 98.0 Height: 63in weight:114.60lbs BMI: 20.30	N/A
06/02/17	04/16/18	Therapist	EMDR Certified Trainer and Therapist Dr. Curtis C Rouanzoin Ph.D. License number: PSY7809 16755 Von Karman Ave suite 200 Irvine, CA 92606 Phone:949-242-4555		Diagnosis by Dr. Rouanzoin: F43.10 with dissociative symptoms F44.89 - Other dissociative and conversion disorders Dr. Farrell recommended that Emily get a second opinion on her diagnosis of DID from Elise. He did not think she has DID. Emily is continuing to see Dr. Rouanzoin for future EMDR therapy work.	N/A
06/02/17	06/02/17	Horse Play Therapy	Horse Play Therapy 18381 Golden West Street Huntington Beach CA 92648 Phone:714-842-7777		This Therapy Emily really enjoyed. The commitment to this therapy was to difficult to maintain financially and time wise.	N/A
06/05/17	06/05/17	Mariposa	Mariposa (women's sexual abuse group) 200 E Katella Ave, Orange, CA 92867 (714) 547-6494		This group was unsuccessful. Emily tried it and it was not helpful.	N/A
06/08/17	08/10/17	Mariposa	(Anxiety Group) 200 E Katella Ave, Orange, CA 92867 (714) 547-6494			N/A
09/15/17	09/15/17	Fountain Valley Dental Care	Nora Vinh, DDS 18120 Brookhurst Avenue, Suite 13 Fountain Valley, CA 92708 Phone: (714) 962-1300		Teeth Cleaning	N/A
RESPT APP 1744						

09/28/17	10/12/17	St. Joseph Hospital Out-Patient Behavioral Health Hospital Numbers for E Reed #: AAC090538322 MM02816787	Attending Physician: Samra, Gurmanjot K Vanessa Harper, LMFT Interim Manager, OutPT Behavioral Health 1100 West Stewart Drive Orange, CA 92868 Phone: 714-771-8085 Fax: 714-7448775	This group was unsuccessful. Emily tried it and it was not helpful. She started out with full days, then half days, then she had a total breakdown and was placed in a Level 1 Inpatient Behavioral Health Services at St. Joseph Health, St. Joseph Hospital	N/A
10/12/17	10/20/17	St. Joseph Hospital Behavioral Health Services Inpatient Level 1 Behavior Health	Donna Armfieldthane, LCSW 1100 West Stewart Drive Orange, CA 92868 Office Phone: 714-771-8000, Ext 13299 Fax: 714-744-8608 Phone Nurses Station: 714-771-8134 Phone Level 1: 714-771-8902	Emily had a breakdown in the outpatient program, she was admitted into inpatient program and remains there as of 10/19/17	Olanzapine, dosage 5mg Paroxetine, dosage 30mg Lamotrigine, dosage 150mg x2
11/30/17	11/30/17	Fountain Valley Dental Care	Nora Vinh, DDS 18120 Brookhurst Avenue, Suite 13 Fountain Valley, CA 92708 Phone: (714) 962-1300	X-Rays for Wisdom Teeth coming in. They were OK did not need to be removed.	
01/25/18	01/25/18	Island Dermatology	Dr. Jennifer Channul MD 360 San Miguel Dr. Suite 608 Newport Beach CA # 949-720-1170 FAX # 949-720-1172	Emily saw dermatologist for a skin rash on her chest area. She did not think it was a big deal. She prescribed a steroid topical cream which should resolve in 2 weeks.	
02/03/18	02/27/18	UBH of Denton PT ID: 3114899	Therapist: Donna Earle 2026 West University Drive Denton Texas. 76201 Phone #: 940-320-8100		Pristiq: 100mg Lunesta 3mg (Bedtime) Lamictal: 150mg x2 Ativan: 0.5mg (As needed)
02/28/18	03/25/18	Del Amo Hospital Mental Health Medical Record #: 000060276	23700 Camino del Sol Torrance, CA 90505 800.533.5266		
04/19/18	Current EVERY THURSDAY @10am	Therapist	Therapist: Roger J. Boehm D.C & Ph.D. Phone: (321) 269-0404 Georgia Area via Skype		N/A
9/26/18 Ongoing	9/26/2018 Ongoing	Amen Clinic	Jennifer Love Farrell psychology appointment 3150 Bristol st, Suite 400 Costa Mesa, CA 92626 Phone: 949-266-3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders.	Take 200 mg of Lamotrigine (Lamictal) in the morning and 200 at night. Desvenlafaxine (Pristiq) 25 mg one time per day in morning. Also Trazodone 50 mg at night for sleeping. As needed for anxiety Gabapentin (Neurontin) 300 mg
05/30/18	05/30/18	Fountain Valley Dental Care	Nora Vinh, DDS 18120 Brookhurst Avenue, Suite# 13 Fountain Valley, CA 92708 Phone: (714) 962-1300	Teeth Cleaning	

RESPT APP 1745

11/6/18 Ongoing	11/6/2018 Ongoing	Amen Clinic	Jennifer Love Farrell psychology appointment 3150 Bristol st, Suite 400 Costa Mesa, CA 92626 Phone: 949-266-3700 Phone: 949-266-3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders. Emily discussed with Dr. Farrell an event that happened on 10/26/18 thru 10/29/18 where her DID happened and "Tiffany" (who Alecia named) was present for all those days - Emily was not present.	Take 200 mg of Lamotrigine (Lamictal) in the morning and 200 at night. Desvenlafaxine (Pristiq) 50 mg one time per day in morning. Also Trazodone 50 mg at night for sleeping. As needed for anxiety Gabapentin (Neurontin) 300 mg
11/21/18	11/21/18	Fountain Valley Dental Care	Chris Nguyen, DDS 18120 Brookhurst Avenue, Suite# 13 Fountain Valley, CA 92708 Phone: (714) 962-1300	Cleaned teeth & full mouth x-rays He referred Emily to HB Microscopic Endodontics & Microsurgery due to tooth 27 root is decaying on x-ray	Also recommended special toothpaste for braces stains on her teeth - Mi Paste One, cost \$25.00 for 46 grams (35 ML)
12/6/18 Ongoing	12/6/2018 Ongoing	Amen Clinic	Jennifer Love Farrell psychology appointment 3150 Bristol st, Suite 400 Costa Mesa, CA 92626 Phone: 949-266-3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders.	Take 150 mg of Lamotrigine (Lamictal) in the morning and 200 at night. Desvenlafaxine (Pristiq) 50 mg one time per day in morning. Also Trazodone 50 mg at night for sleeping. As needed for anxiety Gabapentin (Neurontin) 300 mg
1/4/2019	1/4/2019	Alta Med	William Castro MD 8041 Newman Ave HB, CA 92647 phone: 888-499-9303 Fax: 323-201-3233	The reason for this visit is an annual physical. BP 113/70 Pulse/min: 96; temp: 98.6F; height: 63.00 inches; weight: 119.93 and BMI: 21.24 A blood panel was ordered as well as sleep study. The Sleep Study was denied	N/A
1/8/2019	1/8/2019	Family medicine	Dr. Natasha Georgina Thomas 19400 Beach Blvd Ste 12, Huntington Beach, CA 92648 (714) 968 - 1222	Annual well check-up with primary doctor. Emily got a flu shot and a tetanus shot while at this appointment. Also Emily was given a swab to take home to test for the HPV virus. Emily was not able to get the swab.	N/A
1/9/2019	1/9/2019	Dentist	Dr. Kenneth Andrew Tjon 27221 La Paz Rd Ste G, Laguna Niguel, CA 92677 (949) 831 - 1402	Emily is changing dentist due to the insurance. Emily saw this dentist to get a referral for her bottom tooth.	N/A
1/11/2019	1/11/2019	Family medicine	Dr. Natasha Georgina Thomas 19400 Beach Blvd Ste 12, Huntington Beach, CA 92648 (714) 968 - 1222	Return for in office blood work. Blood work came back <u>AST</u> : high 31 U/L <u>Hemoglobin</u> : high 15.6g/dL <u>Iron</u> high 37mcg/dL	N/A
1/14/2019	1/14/2019	Amen Clinic	Jennifer Love Farrell psychology appointment 3150 Bristol st, Suite 400 Costa Mesa, CA 92626 Phone: 949-266-3700	Diagnosis by Dr. Farrell: F43.12 - Post-traumatic stress disorder, chronic; and F44.89 - Other dissociative and conversion disorders.	NO CHANGES MADE: Take 150 mg of Lamotrigine (Lamictal) in the morning and 200 at night. Desvenlafaxine (Pristiq) 50 mg one time per day in morning. Also Trazodone 50 mg at night for sleeping. As needed for anxiety Gabapentin (Neurontin) 300 mg

RESP'T APP 1746

[illegible]

EXHIBIT 51

EXHIBIT 51

EXHIBIT 51
RESP'T APP 1748



P.O. Box 1800
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7219 TRN

X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Dec 9, 2016

through

Jan 10, 2017

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000096954 01 SP 106481850850596 E

EMILY CHRISTINE

ALECIA KREMIDAS-DRAPER

20762 CRESTVIEW LN

HUNTINGTN BCH CA 92646-5929



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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Dec 9	\$	393.06	Number of Days in Statement Period	33
Deposits / Credits		654.24		
Card Withdrawals		502.65-		
Ending Balance on Jan 10, 2017	\$	544.65		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec 30	Federal Benefit Deposit REF=163580119640530N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Dec 12	Debit Purchase 727891	ARCO #42139 HUNTINGTON BCA On 120916 ILNKILNK REF 634420727891	\$ 26.67-
Dec 13	Debit Purchase - VISA SQ *PURE LIGHT C	On 121216 NEWPORT BEAC CA REF # 24492156347740233460276	125.00-
Dec 14	Debit Purchase 156320	GAMESTOP #2342 2 COSTA MESA CA On 121416 ILK1TERM REF 634918156320	16.50-
Dec 15	Debit Purchase 156226	WALGREENS STORE HUNTINGTON BCA On 121416 ILK1TERM REF 635001156226	12.39-
Dec 15	Debit Purchase - VISA SQ *PURE LIGHT C	On 121416 NEWPORT BEAC CA REF # 24492156349740251912511	75.00-
Dec 16	Debit Purchase - VISA WIENERSCHNITZEL	On 121416 HUNTINGTON B CA REF # 24055236350206088000636	14.23-
Dec 16	Debit Purchase - VISA TARGET 00	On 121416 HUNTINGTON B CA REF # 24164076350091011337240	42.10-
Dec 21	Debit Purchase - VISA SQ *PURE LIGHT C	On 122016 NEWPORT BEAC CA REF # 24492156355740331651510	75.00-
Dec 22	Debit Purchase 078253	PETSMART INC 242 HUNTINGTON BCA On 122116 ILK1TERM REF 635623078253	5.77-
Jan 4	Debit Purchase - VISA USA*INNOVATIVE F	On 010317 TUCSON AZ REF # 2469216700300026815064	5.00-

RESP APP 1749

ER 000063



EMILY CHRISTINE
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Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Dec 9, 2016
through
Jan 10, 2017

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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jan 4	Debit Purchase - VISA BB *REID PARK ZO	On 010317 TUCSON AZ REF # 24055237004026431342958	4026431342 10.50-
Jan 5	Debit Purchase - VISA SQ *PURE LIGHT C	On 010417 NEWPORT BEAC CA REF # 24492157004740303510507	4740303510 75.00-
Jan 6	Debit Purchase - VISA PAYPAL *MOBILEPR	On 010517 402-935-7733 CA REF # 24492157005894509369835	5894509369 8.95-
Jan 6	Debit Purchase 187701	PETSMART # 2582 TUCSON AZ On 010617 ILK1TERM REF 700620187701	0101061445 10.54-

Card 3039 Withdrawals Subtotal \$ 502.65-

Total Card Withdrawals \$ 502.65-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Dec 12	366.39	Dec 16	81.17	Jan 4	639.14
Dec 13	241.39	Dec 21	6.17	Jan 5	564.14
Dec 14	224.89	Dec 22	0.40	Jan 6	544.65
Dec 15	137.50	Dec 30	654.64		

Balances only appear for days reflecting change.

RESP'T APP 1750

ER 000064



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7219 TRN

X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jan 11, 2017

through

Feb 8, 2017

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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jan 11	\$	544.65	Number of Days in Statement Period	29
Deposits / Credits		654.24		
Card Withdrawals		445.34 -		
Other Withdrawals		500.00 -		
Ending Balance on Feb 8, 2017	\$	253.55		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Feb 1	Federal Benefit Deposit REF=170260063682800N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jan 12	Debit Purchase - VISA SQ *PURE LIGHT C	On 011117 NEWPORT BEAC CA REF # 24492157011740191813147	\$ 75.00-
Jan 17	Debit Purchase 156000	PETSMART # 1908 TUCSON AZ On 011617 ILNKILNK REF 701618156000	23.25-
Jan 17	Debit Purchase - VISA COWTOWN BOOTS	On 011617 TUCSON AZ REF # 24692167017000767048375	74.22-
Jan 18	Debit Purchase - VISA SQ *PURE LIGHT C	On 011617 NEWPORT BEAC CA REF # 24492157016741491321570	75.00-
Jan 31	Debit Purchase 151993	PETSMART # 1908 TUCSON AZ On 013117 ILK1TERM REF 703121151993	75.49-
Feb 6	Debit Purchase 289475	SAFEWAY TUCSON AZ On 020417 ILK1TERM REF 703511289475	22.38-
Feb 8	Debit Purchase - VISA SQ *PURE LIGHT C	On 020717 NEWPORT BEAC CA REF # 24492157038741467200273	100.00-

Card 3039 Withdrawals Subtotal \$ 445.34-

Total Card Withdrawals \$ 445.34-

REST APP 1751

ER 000065



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Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jan 11, 2017
through
Feb 8, 2017



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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Other Withdrawals

<i>Date</i>	<i>Description of Transaction</i>	<i>Ref Number</i>	<i>Amount</i>
Jan 17	Customer Withdrawal	8359924277	\$ 220.00-
Feb 6	Customer Withdrawal	8058868084	280.00-
Total Other Withdrawals			\$ 500.00-

Balance Summary

<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>
Jan 12	469.65	Jan 31	1.69	Feb 6	353.55
Jan 17	152.18	Feb 1	655.93	Feb 8	253.55
Jan 18	77.18				

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RESP'T APP 1752

ER 000066



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7219 TRN

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Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Feb 9, 2017

through

Mar 8, 2017

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STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Feb 9	\$	253.55	Number of Days in Statement Period	28
Deposits / Credits		669.48		
Card Withdrawals		676.30 -		
Checks Paid		25.00 -		
Ending Balance on Mar 8, 2017	\$	221.73		

Deposits / Credits

Date	Description of Transaction	Ref Number		Amount
Mar 1	Federal Benefit Deposit REF=170540127585050N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$	654.24
Mar 6	Debit Purchase Ret - VISA PETSMART #2552	On 030417 HUNTINGTON B CA REF # 74231687064400020850 US1	4400020850	15.24
Total Deposits / Credits			\$	669.48

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number		Amount
Feb 10	Debit Purchase - VISA TWIN PEAKS VETER	On 020917 TUCSON AZ REF # 24493987041091379000203	\$	51.19-
Feb 15	Debit Purchase - VISA SQ *PURE LIGHT C	On 021417 NEWPORT BEAC CA REF # 24492157045740174091539		100.00-
Feb 27	Debit Purchase - VISA SQ *PURE LIGHT C	On 022417 NEWPORT BEAC CA REF # 24492157055740280219476		100.00-
Mar 1	Debit Purchase 465858	MICHAELS STORES TUCSON AZ On 030117 NYC3TERM REF 706015465858		16.20-
Mar 1	Debit Purchase 813136	ARIZONA ART SUPP TUCSON AZ On 030117 ILK1TERM REF 706017813136		24.74-
Mar 6	Debit Purchase 702121	HOMEGOODS # 0593 HUNTINGTON BCA On 030317 ILK1TERM REF 706300702121		21.51-
Mar 6	Debit Purchase 087978	TARGET T-2051 Huntington BCA On 030417 NYC3TERM REF 706300087978		22.70-
Mar 6	Debit Purchase 132946	PETSMART #2552 HUNTINGTON BCA On 030417 ILNKILNK REF 706318132946		89.16-
Mar 6	Debit Purchase - VISA SQ *PURE LIGHT C	On 030317 NEWPORT BEAC CA REF # 24492157062741469314113		100.00-
Mar 7	Debit Purchase - VISA 1 LOOK VINTAGE	On 030617 HUNTINGTN BC CA REF # 24275397066393400015317		10.80-

RESP'T APP 1753

ER 000067



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Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Feb 9, 2017
through
Mar 8, 2017

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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Mar 7	Debit Purchase 157741	PETSMART #2552 HUNTINGTON BCA On 030717 ILK1TERM REF 706621157741 4103071549	11.00-
Mar 8	Debit Purchase 167817	PETSMART #2552 HUNTINGTON BCA On 030717 ILNKILNK REF 706623167817 You Requested \$10 In Cash Back 1703071723	29.00-
Mar 8	Debit Purchase - VISA SQ *PURE LIGHT C	On 030717 NEWPORT BEAC CA REF # 24492157066741497486061 6741497486	100.00-
Card 3039 Withdrawals Subtotal			\$ 676.30-
Total Card Withdrawals			\$ 676.30-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0306	Mar 7	8358223340	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 10	202.36	Mar 1	615.66	Mar 7	350.73
Feb 15	102.36	Mar 6	397.53	Mar 8	221.73
Feb 27	2.36				

Balances only appear for days reflecting change.

RESP'T APP 1754

ER 000068



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Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Mar 9, 2017

through

Apr 10, 2017

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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Mar 9	\$	221.73	Number of Days in Statement Period	33
Deposits / Credits		654.24		
Card Withdrawals		421.13 -		
Checks Paid		25.00 -		
Ending Balance on Apr 10, 2017	\$	429.84		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Mar 31	Federal Benefit Deposit REF=170860129175830N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Mar 13	Debit Purchase 081725	TARGET T-2051 Huntington BCA On 031217 NYC3TERM REF 707100081725 You Requested \$20 In Cash Back	\$ 38.31-
Mar 15	Debit Purchase - VISA SQ *PURE LIGHT C	On 031417 NEWPORT BEAC CA REF # 24492157073741370008140	100.00-
Mar 23	Debit Purchase - VISA 99 CENTS ONLY ST	On 032217 COSTA MESA CA REF # 24445007082000614695160	7.03-
Mar 23	Debit Purchase 081931	TARGET T-2051 Huntington BCA On 032217 NYC3TERM REF 708100081931	21.36-
Mar 27	Debit Purchase 240548	PETCO 525 HUNTINGTON BCA On 032417 ILNKILNK REF 708322240548	13.99-
Mar 27	Debit Purchase 344083	WALGREENS STORE HUNTINGTON BCA On 032417 ILNKILNK REF 708402344083	14.00-
Mar 30	Debit Purchase - VISA JAMBA JUICE 0027	On 032817 NEWPORT BEAC CA REF # 24445007088500365820184	6.74-
Apr 3	Debit Purchase - VISA 99 CENTS ONLY ST	On 033117 COSTA MESA CA REF # 24445007091000670667615	9.90-

RESP'T APP 1755

ER 000069



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Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Mar 9, 2017
through
Apr 10, 2017

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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 5	Debit Purchase - VISA SQ *PURE LIGHT C	On 040417 NEWPORT BEAC CA REF # 24492157094740313808983	4740313808 100.00-
Apr 7	Debit Purchase - VISA CORONA DEL MAR A	On 040517 CORONA DL MA CA REF # 24632697096500516168245	6500516168 100.00-
Apr 10	Debit Purchase 736125	USPS PO 05359604 HUNTINGTON BCA On 040817 ILNKILNK REF 709817736125	2504081228 9.80-
Card 3039 Withdrawals Subtotal			\$ 421.13-
Total Card Withdrawals			\$ 421.13-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0307	Apr 6	8955134912	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 13	183.42	Mar 30	20.30	Apr 6	539.64
Mar 15	83.42	Mar 31	674.54	Apr 7	439.64
Mar 23	55.03	Apr 3	664.64	Apr 10	429.84
Mar 27	27.04	Apr 5	564.64		

Balances only appear for days reflecting change.

RESP'T APP 1756

ER 000070



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Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Apr 11, 2017

through

May 8, 2017

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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Apr 11	\$	429.84	Number of Days in Statement Period	28
Deposits / Credits		654.24		
Card Withdrawals		475.59-		
Other Withdrawals		40.00-		
Checks Paid		25.00-		
Ending Balance on May 8, 2017	\$	543.49		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
May 1	Federal Benefit Deposit REF=171150066378840N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 11	ATM Withdrawal	US BANK BROOKHUR HUNTINGTN BC CA Serial No. 001504111033SUS4U864	\$ 200.00-
Apr 12	Debit Purchase - VISA SQ *PURE LIGHT C	On 041117 NEWPORT BEAC CA REF # 24492157101741362590390	100.00-
Apr 26	Debit Purchase 856679	WALGREENS STORE HUNTINGTON BCA On 042517 ILNKILNK REF 711522856679	4.09-
Apr 26	Debit Purchase 353000	WALGREENS STORE HUNTINGTON BCA On 042517 ILNKILNK REF 711522353000	10.63-
May 1	Debit Purchase - VISA WISH.COM	On 042817 800-266-0172 CA REF # 24492157118713118163286	7.90-
May 2	Debit Purchase - VISA SQ *PURE LIGHT C	On 050117 NEWPORT BEAC CA REF # 24492157122740232164282	100.00-
May 3	Debit Purchase 020275	TARGET T- 9882 A Huntington BCA On 050317 MAESTER REF 020275	37.95-
May 4	Debit Purchase 593974	PETSMART #2552 HUNTINGTON BCA On 050417 ILNKILNK REF 712418593974	15.02-
Card 3039 Withdrawals Subtotal			\$ 475.59-
Total Card Withdrawals			\$ 475.59-

RESP'T APP 1757

ER 000071



EMILY CHRISTINE
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HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Apr 11, 2017
through
May 8, 2017



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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
May 8	Mobile Banking Transfer To Account 153753904983		\$ 40.00-
Total Other Withdrawals			\$ 40.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0308	May 8	8059236651	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 11	229.84	May 1	761.46	May 4	608.49
Apr 12	129.84	May 2	661.46	May 8	543.49
Apr 26	115.12	May 3	623.51		

Balances only appear for days reflecting change.

RESP'T APP 1758

ER 000072



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Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

May 9, 2017

through

Jun 8, 2017

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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on May 9	\$	543.49	Number of Days in Statement Period	31
Deposits / Credits		674.24		
Card Withdrawals		650.84-		
Other Withdrawals		500.00-		
Checks Paid		25.00-		
Ending Balance on Jun 8, 2017	\$	41.89		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
May 23	Mobile Banking Transfer	From Account 153753904983	\$ 20.00
Jun 1	Federal Benefit Deposit	From SSI TREAS 310	654.24
	REF=171450053060800N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 674.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
May 10	Debit Purchase	CVS/PHARMACY #09 Huntington BCA	12.92-
	012674	On 051017 NYC3TERM REF 713000012674	
May 15	Debit Purchase - VISA	On 051217 NEWPORT BEAC CA	100.00-
	SQ *PURE LIGHT C	REF # 24492157132741376745660	
May 16	Debit Purchase - VISA	On 051517 NEWPORT BEAC CA	100.00-
	SQ *PURE LIGHT C	REF # 24492157135741398098012	
May 19	Debit Purchase	Wal-Mart Super C HUNTINGTON BCA	28.74-
	227084	On 051917 MAESTERM REF 227084	
		You Requested \$20 In Cash Back	
May 22	Debit Purchase - VISA	On 051917 HUNTINGTN BC CA	3.50-
	CITY OF HB PARKI	REF # 24755427140121409300776	
May 22	Debit Purchase - VISA	On 051917 NEWPORT BEAC CA	100.00-
	SQ *PURE LIGHT C	REF # 24492157139740250902184	
May 23	Debit Purchase - VISA	On 052217 NEWPORT BEAC CA	100.00-
	SQ *PURE LIGHT C	REF # 24492157142740283025461	
May 30	Debit Purchase	PETCO 525 HUNTINGTON BCA	52.42-
	579919	On 052617 MAESTERM REF 579919	
May 31	Debit Purchase	WALGREENS STORE HUNTINGTON BCA	1.69-
	640899	On 053017 ILNKILNK REF 715101640899	
May 31	Debit Purchase - VISA	On 053017 HUNTINGTN BC CA	22.88-
	ZOOM ROOM HUNTIN	REF # 24275397150010864536839	

RESP'T APP 1759

ER 000073



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
May 9, 2017
through
Jun 8, 2017



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jun 5	Debit Purchase 886782	ARCO #42139 HUNTINGTON BCA On 060517 ILK1TERM REF 715616886782	8206051225 30.08-
Jun 5	Debit Purchase - VISA BUBBLES DOG GROO	On 060117 HUNTINGTON B CA REF # 24251387153030052160073	3030052160 88.00-
Jun 7	Debit Purchase - VISA 0296 ROUND TABLE	On 060517 HUNTINGTON B CA REF # 24269797157100266191051	7100266191 10.61-
Card 3039 Withdrawals Subtotal			\$ 650.84-
Total Card Withdrawals			\$ 650.84-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jun 8	Mobile Banking Transfer To Account 153753904983		\$ 500.00-
Total Other Withdrawals			\$ 500.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0309	Jun 6	8358159152	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 10	530.57	May 23	118.33	Jun 5	577.50
May 15	430.57	May 30	65.91	Jun 6	552.50
May 16	330.57	May 31	41.34	Jun 7	541.89
May 19	301.83	Jun 1	695.58	Jun 8	41.89
May 22	198.33				

Balances only appear for days reflecting change.

RESP'T APP 1760

ER 000074



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN

X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jun 9, 2017

through

Jul 11, 2017

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



To Contact U.S. Bank

By Phone:

1-800-US BANKS

(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

Effective August 14th 2017 the following sections will be updated in the "Consumer Pricing Information" brochure:

- **Foreign Checks/Currency Fees** - Clarifying explanation of potential fees and the review/processing of checks deposited in foreign currency on foreign banks, to read as follows:

Checks Deposited in Foreign Currency on Foreign Banks: All checks subject to review. If item must be processed on a collection basis, U.S. Bank will disclose additional fees prior to assessing. See Foreign Check Collection section for potential fees.

- **Foreign Check Collection (incoming/outgoing)** - Clarifying explanation by adding the following:

Additional fees assessed by Foreign Banks will be deducted from the check proceeds. Exchange rate adjustments will apply on each item at the time of processing.

- **Checking Package Options - Gold Checking:** Clarifying disclosure pertaining to waiving the monthly maintenance fee with an open U.S. Bank personal loan, line or credit card noted as footnote 5 to read as follows:

Qualifying accounts include U.S. Bank Premier Line, home mortgages, home equity loans and lines of credit, personal purpose loans and activated credit cards. (U.S. Bank Reserve Line of Credit and student loans are excluded). Mortgage and credit products are subject to eligibility requirements and normal credit approval and may be subject to additional charges such as annual fees. Please refer to the credit agreement for full details.

As of August 14th 2017 you may pick up a copy of the updated "Consumer Pricing Information" brochure at your local branch, view a copy at usbank.com or call 1-800-USBANKS (1-800-872-2657) to request a copy.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jun 9	\$	41.89	Number of Days in Statement Period	33
Deposits / Credits		754.24		
Card Withdrawals		202.58 -		
Other Withdrawals		500.00 -		
Checks Paid		25.00 -		
Ending Balance on Jul 11, 2017	\$	68.55		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Jun 12	Branch Account Transfer	From Account 153753904983	\$ 100.00
Jun 30	Federal Benefit Deposit	From SSI TREAS 310	654.24
	REF=171770087687640N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 754.24

RESP'T APP 1761

ER 000075



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jun 9, 2017
through
Jul 11, 2017



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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jun 13	Debit Purchase - VISA SQ *PURE LIGHT C	On 061217 NEWPORT BEAC CA REF # 24492157163740173855351	100.00-
Jun 19	Debit Purchase 990152	SPROUTS FARMERS HUNTINGTON BCA On 061917 ILK1TERM REF 717013990152	28.03-
Jun 23	Debit Purchase 007732	PETSMART #2552 HUNTINGTON BCA On 062217 ILNKILNK REF 717322007732	10.00-
Jul 3	Debit Purchase 236065	PETSMART #2552 HUNTINGTON BCA On 070117 ILNKILNK REF 718221236065	64.55-
Card 3039 Withdrawals Subtotal			\$ 202.58-
Total Card Withdrawals			\$ 202.58-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jul 10	Mobile Banking Transfer To Account 153753904983		\$ 500.00-
Total Other Withdrawals			\$ 500.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0310	Jul 6	8956046140	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 12	141.89	Jun 23	3.86	Jul 6	568.55
Jun 13	41.89	Jun 30	658.10	Jul 10	68.55
Jun 19	13.86	Jul 3	593.55		

Balances only appear for days reflecting change.

RESP'T APP 1762

ER 000076



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN

X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jul 12, 2017

through

Aug 8, 2017

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



To Contact U.S. Bank

By Phone:

1-800-US BANKS

(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Effective July 16, 2017 Deluxe check box quantities will change to the following:

Check Product Quantity	Old Quantity	New Quantity
Standard Full Quantity	120	100
Specialty Gray, Green, Lemon, Mint	150	125
Denver Broncos	150	125
Intro-Paks	50	40
Mini-Paks	30	25
Student Checking	No change	

If you have questions about your check order please contact U.S. Bank 24-Hour Banking at 800.USBANKS (800.872.2657). We accept relay calls.

INFORMATION YOU SHOULD KNOW

Effective August 14th 2017 the following sections will be updated in the "Consumer Pricing Information" brochure:

- **Foreign Checks/Currency Fees** - Clarifying explanation of potential fees and the review/processing of checks deposited in foreign currency on foreign banks, to read as follows:

Checks Deposited in Foreign Currency on Foreign Banks: All checks subject to review. If item must be processed on a collection basis, U.S. Bank will disclose additional fees prior to assessing. See Foreign Check Collection section for potential fees.

- **Foreign Check Collection (incoming/outgoing)** - Clarifying explanation by adding the following:

Additional fees assessed by Foreign Banks will be deducted from the check proceeds. Exchange rate adjustments will apply on each item at the time of processing.

- **Checking Package Options - Gold Checking:** Clarifying disclosure pertaining to waiving the monthly maintenance fee with an open U.S. Bank personal loan, line or credit card noted as footnote 5 to read as follows:

Qualifying accounts include U.S. Bank Premier Line, home mortgages, home equity loans and lines of credit, personal purpose loans and activated credit cards. (U.S. Bank Reserve Line of Credit and student loans are excluded). Mortgage and credit products are subject to eligibility requirements and normal credit approval and may be subject to additional charges such as annual fees. Please refer to the credit agreement for full details.

As of August 14th 2017 you may pick up a copy of the updated "Consumer Pricing Information" brochure at your local branch, view a copy at usbank.com or call 1-800-USBANKS (1-800-872-2657) to request a copy.

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

By 9/10, if you do not have enough available funds in your account to pay for a debit card purchase, some merchants may approve an amount that covers part of your total purchase instead of declining your entire purchase. For example, if you have an

RESPT APP 1763

ER 000077



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jul 12, 2017
through
Aug 8, 2017

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Available Balance of \$20 in your checking account and you attempt to make a \$30 purchase, your purchase may be approved for \$20. At the merchant's discretion, you would need to use another form of payment for the remaining \$10 or reduce your purchase by \$10. This service will not apply if you have ATM and Debit Card Overdraft Coverage. Merchant must be enrolled in this service to provide this option. This service may be available to some customers starting 8/13.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jul 12	\$	68.55	Number of Days in Statement Period	28
Deposits / Credits		654.24		
Card Withdrawals		72.43 -		
Other Withdrawals		500.00 -		
Checks Paid		25.00 -		
Ending Balance on Aug 8, 2017	\$	125.36		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Aug 1	Federal Benefit Deposit REF=172070035823010N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jul 18	Debit Purchase 264920	WALGREENS STORE HUNTINGTON BCA On 071817 ILNKILNK REF 719905264920	\$ 8.86-
Aug 1	Debit Purchase 043920	PETSMART #2552 HUNTINGTON BCA On 073117 ILNKILNK REF 721303043920 You Requested \$20 In Cash Back	31.08-
Aug 2	Debit Purchase 184989	SPROUTS FARMERS HUNTINGTON BCA On 080217 ILNKILNK REF 721416184989	20.05-
Aug 3	Debit Purchase - VISA STARBUCKS STORE	On 080217 HUNTINGTON B CA REF # 24692167214100773948633	4.45-
Aug 8	Debit Purchase - VISA PAYPAL *PETLINED	On 080717 402-935-7733 CA REF # 24492157220894017574826	7.99-
Card 3039 Withdrawals Subtotal			\$ 72.43-
Total Card Withdrawals			\$ 72.43-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Aug 1	Mobile Banking Transfer To Account 153753904983		\$ 500.00-
Total Other Withdrawals			\$ 500.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0311	Aug 7	8059140063	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jul 18	59.69	Aug 2	162.80	Aug 7	133.35
Aug 1	182.85	Aug 3	158.35	Aug 8	125.36

Balances only appear for days reflecting change.

RESP'T APP 1764

ER 000078



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Aug 9, 2017
through
Sep 11, 2017

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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By Phone:

1-800-US BANKS
(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Effective July 16, 2017 Deluxe check box quantities will change to the following:

Check Product Quantity	Old Quantity	New Quantity
Standard Full Quantity	120	100
Specialty Gray, Green, Lemon, Mint	150	125
Denver Broncos	150	125
Intro-Paks	50	40
Mini-Paks	30	25
Student Checking	No change	

If you have questions about your check order please contact U.S. Bank 24-Hour Banking at 800.USBANKS (800.872.2657). We accept relay calls.

INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure include a number of updates and may affect your rights. As of Nov. 13, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Aug 9	\$	125.36	Number of Days in Statement Period	34
Deposits / Credits		674.24		
Card Withdrawals		177.45-		
Other Withdrawals		500.00-		
Checks Paid		25.00-		
Ending Balance on Sep 11, 2017	\$	97.15		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Aug 30	Mobile Banking Transfer	From Account 157514543444	\$ 20.00
Sep 1	Federal Benefit Deposit	From SSI TREAS 310	654.24
	REF=172400092994520N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 674.24

RESP'T APP 1765

ER 000079



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Aug 9, 2017
through
Sep 11, 2017

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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Aug 9	Debit Purchase - VISA PAYPAL *BEIJINGZ	On 080817 402-935-7733 CA REF # 24492157220894036496563	0894036496 \$ 5.99-
Aug 11	Debit Purchase - VISA MARIPOSA WOMENS	On 081017 ORANGE CA REF # 24493987223200666800171	3200666800 10.00-
Aug 11	Debit Purchase 311127	CVS/PHARM 09483- Huntington BCA On 081017 MAESTER REF 311127	15.68-
Aug 15	Debit Purchase 752013	ARCO #42139 HUNTINGTON BCA On 081417 ILNKILNK REF 722621752013	1308141733 35.37-
Aug 18	Debit Purchase 065005	PETSMART #2552 HUNTINGTON BCA On 081717 ILK1TERM REF 723000065005	0508171957 42.92-
Aug 21	Debit Purchase 078432	PETSMART #2552 HUNTINGTON BCA On 082017 ILNKILNK REF 723222078432	3208201711 10.00-
Aug 30	ATM Withdrawal	US BANK BEACH BO HUNTINGTN BC CA Serial No. 009502095541SUS4T587	20.00-
Sep 5	Debit Purchase 012043	PETSMART # 1908 TUCSON AZ On 090217 ILK1TERM REF 724519012043	4309021433 37.49-
Card 3039 Withdrawals Subtotal			\$ 177.45-
Total Card Withdrawals			\$ 177.45-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Sep 5	Mobile Banking Transfer	To Account 153753904983	\$ 500.00-
Total Other Withdrawals			\$ 500.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0312	Sep 6	8657995814	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Aug 9	119.37	Aug 18	15.40	Sep 1	659.64
Aug 11	93.69	Aug 21	5.40	Sep 5	122.15
Aug 15	58.32	Aug 30	5.40	Sep 6	97.15

Balances only appear for days reflecting change.

ADDITIONAL INFORMATION

Effective November 13, 2017 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Updates and restructuring the "Overdraft Handling" Section with additional detail on standard overdraft coverage, ATM & Debit Card overdraft coverage (opt in & opt out) and the addition of Requested Return for both business and consumer accounts
- Addition of how to request a Consumer or Business Pricing Information brochure
- Threshold updates on error Adjustments
- Additional clarity on transaction posting order
- Clarification in the definition of "Account Balance"
- Clarification in the definition of "Insufficient funds"
- Clarification of Overdraft Returned and Overdraft Paid Fee deductions
- Clarification on the Overdraft Protection Transfer Fee advance amounts and fee assessment
- Additional clarity on timing within Your Duty to Examine Your Statement section
- Additional language added to the Security Interest In Accounts section

RESP'T APP 1766

ER 000080



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Sep 12, 2017

through

Oct 10, 2017

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
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(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

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INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure include a number of updates and may affect your rights. As of Nov. 13, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the [Additional Information Section](#) of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Sep 12	\$	97.15	Number of Days in Statement Period	29
Deposits / Credits		657.70		
Card Withdrawals		139.53-		
Other Withdrawals		500.00-		
Checks Paid		25.00-		
Ending Balance on Oct 10, 2017	\$	90.32		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Sep 29	Federal Benefit Deposit REF=172680083979170N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Oct 2	Debit Purchase Ret - VISA PETSMART #2552	On 100117 HUNTINGTON B CA REF # 74231687275400015702 US1	5400015702 3.46
Total Deposits / Credits			\$ 657.70

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Sep 12	Debit Purchase 142912	PETCO 525 HUNTINGTON BCA On 091217 MAESTERM REF 142912	\$ 46.90-
Sep 18	Debit Purchase - VISA BUBBLES DOG GROO	On 091517 HUNTINGTON B CA REF # 24251387260030097555725	0030097555 24.00-
Oct 2	Debit Purchase 040949	PETSMART #2552 HUNTINGTON BCA On 092917 ILK1TERM REF 727301040949	4909292006 44.51-
Oct 5	Debit Purchase - VISA 99-CENTS-ONLY #0	On 100417 HUNTINGTON B CA REF # 24445007278000742229282	8000742229 9.26-
Oct 10	Debit Purchase 217706	CVS/PHARM 09483- Huntington BCA On 100817 MAESTERM REF 217706	14.86-
Card 3039 Withdrawals Subtotal			\$ 139.53-
Total Card Withdrawals			\$ 139.53-

RESP'T APP 1767

ER 000081



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Sep 12, 2017
through
Oct 10, 2017



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Sep 29	Mobile Banking Transfer To Account 153753904983		\$ 500.00-
Total Other Withdrawals			\$ 500.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0313	Oct 6	9255269402	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Sep 12	50.25	Oct 2	139.44	Oct 6	105.18
Sep 18	26.25	Oct 5	130.18	Oct 10	90.32
Sep 29	180.49				

Balances only appear for days reflecting change.

ADDITIONAL INFORMATION

Effective November 13, 2017 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Updates and restructuring the "Overdraft Handling" Section with additional detail on standard overdraft coverage, ATM & Debit Card overdraft coverage (opt in & opt out) and the addition of Requested Return for both business and consumer accounts
- Addition of how to request a *Consumer or Business Pricing Information* brochure
- Threshold updates on error Adjustments
- Additional clarity on transaction posting order
- Clarification in the definition of "Account Balance"
- Clarification in the definition of "Insufficient funds"
- Clarification of Overdraft Returned and Overdraft Paid Fee deductions
- Clarification on the Overdraft Protection Transfer Fee advance amounts and fee assessment
- Additional clarity on timing within *Your Duty to Examine Your Statement* section
- Additional language added to the *Security Interest In Accounts* section
- Arbitration coverage under the Military Lending Act
- Deposits involving non-U.S. Bank ATM's
- Removal of *Checks and Checking Accounts and Savings Accounts with Draft Access*
- Addition of *Partial Debit Card Transactions* section
- Clarification in the *Limits on Transfers* section
- Clarification in the *Debit Card Transactions* sub-section in the *Limits on Transfer* sections
- Addition to the Consumer Reserve Line Agreement, *Credit Review* section, ability to terminate or suspend
- Added Military Lending Act notice regarding Military Annual Percentage Rate (MAPR)

Effective November 13, 2017 the main updates to note in the revised "Consumer Pricing Information" brochure include:

- Clarifying language for waiving monthly maintenance fee for Platinum Checking Packages as it pertains to investments and trust relationships (note: no change in requirements just addressing correct name of U.S. Bank groups)
- Replacing online statement with "eStatement"
- Updated disclosure regarding investments for U.S. Bank and U.S. Bancorp Investments
- Clarifying language regarding "No fee" benefits for ATM transactions in deposit products
- Additional disclosure regarding account auto close process
- Additional disclosure regarding Star Savers Club, when a minor reaches 18 years of age

As of Nov. 13, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies.

RESP'T APP 1768

ER 000082



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Oct 11, 2017

through

Nov 8, 2017

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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By Phone:

1-800-US BANKS

(1-800-872-2657)

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Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure include a number of updates and may affect your rights. As of Nov. 13, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

Changes effective now for cash transactions

At U.S. Bank we are committed to doing our part to deter criminal activities related to money laundering. We are enhancing our level of security on cash transactions in order to meet regulatory guidelines. To comply with these requirements, we need to clearly identify all individuals making cash transactions at our branches.

Because of this requirement, we will require additional information from individuals who make cash transactions at the branch. Individuals who are not U.S. Bank accountholders will also be required to provide additional information, including individuals who present or receive cash on behalf of a business.

What may be required for a cash transaction? This additional information includes: full name, address, date of birth, Taxpayer Identification Number (of the individual), occupation and photo identification (driver's license or government issued ID). Once the necessary information is established in our system, only photo identification will be required for subsequent cash transactions. Please be ready to provide this information when asked. More information on these changes is available at www.usbank.com/cashtransactions. Thank you for your assistance.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Oct 11	\$	90.32	Number of Days in Statement Period	29
Deposits / Credits		654.24		
Card Withdrawals		202.07 -		
Other Withdrawals		300.00 -		
Checks Paid		25.00 -		
Ending Balance on Nov 8, 2017	\$	217.49		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Nov 1	Federal Benefit Deposit REF=172990078733340N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Oct 23	Debit Purchase - VISA PAYPAL *DONGNAN	On 102017 402-935-7733 CA REF # 24492157294894458349416	\$ 7.99-
Oct 23	Debit Purchase - VISA 99-CENTS-ONLY #0	On 102217 HUNTINGTON CA REF # 24445007296000650264949	14.11-

RESP'T APP 1769

ER 000083



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Oct 11, 2017
through
Nov 8, 2017

Page 2 of 3



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Oct 23	Debit Purchase 827909	DAISO LA28 LA PA WESTMINSTER CA On 102217 ILK1TERM REF 729520827909	14.59-
Oct 23	Debit Purchase 651821	0183 /1CA083 SEE WESTMINSTER CA On 102117 MAESTERM REF 651821	23.50-
Oct 25	Debit Purchase 103434	PETCO 2142 MARANA AZ On 102517 MAESTERM REF 103434	28.08-
Oct 27	Debit Purchase - VISA WISH.COM	On 102617 800-266-0172 CA REF # 24492157299719118499761	2.00-
Nov 7	Debit Purchase 519917	SPROUTS FARMERS TUCSON AZ On 110617 ILNKILNK REF 731018519917	111.80-

Card 3039 Withdrawals Subtotal \$ 202.07-

Total Card Withdrawals \$ 202.07-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Nov 6	Mobile Banking Transfer To Account 153753904983		\$ 300.00-
Total Other Withdrawals			\$ 300.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0314	Nov 6	8058760096	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 23	30.13	Oct 27	0.05	Nov 6	329.29
Oct 25	2.05	Nov 1	654.29	Nov 7	217.49

Balances only appear for days reflecting change.

ADDITIONAL INFORMATION

Effective November 13, 2017 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Updates and restructuring the "Overdraft Handling" Section with additional detail on standard overdraft coverage, ATM & Debit Card overdraft coverage (opt in & opt out) and the addition of Requested Return for both business and consumer accounts
- Addition of how to request a *Consumer or Business Pricing Information* brochure
- Threshold updates on error Adjustments
- Additional clarity on transaction posting order
- Clarification in the definition of "Account Balance"
- Clarification in the definition of "Insufficient funds"
- Clarification of Overdraft Returned and Overdraft Paid Fee deductions
- Clarification on the Overdraft Protection Transfer Fee advance amounts and fee assessment
- Additional clarity on timing within *Your Duty to Examine Your Statement* section
- Additional language added to the *Security Interest In Accounts* section
- Arbitration coverage under the Military Lending Act
- Deposits involving non-U.S. Bank ATM's
- Removal of *Checks and Checking Accounts and Savings Accounts with Draft Access*
- Addition of *Partial Debit Card Transactions* section
- Clarification in the *Limits on Transfers* section
- Clarification in the *Debit Card Transactions* sub-section in the *Limits on Transfers* sections
- Addition to the Consumer Reserve Line Agreement, *Credit Review* section, ability to terminate or suspend

RESPIT APP 1770

ER 000084



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Nov 9, 2017

through

Dec 8, 2017

Page 1 of 3



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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By Phone:

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(1-800-872-2657)

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Protecting your accounts is our highest priority. We have many safeguards in place to help ensure your accounts are secure. One of these is to close long-term inactive cards. If your U.S. Bank Visa Debit or ATM Card has not been used within the last 12 months, it may be closed. You will be notified at a later date in the event that your card will be closed. Please call us with any questions at 800-USBANKS (800-872-2657).

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Nov 9	\$	217.49	Number of Days in Statement Period	30
Deposits / Credits		654.24		
Card Withdrawals		416.59-		
Other Withdrawals		150.00-		
Checks Paid		25.00-		
Ending Balance on Dec 8, 2017	\$	280.14		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec 1	Federal Benefit Deposit REF=173310158958690N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 654.24
Total Deposits / Credits			\$ 654.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Nov 13	Debit Purchase - VISA ZPIZZA AZ08 TUSC	On 110917 ORO VALLEY AZ REF # 24269797314100279254938	\$ 7.06-
Nov 13	Debit Purchase 110081	FRYS FOOD 7870 N MARANA AZ On 111317 MAESTERM REF 110081	16.28-
Nov 20	Debit Purchase - VISA BLACK BEAR DINER	On 111817 BUENA PARK CA REF # 24034457323500706937549	12.23-

RESP'T APP 1771

ER 000085



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Nov 9, 2017
through
Dec 8, 2017

Page 2 of 3



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Nov 21	Debit Purchase 096974	PETSMART #2552 HUNTINGTON BCA On 112117 ILNKILNK REF 732521096974	7411211551 10.00-
Nov 21	Debit Purchase 160951	HB FUELS INC HUNTINGTON BCA On 112117 ILNKILNK REF 732516160951	5111211542 12.33-
Nov 21	Debit Purchase 827694	RALPHS FOUNTAIN VALCA On 112117 MAESTER REF 827694	19.00-
Nov 21	Debit Purchase 161517	HB FUELS INC HUNTINGTON BCA On 112117 ILK1TERM REF 732516161517	1711211544 29.59-
Nov 24	Debit Purchase - VISA SCOOPS CATALINA	On 112217 AVALON CA REF # 24688077327017033834323	7017033834 17.25-
Nov 27	Debit Purchase 735388	STATERBROS147 HUNTINGTON BCA On 112517 ILK1TERM REF 732919735388	8811251339 25.13-
Nov 28	Debit Purchase - VISA PAYPAL *MNMPRODU	On 112717 402-935-7733 CA REF # 24492157331894859197682	1894859197 7.16-
Nov 28	Debit Purchase - VISA PAYPAL *QUALITYP	On 112717 402-935-7733 CA REF # 24492157331894859201013	1894859201 8.99-
Nov 28	Debit Purchase 476628	OC GOODWILL #151 HUNTINGTON BCA On 112817 MAESTER REF 476628	17.43-
Nov 28	Debit Purchase - VISA GROUPON INC	On 112817 GROUPON.COM IL REF # 24692167332100455944469	2100455944 18.21-
Dec 1	Debit Purchase 116418	TARGET T- 9882 A Huntington BCA On 120117 MAESTER REF 116418	26.79-
Dec 4	Debit Purchase 786879	STATERBROS147 HUNTINGTON BCA On 120417 ILNKILNK REF 733821786879	7912041535 7.22-
Dec 4	Debit Purchase 190394	PETSMART #2552 HUNTINGTON BCA On 120217 ILK1TERM REF 733619190394	9412021307 11.00-
Dec 4	Debit Purchase 173001	SPROUTS FARMERS HUNTINGTON BCA On 120317 ILNKILNK REF 733719173001	0112031801 15.93-
Dec 4	Debit Purchase - VISA PRINTERPIX.COM	On 120217 4073244816 FL REF # 24492157336715628384605	6715628384 16.99-
Dec 4	Debit Purchase - VISA WISH.COM	On 120317 800-266-0172 CA REF # 24492157337717666421694	7717666421 30.60-
Dec 4	Debit Purchase - VISA CHEWY.COM	On 120317 800-6724399 FL REF # 24906417337047703109096	7047703109 56.70-
Dec 6	Debit Purchase - VISA 99-CENTS-ONLY #0	On 120417 HUNTINGTON B CA REF # 24445007339500363028704	9500363028 10.75-
Dec 6	Debit Purchase 723943	VONS HUNTINGTON BCA On 120517 ILNKILNK REF 733911723943	4312050519 19.14-
Dec 7	Debit Purchase - VISA PAYPAL *RIDGEVIE	On 120617 402-935-7733 CA REF # 24492157340894305687160	0894305687 11.89-
Dec 8	Debit Purchase 043156	SPROUTS FARMERS HUNTINGTON BCA On 120717 ILK1TERM REF 734120043156	5612071956 8.92-

Card 3039 Withdrawals Subtotal \$ 416.59-

Total Card Withdrawals \$ 416.59-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Dec 7	Internet Banking Transfer To Account 153753904983		\$ 150.00-
Total Other Withdrawals			\$ 150.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0315	Dec 6	8655521660	25.00

RESP'T APP 1772

ER 000086



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Dec 9, 2017

through

Jan 9, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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(1-800-872-2657)

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INFORMATION YOU SHOULD KNOW

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STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Dec 9	\$	280.14	Number of Days in Statement Period	32
Deposits / Credits		694.64		
Card Withdrawals		320.54 -		
Other Withdrawals		500.00 -		
Checks Paid		25.00 -		
Ending Balance on Jan 9, 2018	\$	129.24		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec 20	Deposit	8656578658	\$ 30.40
Dec 29	Federal Benefit Deposit REF=173560076252890N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	664.24
Total Deposits / Credits			\$ 694.64

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Dec 11	Debit Purchase - VISA JOANN STORES #14	On 120917 HUNTINGTON B CA REF # 24072807343400004964010	\$ 11.29-
Dec 11	Debit Purchase 964579	99-CENTS-ONLY #0 HUNTINGTON BCA On 120817 ILNKILNK REF 734302964579	17.07-
Dec 13	Debit Purchase - VISA THE GREEN ROOM	On 120817 FOUNTAIN VAL CA REF # 24688077346029010701653	15.09-
Dec 15	Debit Purchase 729613	KOHL'S 1365 9811 HUNTINGTON BCA On 121417 ILNKILNK REF 734902729613	10.76-
Dec 15	Debit Purchase 300380	JACK'S SURFBOARD Huntington BCA On 121417 ILK1TERM REF 734829300380	24.86-
Dec 15	Debit Purchase 813458	PETCO 525 HUNTINGTON BCA On 121517 MAESTER REF 813458	36.55-
Dec 15	Debit Purchase 142617	BUBBLES DOG GROO HUNTINGTON CA On 121517 ILNKILNK REF 734914142617 You Requested \$20 In Cash Back	101.00-
Dec 18	Debit Purchase 910877	TARGET T- 9882 A Huntington BCA On 121717 MAESTER REF 910877	20.44-
Dec 18	Debit Purchase 315890	SPROUTS FARMERS HUNTINGTON BCA On 121617 ILNKILNK REF 735014315890	35.12-

RESP'T APP 1773

ER 000087



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number
1 575 0049 46

Statement Period

Dec 9, 20
thru
Jan 9, 20

Page 2 of 2

STUDENT CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-575-0049-46

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Dec 18	Debit Purchase - VISA CHEVRON 0098643	On 121517 HUNTINGTON B CA REF # 24692167349100273866846	38.36
Jan 2	Debit Purchase 738972	PETSMART #2552 HUNTINGTON BCA On 010218 ILK1TERM REF 800219738972	10.00

Card 3039 Withdrawals Subtotal \$ 320.54

Total Card Withdrawals \$ 320.54

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jan 4	Internet Banking Transfer To Account 153753904983		500.00

Total Other Withdrawals \$ 500.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0316	Jan 8	8058390171	25.00

Conventional Checks Paid (1) \$ 25.00

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Dec 11	251.78	Dec 18	30.40-	Jan 2	654.24
Dec 13	236.69	Dec 20	0.00	Jan 4	154.24
Dec 15	63.52	Dec 29	664.24	Jan 8	129.24

Balances only appear for days reflecting change.

RESP'T APP 1774

ER 000088



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jan 10, 2018

through

Feb 8, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



To Contact U.S. Bank

By Phone:

1-800-US BANKS

(1-800-872-2657)

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Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective February 12, 2018 we are making a change to provide more timely information for our customers. If a transaction causes an overdraft, any Overdraft Paid Fee(s) or Overdraft Returned Fee(s) will now show on the account by 6 AM CT under normal circumstances rather than midday. This change will allow you to see the impact of fees on your available balance earlier in the day. For terms and conditions regarding overdrafts, please refer to the "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jan 10	\$	129.24	Number of Days in Statement Period	30
Deposits / Credits		804.24		
Card Withdrawals		228.39-		
Other Withdrawals		640.00-		
Checks Paid		25.00-		
Ending Balance on Feb 8, 2018	\$	40.09		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Jan 29	Mobile Banking Transfer	From Account 157515405437	\$ 140.00
Feb 1	Federal Benefit Deposit	From SSI TREAS 310	664.24
	REF=180260065434510N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 804.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jan 11	Debit Purchase - VISA	On 011018 800-6724399 FL	\$ 3.22-
	CHEWY.COM	REF # 24906418010049431594468	
Jan 11	Debit Purchase - VISA	On 011018 800-6724399 FL	108.06-
	CHEWY.COM	REF # 24906418010049425146176	
Jan 23	Debit Purchase	DOLLAR TR 18595 HUNTINGTON BCA	10.00-
	114893	On 012318 MAESTERM REF 114893	
Feb 2	Debit Purchase	TARGET T- 9882 A Huntington BCA	107.11-
	829796	On 020218 MAESTERM REF 829796	
		You Requested \$40 In Cash Back	
Card 3039 Withdrawals Subtotal			\$ 228.39-
Total Card Withdrawals			\$ 228.39-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jan 29	Mobile Banking Transfer	To Account 157515405437	\$ 140.00-

RESP APP 1775

ER 000089



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jan 10, 2018
through
Feb 8, 2018



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Other Withdrawals (continued)

Date	Description of Transaction	Ref Number	Amount
Feb 2	Internet Banking Transfer	To Account 153753904983	500.00-
Total Other Withdrawals			\$ 640.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0317	Feb 6	8357366828	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jan 11	17.96	Jan 29	7.96	Feb 2	65.09
Jan 23	7.96	Feb 1	672.20	Feb 6	40.09

Balances only appear for days reflecting change.

RESP'T APP 1776

ER 000090



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

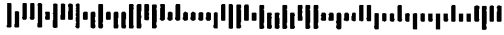
7219 TRN S X ST01

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Feb 9, 2018
through
Mar 8, 2018

Page 1 of 2



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EMILY CHRISTINE
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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Feb 9	\$	40.09	Number of Days in Statement Period	28
Deposits / Credits		714.24		
Other Withdrawals		721.00-		
Checks Paid		25.00-		
Ending Balance on Mar 8, 2018	\$	8.33		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Mar 1	Federal Benefit Deposit REF=180540099684040N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Mar 7	Internet Banking Transfer	From Account 153753904983	50.00
Total Deposits / Credits			\$ 714.24

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Feb 23	Mobile Banking Transfer	To Account 153753904983	\$ 35.00-
Mar 5	Internet Banking Transfer	To Account 153753904983	650.00-
Mar 7	Overdraft Paid Fee	8358037708	36.00-
Total Other Withdrawals			\$ 721.00-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 36.00	\$ 36.00
TOTAL	\$ 36.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0318	Mar 6	8358037708	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 23	5.09	Mar 1	669.31	Mar 8	19.33

REST APP 1777

ER 000091



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Feb 9, 2018
through
Mar 8, 2018



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Balance Summary (continued)

<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>
Mar 6	5.67-	Mar 7	8.33

Balances only appear for days reflecting change.

RESP'T APP 1778

ER 000092



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Mar 9, 2018

through

Apr 9, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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1-800-US BANKS

(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Thank you for choosing U.S. Bank. We're committed to providing clear communications and would like to take this opportunity to inform you of some upcoming changes to your Student Checking account, effective May 14, 2018.

Regarding your:	Current	New (as of May 14, 2018)
Extended Overdraft Fee	\$25.00 fee is charged on the 8th calendar day and each week thereafter if the available account balance remains below \$0.00.	\$36.00 fee is charged if the available account balance remains negative for seven consecutive calendar days; you will be charged \$36.00 on the eighth calendar day.
Overdraft Protection Transfer Fee	\$12.50 - Overdraft Protection Transfer Fee ¹ to a deposit account (U.S. Bank consumer savings account, money market or a secondary checking account) if a deposit account is set up as overdraft protection.	\$0.00 - Overdraft Protection Transfer Fee ¹ when a transfer is made from a linked deposit account (U.S. Bank consumer savings account, money market or a secondary checking account).
	Fee remains as follows: \$12.50 - Overdraft Protection Transfer Fee ¹ when transfers are made from a linked credit account (U.S. Bank Reserve Line, credit card, Premier Line, Home Equity Line of Credit, and/or other lines of credit).	
Cashier's Checks	Cashier's Checks - \$7.00	Cashier's Checks - \$8.00

¹ If you have linked eligible accounts, and the negative available balance in your checking account is \$5.01 or more, the advance amount will transfer in multiples of \$50.00. If however, the negative available balance is \$5.00 or less, the amount advanced will be \$5.00 and the Overdraft Protection Transfer Fee will be waived. Refer to *Your Deposit Account Agreement*, section titled Overdraft Protection Plans, for additional information.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Mar 9	\$	8.33	Number of Days in Statement Period	32
Deposits / Credits		904.24		
Card Withdrawals		63.93-		
Other Withdrawals		800.00-		
Checks Paid		25.00-		
Ending Balance on Apr 9, 2018	\$	23.64		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Mar 12	Mobile Banking Transfer	From Account 153753904983	\$ 200.00
Mar 30	Federal Benefit Deposit	From SSI TREAS 310	664.24
	REF=180850096773470N00	XXSUPP SEC9101736121 3768	

RESP'T APP 1779

ER 000093



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Mar 9, 2018
through
Apr 9, 2018

Page 2 of 2



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Deposits / Credits (continued)

Date	Description of Transaction	Ref Number	Amount
Apr 9	Internet Banking Transfer	From Account 153753904983	40.00
Total Deposits / Credits			\$ 904.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 9	Debit Purchase - VISA CHEWY.COM	On 040918 800-672-4399 FL REF # 24692168099100612279677	9100612279 \$ 63.93-
Card 3039 Withdrawals Subtotal			\$ 63.93-
Total Card Withdrawals			\$ 63.93-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Mar 12	Mobile Banking Transfer	To Account 153753904983	\$ 200.00-
Apr 3	Internet Banking Transfer	To Account 153753904983	600.00-
Total Other Withdrawals			\$ 800.00-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0319	Apr 6	9255800255	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 12	8.33	Apr 3	72.57	Apr 9	23.64
Mar 30	672.57	Apr 6	47.57		

Balances only appear for days reflecting change.

RESP'T APP 1780

ER 000094



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Apr 10, 2018
through
May 8, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



To Contact U.S. Bank

By Phone:

1-800-US BANKS
(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Thank you for choosing U.S. Bank. We're committed to providing clear communications and would like to take this opportunity to inform you of some upcoming changes to your Student Checking account, effective May 14, 2018.

Regarding your:	Current	New (as of May 14, 2018)
Extended Overdraft Fee	\$25.00 fee is charged on the 8th calendar day and <u>each week</u> thereafter if the available account balance remains below \$0.00.	\$36.00 fee is charged if the available account balance remains negative for seven consecutive calendar days; you will be charged \$36.00 on the eighth calendar day.
Overdraft Protection Transfer Fee	\$12.50 - Overdraft Protection Transfer Fee ¹ to a deposit account (U.S. Bank consumer savings account, money market or a secondary checking account) if a deposit account is set up as overdraft protection.	\$0.00 - Overdraft Protection Transfer Fee ¹ when a transfer is made from a linked deposit account (U.S. Bank consumer savings account, money market or a secondary checking account).
	Fee remains as follows: \$12.50 - Overdraft Protection Transfer Fee ¹ when transfers are made from a linked credit account (U.S. Bank Reserve Line, credit card, Premier Line, Home Equity Line of Credit, and/or other lines of credit).	
Cashier's Checks	Cashier's Checks - \$7.00	Cashier's Checks - \$8.00

¹ If you have linked eligible accounts, and the negative available balance in your checking account is \$5.01 or more, the advance amount will transfer in multiples of \$50.00. If however, the negative available balance is \$5.00 or less, the amount advanced will be \$5.00 and the Overdraft Protection Transfer Fee will be waived. Refer to Your Deposit Account Agreement, section titled Overdraft Protection Plans, for additional information.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

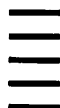
Beginning Balance on Apr 10	\$	23.64	Number of Days in Statement Period	29
Deposits / Credits		664.24		
Card Withdrawals		81.44-		
Other Withdrawals		550.00-		
Checks Paid		25.00-		
Ending Balance on May 8, 2018	\$	31.44		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
May 1	Federal Benefit Deposit	From SSI TREAS 310	\$ 664.24
	REF=181150109580110N00	XXSUPP SEC9101736121 3768 S	

Total Deposits / Credits **RESP T APP 1781** **664.24**

ER 000095



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Apr 10, 2018
through
May 8, 2018



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 11	Debit Purchase - VISA 99 CENTS ONLY ST	On 040918 COSTA MESA CA REF # 24445008100500368519751	0500368519 \$ 6.21-
Apr 23	Debit Purchase - VISA WISH.COM	On 042118 800-266-0172 CA REF # 24492158111717698703234	1717698703 12.00-
Apr 30	Debit Purchase - VISA AMAZON MKTPLACE	On 042918 AMZN.COM/BIL WA REF # 24692168119100010412033	9100010412 1.96-
Apr 30	Debit Purchase - VISA AMAZON MKTPLACE	On 042918 AMZN.COM/BIL WA REF # 24692168119100034177513	9100034177 3.18-
May 4	Debit Purchase 226575	STATERBROS147 HUNTINGTON BCA On 050418 ILK1TERM REF 812477226575	7505041406 35.72-
May 7	Debit Purchase 090893	PETSMART #2552 HUNTINGTON BCA On 050418 ILK1TERM REF 812421090893	9305041657 15.00-
May 8	Debit Purchase 707035	STATERBROS147 HUNTINGTON BCA On 050818 ILNKILNK REF 812876707035	3505081353 7.37-

Card 3039 Withdrawals Subtotal \$ 81.44-

Total Card Withdrawals \$ 81.44-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
May 2	Mobile Banking Transfer To Account 153753904983		\$ 550.00-
Total Other Withdrawals			\$ 550.00-

Total for Statement Period		Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0320	May 7	8058537605	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 11	17.43	May 1	664.53	May 7	38.81
Apr 23	5.43	May 2	114.53	May 8	31.44
Apr 30	0.29	May 4	78.81		

Balances only appear for days reflecting change.

RESP'T APP 1782

ER 000096



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

May 9, 2018

through

Jun 8, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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(1-800-872-2657)

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Internet:

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INFORMATION YOU SHOULD KNOW

Thank you for choosing U.S. Bank. We're committed to providing clear communications and would like to take this opportunity to inform you of some upcoming changes to your Student Checking account, effective May 14, 2018.

Regarding your:	Current	New (as of May 14, 2018)
Extended Overdraft Fee	\$25.00 fee is charged on the 8th calendar day and each week thereafter if the available account balance remains below \$0.00.	\$36.00 fee is charged if the available account balance remains negative for seven consecutive calendar days; you will be charged \$36.00 on the eighth calendar day.
Overdraft Protection Transfer Fee	\$12.50 - Overdraft Protection Transfer Fee ¹ to a deposit account (U.S. Bank consumer savings account, money market or a secondary checking account) if a deposit account is set up as overdraft protection.	\$0.00 - Overdraft Protection Transfer Fee ¹ when a transfer is made from a linked deposit account (U.S. Bank consumer savings account, money market or a secondary checking account).
	Fee remains as follows: \$12.50 - Overdraft Protection Transfer Fee ¹ when transfers are made from a linked credit account (U.S. Bank Reserve Line, credit card, Premier Line, Home Equity Line of Credit, and/or other lines of credit).	
Cashier's Checks	Cashier's Checks - \$7.00	Cashier's Checks - \$8.00

¹ If you have linked eligible accounts, and the negative available balance in your checking account is \$5.01 or more, the advance amount will transfer in multiples of \$50.00. If however, the negative available balance is \$5.00 or less, the amount advanced will be \$5.00 and the Overdraft Protection Transfer Fee will be waived. Refer to Your Deposit Account Agreement, section titled Overdraft Protection Plans, for additional information.

If the scheduled assessment of an Extended Overdraft Fee (listed above) does not fall on a business day, it will be posted to the account on the next business day.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

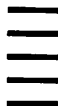
Account Number 1-575-0049-4677

Account Summary

Beginning Balance on May 9	\$	31.44	Number of Days in Statement Period	31
Deposits / Credits		664.24		
Card Withdrawals		78.39-		
Other Withdrawals		550.00-		
Checks Paid		25.00-		
Ending Balance on Jun 8, 2018	\$	42.29		

RESP'T APP 1783

ER 000097



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
May 9, 2018
through
Jun 8, 2018

Page 2 of 2



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Jun 1	Federal Benefit Deposit REF=181450098966230N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
May 11	Debit Purchase - VISA AMAZON MKTPLACE	On 051018 AMZN.COM/BIL WA REF # 24692168130100101678794	\$ 8.99-
May 14	Debit Purchase - VISA 99-CENTS-ONLY #0	On 051018 HUNTINGTON B CA REF # 24445008131500438576016	5.93-
May 16	Debit Purchase 868922	GOODWILL STORE # LA MIRADA CA On 051618 ILNKILNK REF 813620868922	7.96-
Jun 6	Debit Purchase 303260	USPS PO 05359604 HUNTINGTON BCA On 060518 ILK1TERM REF 815622303260	10.71-
Jun 6	Debit Purchase - VISA AMAZON MKTPLACE	On 060518 WWW.AMAZON.C WA REF # 24431068156083757381151	22.35-
Jun 6	Debit Purchase - VISA AMAZON MKTPLACE	On 060518 AMZN.COM/BIL WA REF # 24692168156100512442151	22.45-
Card 3039 Withdrawals Subtotal			\$ 78.39-
Total Card Withdrawals			\$ 78.39-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jun 1	Mobile Banking Transfer	To Account 153753904983	\$ 550.00-
Total Other Withdrawals			\$ 550.00-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0321	Jun 6	8655163084	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 11	22.45	May 16	8.56	Jun 6	42.29
May 14	16.52	Jun 1	122.80		

Balances only appear for days reflecting change.

RESP'T APP 1784

ER 000098



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jun 9, 2018

through

Jul 10, 2018

Page 1 of 2



000104977 01 SP 106481648780461 E

EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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By Phone:

1-800-US BANKS

(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

What you should know when changing your monthly checking statement preferences:

When you change your Checking Statement preference settings for Paper Statements, Check Images or Check Return, changes may not take effect immediately; as such may not reflect on your next statement. Current Paper Statement fees, Check Image fees, or Check Return fees may continue to be applied. These preference changes may take up to two statement cycles to be in effect. For further questions call us at U.S. Bank 24-Hour Banking at 800.USBANKS (872-2657).

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jun 9	\$	42.29	Number of Days in Statement Period	32
Deposits / Credits		664.24		
Card Withdrawals		171.09-		
Other Withdrawals		400.00-		
Checks Paid		25.00-		
Ending Balance on Jul 10, 2018	\$	110.44		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Jun 29	Federal Benefit Deposit REF=181760149474590N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jun 11	Debit Purchase - VISA MIMIS CAFE 18	On 060818 FOUNTAIN VAL CA REF # 24445008160000819865231	\$ 30.85-
Jun 19	Debit Purchase 131310	CVS/PHARM 09483- Huntington BCA On 061818 MAESTER REF 131310	6.24-
Jun 25	Debit Purchase - VISA OC REGIONAL PARK	On 062318 IRVINE CA REF # 24493988175091585000936	5.00-
Jul 2	ATM Withdrawal	US BANK BROOKHUR HUNTINGTN BC CA Serial No. 009671165743SUS4U864	100.00-
Jul 5	Debit Purchase 805241	SAFEWAY PORT TOWNSENWA On 070418 ILNKILNK REF 818513805241	29.00-
Card 3039 Withdrawals Subtotal			\$ 171.09-
Total Card Withdrawals			\$ 171.09-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jul 2	Mobile Banking Transfer	To Account 153753904983	\$ 400.00-
Total Other Withdrawals			\$ 400.00-

RESP'T APP 1785

ER 000099



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jun 9, 2018
through
Jul 10, 2018



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0322	Jul 6	9255452311	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 11	11.44	Jun 29	664.44	Jul 5	135.44
Jun 19	5.20	Jul 2	164.44	Jul 6	110.44
Jun 25	0.20				

Balances only appear for days reflecting change.

RESP'T APP 1786

ER 000100



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jul 11, 2018
through
Aug 8, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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(1-800-872-2657)

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INFORMATION YOU SHOULD KNOW

Effective September 14th, 2018 the "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure will include a number of updates and may affect your rights. Starting September 14, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jul 11	\$	110.44	Number of Days in Statement Period	29
Deposits / Credits		664.24		
Card Withdrawals		135.65-		
Other Withdrawals		565.00-		
Checks Paid		25.00-		
Ending Balance on Aug 8, 2018	\$	49.03		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Aug 1	Federal Benefit Deposit REF=182070073858880N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jul 11	Debit Purchase - VISA CHEWY.COM	On 071018 800-672-4399 FL REF # 24692168191100707460122	\$ 75.17-
Jul 16	Debit Purchase - VISA MUNCHKIN	On 071318 800-344-2229 CA REF # 24492158194894984751811	12.03-
Jul 23	Debit Purchase 216428	TARGET T- 9882 A Huntington BCA On 072018 MAESTERM REF 216428	21.54-
Aug 2	Debit Purchase - VISA SQ *DIRTY DAWGS	On 080118 TUCSON AZ REF # 24492158213740259164288	15.00-
Aug 6	Debit Purchase 006517	PETSMART # 1908 TUCSON AZ On 080418 ILK1TERM REF 821700006517	11.91-
Card 3039 Withdrawals Subtotal			\$ 135.65-
Total Card Withdrawals			\$ 135.65-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Aug 1	Internet Banking Transfer	To Account 153753904983	\$ 565.00-
Total Other Withdrawals			\$ 565.00-

RESP'T APP 1787

ER 000101



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jul 11, 2018
through
Aug 8, 2018



Page 2 of 2

STUDENT CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-575-0049-4677

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0323	Aug 6	8058135831	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jul 11	35.27	Jul 23	1.70	Aug 2	85.94
Jul 16	23.24	Aug 1	100.94	Aug 6	49.03

Balances only appear for days reflecting change.

ADDITIONAL INFORMATION

Effective September 14, 2018 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Addition of *Real-Time Payment/Prohibition on Foreign Payments* section to the agreement
- Addition of *Retention of Documents* section to the agreement
- Added language pertaining to cut off time, retention of documents and large cash deposits added to the *Transaction Posting Order* section
- Clarification in the definition of "Available Balance" in the *Insufficient Funds and Overdrafts* section
- Additional language added to the *Insufficient Funds and Overdrafts* section regarding Extended Overdraft fees
- Updated language in the *Insufficient Funds and Overdrafts* section as it relates to ATM and Debit Card Overdraft Coverage options
- Title change from "Small Business" to "Business Banking"
- Added explanation pertaining to the order and possible fee(s) when linking accounts for Overdraft Transfer Protection in the *Overdraft Protection Plans* section
- Changes to eligible accounts, U.S. Bank Business Reserve Line of Credit for Business Banking and advances on U.S. Bank Business Credit Cards as it relates to overdraft protection in the *Overdraft Protection Plans* section
- Title change from "Private Client" Account to "Wealth Management" Account
- Addition of the Arbitration clause to the *U.S. Bank Consumer Reserve Line Agreement* section
- Removal of state specific language in the *Cost of Collection* section
- Updates in the Important *Military Lending Act Information* section

Effective September 14, 2018 the main updates to note in the revised "Consumer Pricing Information" brochure include:

- The addition of a new *Additional Features* section explaining all consumer checking and savings features and benefits, not previously listed in the "Consumer Pricing Information" brochure
- The addition of the *Benefits for Military and Senior Customers* explaining all the features and benefits for Military Servicemembers and Seniors, not previously listed in the "Consumer Pricing Information" brochure
- Disclosure clarification regarding fees pertaining to U.S. Bank and Non-U.S. Bank brand ATM's
- Clarification on the processing and structure of Extended Overdraft Fees
- The **Withdrawal Charge** associated with Federal Regulation D savings withdrawal limits has been further outlined in the *Miscellaneous Checking, Savings or Money Market Fees* section

Starting September 14, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies.

RESP'T APP 1788

ER 000102



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Aug 9, 2018

through

Sep 11, 2018

Page 1 of 3



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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¹ Free for consumer accounts. Eligibility requirements and restrictions apply. Please refer to the *Online and Mobile Financial Services Agreement* and *Fee Guide* for more information.

INFORMATION YOU SHOULD KNOW

Effective September 14th, 2018 the "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure will include a number of updates and may affect your rights. Starting September 14, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

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- Under sub section **Consumer Overdraft Protection** - additional language on overdraft protection advancement.
- Under sub section **Business Banking Overdraft Protection** - additional language on overdraft protection advancement.
- Removal of sub section **Returns at Merchants** and the daily limit.
- Update to the hours of operation for the U.S Bank Business Service Center.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Aug 9	\$	49.03	Number of Days in Statement Period	34
Deposits / Credits		664.24		
Card Withdrawals		215.19-		
Other Withdrawals		400.00-		
Checks Paid		25.00-		
Ending Balance on Sep 11, 2018	\$	73.08		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Aug 31	Federal Benefit Deposit	From SSI TREAS 310	\$ 664.24
	REF=182390150992000N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 664.24

RESP'T APP 1789

ER 000103



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Aug 9, 2018
through
Sep 11, 2018



Page 2 of 3

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Aug 15	Debit Purchase 315942	HOMEGOODS 8028 N TUCSON AZ On 081418 MAESTER REF 315942	\$ 4.33-
Aug 20	Debit Purchase - VISA WISH.COM	On 081918 800-266-0172 CA REF # 24492158231717456999763	1717456999 10.80-
Aug 28	Debit Purchase 047542	PETSMART #2552 HUNTINGTON BCA On 082718 ILNKILNK REF 823922047542	4208271749 25.84-
Aug 30	Debit Purchase - VISA PAYPAL *SOGAWIRE	On 082818 402-935-7733 CA REF # 24492158241894673712879	1894673712 6.99-
Sep 4	Debit Purchase - VISA OC PARKS	On 090118 714-834-3593 NY REF # 24493988244286554601253	4286554601 55.00-
Sep 4	Debit Purchase - VISA CHEWY.COM	On 090118 800-672-4399 FL REF # 24692168244100382762773	4100382762 92.92-
Sep 7	Debit Purchase - VISA PAYPAL *ZYDISTRO	On 090618 402-935-7733 CA REF # 24492158249894993096898	9894993096 4.31-
Sep 10	Debit Purchase 035903	PETSMART #2552 HUNTINGTON BCA On 090718 ILK1TERM REF 825100035903	0309071948 15.00-

Card 3039 Withdrawals Subtotal \$ 215.19-

Total Card Withdrawals \$ 215.19-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Sep 4	Internet Banking Transfer	To Account 153753904983	\$ 400.00-

Total Other Withdrawals \$ 400.00-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0324	Sep 6	8954955804	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Aug 15	44.70	Aug 30	1.07	Sep 6	92.39
Aug 20	33.90	Aug 31	665.31	Sep 7	88.08
Aug 28	8.06	Sep 4	117.39	Sep 10	73.08

Balances only appear for days reflecting change.

ADDITIONAL INFORMATION

Effective September 14, 2018 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Addition of Real-Time Payment/Prohibition on Foreign Payments section to the agreement
- Addition of Retention of Documents section to the agreement
- Added language pertaining to cut off time, retention of documents and large cash deposits added to the Transaction Posting Order section
- Clarification in the definition of "Available Balance" in the Insufficient Funds and Overdrafts section

RESP'T APP 1790

ER 000104



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Sep 12, 2018

through

Oct 9, 2018

Page 1 of 2



000090354 01 SP 106481753917730 E

EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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(1-800-872-2657)

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- Under sub section **Business Banking Overdraft Protection** - additional language on overdraft protection advancement.
- Removal of sub section **Returns at Merchants** and the daily limit.
- Update to the hours of operation for the U.S Bank Business Service Center.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Sep 12	\$	73.08	Number of Days in Statement Period	28
Deposits / Credits		664.24		
Card Withdrawals		209.16-		
Other Withdrawals		440.00-		
Checks Paid		25.00-		
Ending Balance on Oct 9, 2018	\$	63.16		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Oct 1	Federal Benefit Deposit REF=182680123857690N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Sep 12	Debit Purchase 021931	CVS/PHARMACY #09 Huntington BCA On 091118 ILK1TERM REF 825504021931	\$ 14.54-
Sep 13	Debit Purchase 917102	RITE AID STORE - COSTA MESA CA On 091318 ILK1TERM REF 825617917102	10.00-
Sep 26	Debit Purchase - VISA 99-CENTS-ONLY #0	On 092518 HUNTINGTON B CA REF # 24445008269000752915753	10.16-
Sep 26	Debit Purchase 015146	TARGET T- 9882 A Huntington BCA On 092518 MAESTERM REF 015146	37.22-
Oct 3	Debit Purchase - VISA BUBBLES DOG GROO	On 100218 HUNTINGTON CA REF # 24327438275117701858266	101.00-
Oct 9	Debit Purchase - VISA PAYPAL *SNOWBALL	On 100618 402-935-7733 CA REF # 24492158279894075339805	5.25-
Oct 9	Debit Purchase - VISA PAYPAL *TREASURE	On 100618 402-935-7733 CA REF # 24492158279894075340951	5.80-

RESP'T APP 1791

ER 000105



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Sep 12, 2018
through
Oct 9, 2018

Page 2 of 2

**STUDENT CHECKING****(CONTINUED)**

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Oct 9	Debit Purchase 795235	SPROUTS FARMERS HUNTINGTON BCA On 100718 ILNKILNK REF 828013795235	25.19-
Card 3039 Withdrawals Subtotal			\$ 209.16-
Total Card Withdrawals			\$ 209.16-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Oct 1	Internet Banking Transfer To Account 153753904983		\$ 440.00-
Total Other Withdrawals			\$ 440.00-

Total for Statement Period		Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0325	Oct 9	8357773590	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Sep 12	58.54	Sep 26	1.16	Oct 3	124.40
Sep 13	48.54	Oct 1	225.40	Oct 9	63.16

Balances only appear for days reflecting change.

RESP'T APP 1792

ER 000106



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Oct 10, 2018

through

Nov 8, 2018

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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- Under sub section **Business Banking Overdraft Protection** - additional language on overdraft protection advancement.
- Removal of sub section **Returns at Merchants** and the daily limit.
- Update to the hours of operation for the U.S. Bank Business Service Center.

Updates to Online and Mobile Financial Services Agreement

Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Oct 10	\$	63.16	Number of Days in Statement Period	30
Deposits / Credits		664.24		
Card Withdrawals		110.16-		
Other Withdrawals		550.00-		
Checks Paid		25.00-		
Ending Balance on Nov 8, 2018	\$	42.24		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Nov 1	Federal Benefit Deposit REF=182990104832540N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Oct 11	Debit Purchase - VISA Amazon.com*MT4CA	On 101018 Amzn.com/bil WA REF # 24692168283100272069471	\$ 7.95-
Oct 22	Debit Purchase - VISA CENTINELLA FEED-	On 102018 HUNTINGTON B CA REF # 24801978294400290000590	30.50-
Oct 25	Debit Purchase - VISA PAYPAL *HKPHOENI	On 102418 402-935-7733 CA REF # 24492158297894693538794	1.07-
Oct 25	Debit Purchase - VISA PAYPAL *HUANJIAN	On 102418 402-935-7733 CA REF # 24492158297894693539073	1.74-

RESP'T APP 1793

ER 000107



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Oct 10, 2018
through
Nov 8, 2018

Page 2 of 2



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Oct 25	Debit Purchase - VISA PAYPAL *49326712	On 102418 402-935-7733 CA REF # 24492158297894693533951	7894693533 2.31-
Oct 25	Debit Purchase - VISA PAYPAL *OAUZ142	On 102418 402-935-7733 CA REF # 24492158297894693535410	7894693535 6.98-
Oct 25	Debit Purchase - VISA WISH.COM	On 102418 800-266-0172 CA REF # 24492158297713159651992	7713159651 11.90-
Nov 5	Debit Purchase - VISA WOODY'S DINER IN	On 110218 SANTA ANA CA REF # 24493988307207349200254	7207349200 12.59-
Nov 8	Debit Purchase - VISA GROUPON INC	On 110718 GROUPON.COM IL REF # 24692168312100178459755	2100178459 5.00-
Nov 8	Debit Purchase 218242	HOMEGOODS 7742 E HUNTINGTON BCA On 110718 MAESTER REF 218242	30.12-
Card 3039 Withdrawals Subtotal			\$ 110.16-
Total Card Withdrawals			\$ 110.16-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Nov 2	Internet Banking Transfer	To Account 153753904983	\$ 450.00-
Nov 5	Internet Banking Transfer	To Account 153753904983	100.00-
Total Other Withdrawals			\$ 550.00-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0326	Nov 6	8357923546	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 11	55.21	Nov 1	664.95	Nov 6	77.36
Oct 22	24.71	Nov 2	214.95	Nov 8	42.24
Oct 25	0.71	Nov 5	102.36		

Balances only appear for days reflecting change.

RESP'T APP 1794

ER 000108



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Nov 9, 2018

through

Dec 10, 2018

Page 1 of 2



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EMILY CHRISTINE
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20762 CRESTVIEW LN
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- In section "Terms Applicable to all Deposit Accounts", there is an update in the "Arbitration" subsection now titled "Resolution of Disputes by Arbitration".

The main updates to note in the revised "Consumer Pricing Information" brochure include:

- Additional rate benefits for all U.S. Bank personal checking accounts
- Updated disclosure regarding online banking with free credit score access
- Additional Monthly Maintenance Fee waive criteria for Easy Checking and Standard Savings accounts
- Updated Paper Statement Fee waive criteria for Easy Checking
- Additional benefit to military service members

Protecting your accounts is our highest priority. We have many safeguards in place to help ensure your accounts are secure. One of these is to close long-term inactive cards. If your U.S. Bank Visa Debit or ATM Card has not been used within the last 12 months, it may be closed. You will be notified at a later date in the event that your card will be closed. Please call us with any questions at 800-USBANKS (800-872-2657).

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Nov 9	\$	42.24	Number of Days in Statement Period	32
Deposits / Credits		664.24		
Card Withdrawals		179.96-		
Checks Paid		25.00-		
Ending Balance on Dec 10, 2018	\$	501.52		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Nov 30	Federal Benefit Deposit REF=183300100431700N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 664.24
Total Deposits / Credits			\$ 664.24

RESP'T APP 1795

ER 000109



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Nov 9, 2018
through
Dec 10, 2018



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Nov 9	Debit Purchase - VISA QUALTRY.COM	On 110818 801-922-5300 UT REF # 24431868312017041019874	2017041019 \$ 7.99-
Nov 13	Debit Purchase - VISA GROUPON INC	On 111018 GROUPON.COM IL REF # 24692168315100918675907	5100918675 4.00-
Nov 13	Debit Purchase 510437	WALGREENS STORE LAGUNA NIGUECA On 111018 ILK1TERM REF 831423510437	3711101700 6.88-
Nov 14	Debit Purchase - VISA QUALTRY.COM	On 111318 801-922-5300 UT REF # 24431868317017038561024	7017038561 4.99-
Nov 21	Debit Purchase - VISA NOTHING BUNDT CA	On 111918 HUNTINGTON B CA REF # 24013398324004234777781	4004234777 4.49-
Nov 23	Debit Purchase 212151	WAL-MART HUNTINGTON BCA On 112118 MAESTERM REF 212151	6712012237 4.14-
Dec 3	Debit Purchase 690967	SAFEWAY TUCSON AZ On 120118 ILK1TERM REF 833604690967	6712012237 17.48-
Dec 3	Debit Purchase 771317	REI #129 TUCSON TUCSON AZ On 120218 MAESTERM REF 771317	9030037618 40.00-
Dec 3	ATM Withdrawal	USB N SILVERBELL TUCSON AZ Serial No. 002234102743SUS4U674	9030037618 60.00-
Dec 6	Debit Purchase - VISA NEBOTOOLS/ALLIAN	On 120418 972-343-1000 TX REF # 24707808339030037618023	9030037618 29.99-

Card 3039 Withdrawals Subtotal \$ 179.96-

Total Card Withdrawals \$ 179.96-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0327	Dec 6	8952949213	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Nov 9	34.25	Nov 21	13.89	Dec 3	556.51
Nov 13	23.37	Nov 23	9.75	Dec 6	501.52
Nov 14	18.38	Nov 30	673.99		

Balances only appear for days reflecting change.

RESP'T APP 1796

ER 000110



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Dec 11, 2018

through

Jan 9, 2019

Page 1 of 2



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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Dec 11	\$	501.52	Number of Days in Statement Period	30
Deposits / Credits		678.24		
Card Withdrawals		29.97-		
Other Withdrawals		1,080.00-		
Checks Paid		25.00-		
Ending Balance on Jan 9, 2019	\$	44.79		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec 31	Federal Benefit Deposit	From SSI TREAS 310	\$ 678.24
	REF=183580110236100N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Dec 13	Debit Purchase - VISA	On 121218 TUCSON AZ	\$ 15.00-
	SQ *DIRTY DAWGS	REF # 24492158346740295299254	
Dec 28	Debit Purchase - VISA	On 122618 402-935-7733 CA	1.22-
	PAYPAL *HKPHOENI	REF # 2449215836189415842233	

RESP'T APP 1797

ER 000111



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Dec 11, 2018
through
Jan 9, 2019



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Dec 28	Debit Purchase - VISA PAYPAL *LI SHUME	On 122618 402-935-7733 CA REF # 24492158361894158786178	1894158786 1.99-
Jan 8	Debit Purchase 563460	HOBBYLOBBY 7202 HUNTINGTON BCA On 010719 ILNKILNK REF 900801563460	6001071905 11.76-
Card 3039 Withdrawals Subtotal			\$ 29.97-
Total Card Withdrawals			\$ 29.97-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Dec 13	Internet Banking Transfer	To Account 153753904983	\$ 480.00-
Dec 31	Internet Banking Transfer	To Account 153753904983	600.00-
Total Other Withdrawals			\$ 1,080.00-

	Total for Statement Period	2019 Total Year to Date	2018 Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 0.00	\$ 36.00
TOTAL	\$ 0.00	\$ 0.00	\$ 36.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0328	Jan 7	8058609813	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Dec 13	6.52	Dec 31	81.55	Jan 8	44.79
Dec 28	3.31	Jan 7	56.55		

Balances only appear for days reflecting change.

RESP'T APP 1798

ER 000112



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Jan 10, 2019

through

Feb 8, 2019

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
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INFORMATION YOU SHOULD KNOW

Effective February 11, 2019 the "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure will include a number of updates and may affect your rights. Starting February 11, you may pick up copies at your local branch, view copies at usbank.com, or call 800.USBANKS (800.872.2657) to request copies. The main update to note in the revised "Your Deposit Account Agreement" booklet section, and sub section, includes:

- In section "Terms Applicable to all Deposit Accounts", there is an update in the "Arbitration" subsection now titled "Resolution of Disputes by Arbitration".

The main updates to note in the revised "Consumer Pricing Information" brochure include:

- Additional rate benefits for all U.S. Bank personal checking accounts
- Updated disclosure regarding online banking with free credit score access
- Additional Monthly Maintenance Fee waive criteria for Easy Checking and Standard Savings accounts
- Updated Paper Statement Fee waive criteria for Easy Checking
- Additional benefit to military service members

STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Jan 10	\$	44.79	Number of Days in Statement Period	30
Deposits / Credits		678.24		
Card Withdrawals		82.90-		
Other Withdrawals		525.00-		
Checks Paid		25.00-		
Ending Balance on Feb 8, 2019	\$	90.13		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Feb 1	Federal Benefit Deposit REF=190280083982530N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 678.24
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jan 14	Debit Purchase - VISA WISH.COM	On 011419 800-266-0172 CA REF # 24492159014719095790786	\$ 10.00-
Jan 30	Debit Purchase 147658	OC GOODWILL #151 HUNTINGTON BCA On 012919 MAESTERM REF 147658	16.92-
Jan 31	Debit Purchase - VISA WISH.COM	On 013019 800-266-0172 CA REF # 24492159030713860309039	17.00-
Feb 4	Debit Purchase - VISA GROUPON INC	On 020319 GROUPON.COM IL REF # 24692169034100038905075	18.99-

RESP'T APP 1799

ER 000113



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Jan 10, 2019
through
Feb 8, 2019

Page 2 of 2



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Feb 4	Debit Purchase - VISA PRINTERPIX.COM	On 020419 407-324-4816 FL REF # 24492159035713491972531	5713491972 19.99-

Card 3039 Withdrawals Subtotal \$ 82.90-

Total Card Withdrawals \$ 82.90-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Feb 4	Mobile Banking Transfer To Account 153753904983		\$ 525.00-

Total Other Withdrawals \$ 525.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0329	Feb 6	8655324871	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jan 14	34.79	Jan 31	0.87	Feb 4	115.13
Jan 30	17.87	Feb 1	679.11	Feb 6	90.13

Balances only appear for days reflecting change.

RESP'T APP 1800

ER 000114



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Feb 9, 2019

through

Mar 8, 2019

Page 1 of 2



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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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By Phone:

1-800-US BANKS

(1-800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Thank you for choosing U.S. Bank. We're committed to keeping you up-to-date on your account(s) and would like to make you aware of several updates to the "Consumer Pricing Information" brochure, effective May 13, 2019. You may pick up a copy at your local branch, view a copy at usbank.com, or call 800.USBANKS (800.872.2657) for a copy beginning May 13.

The main updates include:

- New Platinum Checking Package benefit regarding Overdraft or Extended Overdraft fees
- Updated benefit for Platinum Checking Package owners with a self-directed brokerage account available through our affiliate U.S. Bancorp Investments*
- New benefit for Gold Checking Package owners with a self-directed brokerage account available through our affiliate U.S. Bancorp Investments*
- Corrected investment tiers of the Elite Money Market account
- New disclosure in the effective date of check order discount benefit when switching existing checking product options

If you have any questions, our bankers are here to help at your local branch. You can also call us at U.S. Bank 24-Hour Banking at 800.USBANKS (872.2657). We accept relay calls.

Investment and Insurance products and services including annuities are:

**NOT A DEPOSIT • NOT FDIC INSURED • MAY LOSE VALUE • NOT BANK GUARANTEED •
NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY**

* For U.S. Bancorp Investments: Investment products and services are available through U.S. Bancorp Investments, the marketing name for U.S. Bancorp Investments, Inc., member FINRA and SIPC, an investment adviser and a brokerage subsidiary of U.S. Bancorp and affiliate of U.S. Bank.

For U.S. Bank: U.S. Bank is not responsible for and does not guarantee the products, services, or performance of U.S. Bancorp Investments. Deposit products offered by U.S. Bank National Association. Member FDIC.

STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Feb 9	\$	90.13	Number of Days in Statement Period	28
Deposits / Credits		678.24		
Card Withdrawals		142.75-		
Other Withdrawals		550.00-		
Checks Paid		25.00-		
Ending Balance on Mar 8, 2019	\$	50.62		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Mar 1	Federal Benefit Deposit	From SSI TREAS 310	\$ 678.24
	REF=190560102256710N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Feb 11	Debit Purchase - VISA	On 020919 SANTA ANA CA	\$ 8.19-
	SUBWAY 00	REF # 24164079040255013343858	

RESP T APP 1801

ER 000115



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Feb 9, 2019
through
Mar 8, 2019



Page 2 of 2

STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Feb 15	Debit Purchase - VISA CHEWY.COM	On 021419 800-672-4399 FL REF # 24692169045100015469910	57.62-
Feb 22	Debit Purchase 421074	HOMEGOODS 7742 E HUNTINGTON BCA On 022119 MAESTER REF 421074	14.00-
Feb 25	Debit Purchase - VISA PAYPAL *MELARAGN	On 022319 402-935-7733 CA REF # 24492159054894231581117	4.75-
Mar 6	Debit Purchase - VISA CHEWY.COM	On 030519 800-672-4399 FL REF # 24692169064100680895650	58.19-
Card 3039 Withdrawals Subtotal			\$ 142.75-
Total Card Withdrawals			\$ 142.75-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Mar 4	Mobile Banking Transfer To Account 153753904983		\$ 550.00-
Total Other Withdrawals			\$ 550.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
0330	Mar 6	8654000187	25.00
Conventional Checks Paid (1)			\$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 11	81.94	Feb 25	5.57	Mar 4	133.81
Feb 15	24.32	Mar 1	683.81	Mar 6	50.62
Feb 22	10.32				

Balances only appear for days reflecting change.

RESP'T APP 1802

ER 000116



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

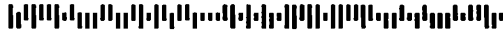
Statement Period:

Mar 9, 2019

through

Apr 8, 2019

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EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929



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(1-800-872-2657)

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INFORMATION YOU SHOULD KNOW

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- New Platinum Checking Package benefit regarding Overdraft or Extended Overdraft fees
- Updated benefit for Platinum Checking Package owners with a self-directed brokerage account available through our affiliate U.S. Bancorp Investments*
- New benefit for Gold Checking Package owners with a self-directed brokerage account available through our affiliate U.S. Bancorp Investments*
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- New disclosure in the effective date of check order discount benefit when switching existing checking product options

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STUDENT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Mar 9	\$	50.62	Number of Days in Statement Period	31
Deposits / Credits		678.24		
Card Withdrawals		83.02-		
Other Withdrawals		550.00-		
Ending Balance on Apr 8, 2019	\$	95.84		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Apr 1	Federal Benefit Deposit REF=190850117884430N00	From SSI TREAS 310 XXSUPP SEC9101736121 3768 S	\$ 678.24
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Mar 29	Debit Purchase - VISA BESTLICENSEPLTFR	On 032819 925-876-9302 CA REF # 24492159087894562783325	\$ 27.88-

RESP'T APP 1803

ER 000117



STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 1	Debit Purchase 716384	STEIN MART 085 4 Tucson AZ On 033019 ILNKILNK REF 908920716384 8403301535	8.69-
Apr 2	Debit Purchase 534753	PETSMART # 1908 TUCSON AZ On 040219 ILNKILNK REF 909221534753 5304021619	46.45-
Card 3039 Withdrawals Subtotal			\$ 83.02-
Total Card Withdrawals			\$ 83.02-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Apr 2	Internet Banking Transfer To Account 153753904983		\$ 550.00-
Total Other Withdrawals			\$ 550.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 29	22.74	Apr 1	692.29	Apr 2	95.84

Balances only appear for days reflecting change.



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

Apr 9, 2019

through

May 8, 2019

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EMILY CHRISTINE

ALECIA KREMIDAS-DRAPER

20762 CRESTVIEW LN

HUNTINGTN BCH CA 92646-5929



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STUDENT CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on Apr 9	\$	95.84	Number of Days in Statement Period	30
Deposits / Credits		678.24		
Card Withdrawals		96.81-		
Other Withdrawals		550.00-		
Checks Paid		50.00-		
Ending Balance on May 8, 2019	\$	77.27		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
May 1	Federal Benefit Deposit	From SSI TREAS 310	\$ 678.24
	REF=191150106557840N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 10	Debit Purchase - VISA	On 040919 TUCSON AZ	\$ 27.75-
	GOLDEN GOOSE THR	REF # 2442806910000123049553	

RESP T APP 1805

ER 000119



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:
1 575 0049 4677

Statement Period:
Apr 9, 2019
through
May 8, 2019

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STUDENT CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-575-0049-4677

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Apr 12	Debit Purchase 321582 DOLLARTRE 8024 N TUCSON AZ On 041119 MAESTER REF 321582		8.07-
Apr 18	Debit Purchase 261456 OC GOODWILL #150 SANTA ANA CA On 041719 MAESTER REF 261456		5.97-
Apr 29	Debit Purchase - VISA LONE STAR SOUVEN On 042519 AUSTIN TX REF # 24634229116030010910666	6030010910	10.80-
May 6	Debit Purchase 576358 PETSMART #2552 HUNTINGTON BCA On 050519 ILK1TERM REF 912522576358	5805051716	16.00-
May 7	Debit Purchase 828706 TARGET T- 9882 A Huntington BCA On 050719 MAESTER REF 828706		19.22-
May 8	Debit Purchase 099371 Wal-Mart Super C HUNTINGTON BCA On 050819 MAESTER REF 099371		9.00-
Card 3039 Withdrawals Subtotal			\$ 96.81-
Total Card Withdrawals			\$ 96.81-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
May 1	Internet Banking Transfer To Account 153753904983		\$ 550.00-
Total Other Withdrawals			\$ 550.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
0331	Apr 9	8355193558	25.00	0332	May 6	8057728112	25.00
Conventional Checks Paid (2)							\$ 50.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 9	70.84	Apr 18	29.05	May 6	105.49
Apr 10	43.09	Apr 29	18.25	May 7	86.27
Apr 12	35.02	May 1	146.49	May 8	77.27

Balances only appear for days reflecting change.

RESP'T APP 1806

ER 000120



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

7219 TRN S X ST01

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

May 9, 2019

through

Jun 10, 2019

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EMILY CHRISTINE

ALECIA KREMIDAS-DRAPER

20762 CRESTVIEW LN

HUNTINGTN BCH CA 92646-5929



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usbank.com

NEWS FOR YOU

¿Prefiere español? U.S. Bank ofrece estados de cuenta mensuales en español. Para actualizar el idioma de su preferencia, visite su sucursal local o llame a nuestro centro de servicios las 24 horas al 800USBANKS (800-872-2657). Aceptamos llamadas de retransmisión.

Do you prefer Spanish? U.S. Bank offers monthly account statements in Spanish. To update your language preferences, visit your local branch or call our 24-Hour service center at 800USBANKS (800-872-2657). We accept relay calls.

STUDENT CHECKING

Member FDIC

J.S. Bank National Association

Account Number 1-575-0049-4677

Account Summary

Beginning Balance on May 9	\$	77.27	Number of Days in Statement Period	33
Deposits / Credits		678.24		
Card Withdrawals		126.70-		
Other Withdrawals		575.00-		
Checks Paid		25.00-		
Ending Balance on Jun 10, 2019	\$	28.81		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
May 31	Federal Benefit Deposit	From SSI TREAS 310	\$ 678.24
	REF=191440086527800N00	XXSUPP SEC9101736121 3768 S	
Total Deposits / Credits			\$ 678.24

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
May 13	Debit Purchase - VISA	On 051119 AMZN.COM/BIL WA	\$ 16.15-
	AMZN MKTP US*MN1	REF # 24431069131083307749111	
May 20	Debit Purchase - VISA	On 051819 ORO VALLEY AZ	7.49-
	084-GOODWILL GT	REF # 24431069138091319000020	
May 20	Debit Purchase	WALGREENS STORE TUCSON AZ	18.83-
	621144	On 051819 ILK1TERM REF 913820621144	
May 21	Debit Purchase - VISA	On 052019 TUCSON AZ	11.00-
	USPS PO 03889275	REF # 24445009141000820700619	
May 28	Debit Purchase	WALGREENS STORE TUCSON AZ	0.89-
	044236	On 052719 ILNKILNK REF 914803044236	
Jun 3	Debit Purchase	TILLYS #234 MARANA AZ	8.72-
	310429	On 060319 ILK1TERM REF 915421310429	
Jun 3	Debit Purchase	0637 FOREVER 21 TUCSON AZ	13.70-
	696013	On 060319 ILNKILNK REF 915420696013	
Jun 4	Debit Purchase - VISA	On 060319 800-247-4784 MA	8.98-
	CHR*CHRISTIANBOO	REF # 24692169154100575418072	
Jun 5	Debit Purchase - VISA	On 060419 TUCSON AZ	11.50-
	GOLDEN GOOSE THR	REF # 24428069156001302519037	
Jun 5	Debit Purchase	WAL-MART #3379 ORO VALLEY AZ	21.69-
	674995	On 060419 MAESTER REF 674995	

RESP'T APP 1807

ER 000121



EMILY CHRISTINE
ALECIA KREMIDAS-DRAPER
20762 CRESTVIEW LN
HUNTINGTN BCH CA 92646-5929

Uni-Statement

Account Number:

1 575 0049 4677

Statement Period:

May 9, 2019

through

Jun 10, 2019

Page 2 of 2



STUDENT CHECKING

Bank National Association

(CONTINUED)

Card Withdrawals (continued)

Account Number 1-575-0049-4677

Card Number: xxxx-xxxx-xxxx-3039

Date	Description of Transaction	Ref Number	Amount
Jun 6	Debit Purchase - VISA PAYPAL *MOVIEBEN	On 060419 402-935-7733 CA REF # 24492159156894181846376	6894181846 7.00-
Jun 10	Debit Purchase - VISA AZ ST CAPITAL GI	On 060719 PHOENIX AZ REF # 24431069159091574000065	9091574000 0.75-

Card 3039 Withdrawals Subtotal \$ 126.70-

Total Card Withdrawals \$ 126.70-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jun 3	Internet Banking Transfer To Account 153753904983		\$ 575.00-
Total Other Withdrawals			\$ 575.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount
33	Jun 6	8953208938	25.00

Conventional Checks Paid (1) \$ 25.00-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 13	61.12	May 31	701.15	Jun 5	61.56
May 20	34.80	Jun 3	103.73	Jun 6	29.56
May 21	23.80	Jun 4	94.75	Jun 10	28.81
May 28	22.91				

Balances only appear for days reflecting change.

RESP'T APP 1808

ER 000122

EXHIBIT 52

EXHIBIT 52

EXHIBIT 52
RESP'T APP 1809



Payment Information

Payment Due Date
May 06, 2017

For online and phone payments,
 the deadline is 8pm ET.

New Balance
\$1,475.44

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	10 Years	\$3,373
\$58	3 Years	\$2,074
Estimated savings if balance is paid off in about 3 years: \$1,299		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$298.37
Payments	- \$300.00
Other Credits	\$0.00
Transactions	+ \$1,473.15
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$3.92
New Balance	= \$1,475.44
Credit Limit	\$5,000.00
Available Credit (as of Apr. 09, 2017)	\$3,524.56
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



See purchases on your time—
in real time.
 Capital One WalletSM gives you instant purchase notifications. And you can lock your card anytime.

300078

Text TRACK to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

- i** Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com. Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **May 06, 2017**

Account Ending in 5743

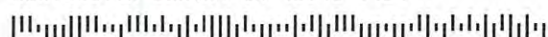
New Balance
\$1,475.44

Minimum Payment Due
\$25.00

Amount Enclosed
 \$ _____

1435706 01 AV 0.370 **AUTO TO 1 0409 92646-592962 -C01-P35869-I 3

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Capital One Bank (USA), N.A.
 P.O. Box 60599

San Francisco, CA 94170-0599

RESP'T APP 1810

ER 000123

1 5178058436735743 09 1475440100000025002

1435706-0307822-PC00000004 of 00000004-C01-53-0409-35869

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

ETC-08

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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement to the address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

REPLY TO: CAPITAL ONE

ER 000124



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
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Mar 30	ELECTRONIC PAYMENT	-\$200.00
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Mar 30	ELECTRONIC PAYMENT	-\$100.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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Mar 25	VLG. NURSERIES LP -H.BHUNTINGTON BECA	\$573.12
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Mar 28	THE PERFECT WORKOUT -760-436-1700CA	\$75.00
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ALECIA A DRAPER #5743: Total		\$648.12
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Mar 11	PAYPAL *GOTEAMTHERA4029357733CA	\$301.25
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Mar 16	76 - JEEJ SVC STATIONSHUNTINGTON BECA	\$39.53
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Mar 24	AMEN CLINICCOSTA MESACA	\$200.00
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Apr 5	CORONA DEL MAR ANIMALCORONA DL MARCA	\$274.25
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Apr 6	AMERICAN KENNEL CLUB09198163600NY	\$10.00
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EMILY C REED #0036: Total		\$825.03
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Total Transactions for This Period		\$1,473.15
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$3.92
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Interest Charge on Cash Advances	\$0.00
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Interest Charge on Other Balances	\$0.00
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Total Interest for This Period		\$3.92
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Transactions Continued

2017 Totals Year-to-Date

Total Fees charged in 2017	\$25.00
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Total Interest charged in 2017	\$32.57
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.65% P	\$195.07	\$3.92
Cash Advances	25.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.

Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1812

ER 000125



Payment Information

Payment Due Date
Jun. 06, 2017

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$1,080.04

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	7 Years	\$2,142
\$42	3 Years	\$1,518
Estimated savings if balance is paid off in about 3 years: \$624		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,475.44
Payments	- \$1,474.00
Other Credits	\$0.00
Transactions	+ \$1,065.02
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$13.58
New Balance	= \$1,080.04
Credit Limit	\$5,000.00
Available Credit (as of May 09, 2017)	\$3,919.96
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text **ONE** to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

- i** Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jun. 06, 2017**

Account Ending in 5743

New Balance
\$1,080.04

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____

1091307 01 AV 0.370 **AUTO T4 0 0509 92646-592962 -C01-P91413-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

Capital One Bank (USA), N.A.
P.O. Box 60599

RESPT APP 1813

ER 000126

1 5178058436735743 09 1080041474000025003

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

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Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
1/10/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT APP 1814

ER 000127

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
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May 5	ELECTRONIC PAYMENT	- \$1,474.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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Apr 15	THE PERFECT WORKOUT -760-436-1700CA	\$408.33
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Apr 30	SQU*SQ *GOSQ.COM JANAENewport BeachCA	\$66.00
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May 1	THE UPS STORE 4415HUNTINGTON BECA	\$15.61
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May 2	DAVISON DESIGN ANDPITTSBURGHPA	\$100.00
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ALECIA A DRAPER #5743: Total		\$589.94
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Apr 14	AMEN CLINICCOSTA MESACA	\$200.00
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Apr 19	MAMMOTH MTN FOODMAMMOTH LAKESCA	\$8.30
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Apr 23	HB YOGURT LAND QPSHUNTINGTON BECA	\$28.13
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Apr 25	LA CAPILLA RESTAURANHUNTINGTON BCCA	\$21.72
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Apr 25	LA CAPILLA RESTAURANHUNTINGTON BCCA	\$3.18
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Apr 27	AMEN CLINICCOSTA MESACA	\$200.00
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Apr 30	VONS Store00031609HUNTINGTN BCHCA	\$13.75
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EMILY C REED #0036: Total		\$475.08
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Total Transactions for This Period		\$1,065.02
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Transactions Continued

Interest Charged

Interest Charge on Purchases	\$13.58
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Interest Charge on Cash Advances	\$0.00
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Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$13.58
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2017 Totals Year-to-Date

Total Fees charged in 2017	\$25.00
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Total Interest charged in 2017	\$46.15
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.65% P	\$698.59	\$13.58
Cash Advances	25.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Make a statement.
Go paperless.

Stop waiting for your bill to arrive
 in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

RESP'T APP 1815

ER 000128

RESP'T APP 1816

ER 000129

1091307-0193099-PC0000001 of 0000004-C01-51-0509-91413





Payment Information

Payment Due Date **Jul. 06, 2017** For online and phone payments, the deadline is 8pm ET.

New Balance **\$1,639.86** Minimum Payment Due **\$30.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	11 Years	\$3,874
\$64	3 Years	\$2,305
Estimated savings if balance is paid off in about 3 years: \$1,569		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,080.04
Payments	- \$1,100.00
Other Credits	\$0.00
Transactions	+ \$1,645.64
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$14.18
New Balance	= \$1,639.86
Credit Limit	\$5,000.00
Available Credit (as of Jun. 09, 2017)	\$3,360.14
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Get the app designed to save time.
 Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

- i** Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com. Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jul. 06, 2017**

Account Ending in 5743

New Balance **\$1,639.86** Minimum Payment Due **\$30.00** Amount Enclosed \$ _____

1131548 01 AV 0.370 **AUTO T6 0 0609 92646-592962 -C01-P31707-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Capital One Bank (USA), N.A.
 P.O. Box 60599
 City of Industry, CA 91716-0599

RESP T APP 1817

1 5178058436735743 09 1639861 00003005



Payment Information

Payment Due Date
Aug. 06, 2017

For online and phone payments, the deadline is 8pm ET.

New Balance
\$1,199.27

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	8 Years	\$2,536
\$47	3 Years	\$1,692
Estimated savings if balance is paid off in about 3 years: \$844		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,639.86
Payments	- \$1,700.00
Other Credits	\$0.00
Transactions	+ \$1,259.41
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$1,199.27
Credit Limit	\$5,000.00
Available Credit (as of Jul. 09, 2017)	\$3,800.73
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the **switch to paperless.**

300083

Account Notifications

i Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com. Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Aug. 06, 2017**

Account Ending in 5743

New Balance
\$1,199.27

Minimum Payment Due
\$25.00

Amount Enclosed
 \$ _____

1129957 01 AV 0.370 **AUTO T3 0 0709 92646-592962 -C01-P30114-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Capital One Bank (USA), N.A.
 P.O. Box 60599

RESPT APP 1818

ER 000131

1 5178058436735743 09 1199271700000025000

1129957-0268347-FC00000004 of 00000004-C01-51-0709-30114

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charge for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in The *Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08

11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP'T APP 1819

ER 000132

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Jun 28	ELECTRONIC PAYMENT	- \$1,700.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

Jun 10	EGGROLL KING C Y CORPOHUNTINGTON BECA	\$24.00
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Jun 11	RAISING CANE'S #190LAGUNA HILLSCA	\$30.64
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Jun 13	KYLE KEFFER COUNSELNEWPORT BEACHCA	\$130.00
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Jun 14	THE PERFECT WORKOUT -760-436-1700CA	\$408.33
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Jun 16	VONS Store00031609HUNTINGTN BCHCA	\$21.70
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Jun 19	OC GOODWILL #1514HUNTINGTON BECA	\$11.98
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Jun 20	BURGER KING #9514 Q07NEWPORT BEACHCA	\$3.21
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Jun 20	KYLE KEFFER COUNSELNEWPORT BEACHCA	\$130.00
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Jul 5	WAL-MART #2636HUNTINGTON BECA	\$53.70
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ALECIA A DRAPER #5743: Total		\$813.56
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Jun 9	AMEN CLINICCOSTA MESACA	\$200.00
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Jun 26	76 - JEEJ SVC STATIONSHUNTINGTON BECA	\$30.21
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Jul 2	PAYPAL *LUXUARYCELL4029357733CA	\$4.88
-------	---------------------------------	--------

Jul 4	SPROUTS FARMERS MARKHUNTINGTON BECA	\$210.76
-------	--	----------

EMILY C REED #0036: Total		\$445.85
----------------------------------	--	-----------------

Total Transactions for This Period		\$1,259.41
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Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
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Transactions Continued

Interest Charged

Interest Charge on Purchases	\$0.00
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$0.00
---------------------------------------	---------------

2017 Totals Year-to-Date

Total Fees charged in 2017	\$25.00
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Total Interest charged in 2017	\$60.33
---------------------------------------	----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$0.00	\$0.00
Cash Advances	25.90% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.
 Effortlessly manage your account on the go with the Capital One® mobile app.

300086

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1820

ER 000133

RESP'T APP 1821

ER 000134

1129957-0268346-PG00000001 of 00000004-C01-51-0709-3011-4





Payment Information

Payment Due Date
Sep. 06, 2017

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$1,945.67

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	12 Years	\$4,859
\$76	3 Years	\$2,744

Estimated savings if balance is paid off in about 3 years: \$2,115

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,199.27
Payments	- \$1,199.27
Other Credits	\$0.00
Transactions	+ \$1,945.67
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$1,945.67
Credit Limit	\$5,000.00
Available Credit (as of Aug. 09, 2017)	\$3,054.33
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Manage your account
anywhere, anytime.
Pay your bill, set up alerts and more
with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

- i** Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.CapitalOne.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Sep. 06, 2017**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$1,945.67	\$25.00	\$ _____

1129282 01 AV 0.370 **AUTO TO 2 0809 92646-592962 -C01-P29439-I 3

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

Capital One Bank (USA), N.A.
P.O. Box 60599

RES'T APP 1822

ER 000135

1 5178058436735743 09 1945671199270025005

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

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- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to be automatically credited on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RECEIVED APR 18 2017

ER 000136



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
Aug 2	ELECTRONIC PAYMENT	-\$1,199.27

ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
Jul 12	VONS Store00031609HUNTINGTN BECA	\$7.98
Jul 14	PAYLESS SHOES000034033HUNTINGTON BECA	\$17.24
Jul 14	TB/PH #28730HUNTINGTON BECA	\$15.39
Jul 28	SQUARE *SQ *EPIC SKINNewport BeachCA	\$78.00
ALECIA A DRAPER #5743: Total		\$118.61

EMILY C REED #0036: Transactions

Date	Description	Amount
Jul 7	AMEN CLINICCOSTA MESACA	\$200.00
Jul 12	AMEN CLINICCOSTA MESACA	\$600.00
Jul 13	AMEN CLINICCOSTA MESACA	\$600.00
Jul 15	BAGELMANIA COFFEE HOUSHUNTINGTON BECA	\$17.42
Jul 17	BUBBLES DOG GROOMING &HUNTINGTON BECA	\$100.00
Jul 20	MIRAGE HOTEL ROASTED BLAS VEGASNV	\$37.45
Jul 31	PAYPAL *ALLACCESSCA4029357733CA	\$29.95
Aug 4	WAL-MART #5601HUNTINGTON BECA	\$42.24
Aug 4	AMEN CLINICCOSTA MESACA	\$200.00
EMILY C REED #0036: Total		\$1,827.06
Total Transactions for This Period		\$1,945.67

Fees

Date	Description	Amount
Total Fees for This Period		\$0.00

Transactions Continued

Interest Charged

Interest Charge on Purchases	\$0.00
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
Total Interest for This Period	\$0.00

2017 Totals Year-to-Date

Total Fees charged in 2017	\$25.00
Total Interest charged in 2017	\$60.33

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$0.00	\$0.00
Cash Advances	25.90% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

300084

RESP'T APP 1824

ER 000137

RESP'T APP 1825

ER 000138





Payment Information

Payment Due Date

Oct. 06, 2017

For online and phone payments,
the deadline is 8pm ET.

New Balance

\$2,761.94

Minimum Payment Due

\$125.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	15 Years	\$7,232

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,945.67
Payments	\$0.00
Other Credits	\$0.00
Transactions	+ \$743.64
Cash Advances	+ \$0.00
Fees Charged	+ \$25.00
Interest Charged	+ \$47.63
New Balance	= \$2,761.94
Credit Limit	\$5,000.00
Available Credit (as of Sep. 09, 2017)	\$2,238.06
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$2,238.06

Aug 2 1199.27
June 1700.00
May 30 1100.00
May 5 1474.00
April 3000.00
Mar 1575.36



Get your account
back on track.

Visit capitalone.com to make a payment today.

300080

⚠ For questions about this account, please give us a call at 1-800-955-6600. We'll be glad to help you Monday through Friday from 8 a.m. to 11 p.m. ET, and Saturday and Sunday from 8 a.m. to 5 p.m. ET.

ⓘ ****Important Notice**** Your account was past due. Under the terms we previously disclosed to you, if your account is past due again in the next 12 billing cycles, your Annual Percentage Rates (APRs) may increase.

Additional notifications on page 1

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Oct. 06, 2017**

Account Ending in 5743

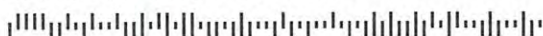
New Balance
\$2,761.94

Minimum Payment Due
\$125.00

Amount Enclosed
\$ _____

1127526 01 AV 0.370 **AUTO T4 0 0909 92646-592962 -C01-P27681-I1

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Manage your account
on your time.

You can access account information
on our secure website anytime, 24/7.

Manage your account at capitalone.com.

Capital One Bank (USA), N.A.
P.O. Box 60599

CHS, 1127526 01 AV 0.370 **AUTO T4 0 0909 92646-592962 -C01-P27681-I1

RESP'T APP 1826

ER 000139

1 5178058436735743 09 2761941199270125000

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

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What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

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- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RECEIVED APR 18 2017

ER 000140

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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Aug 30	OFFICE DEPOT #584FOUNTAIN VALLCA	\$95.07
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ALECIA A DRAPER #5743: Total		\$95.07
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Aug 18	AAA ANIMAL HOSPITALHUNTINGTON BECA	\$111.00
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Aug 19	SMARTNFINAL42310504231HUNTINGTON BECA	\$11.96
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Aug 20	SPROUTS FARMERS MARKHUNTINGTON BECA	\$4.49
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Aug 25	SPROUTS FARMERS MARKHUNTINGTON BECA	\$19.64
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Aug 25	THE HOME DEPOT #6963HUNTINGTON BCHCA	\$39.78
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Aug 25	AMEN CLINICCOSTA MESACA	\$43.15
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Aug 25	AMEN CLINICCOSTA MESACA	\$200.00
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Aug 25	BUBBLES DOG GROOMING &HUNTINGTON BECA	\$91.00
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Aug 26	WOODY'S DINER INCSANTA ANACA	\$27.54
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Aug 31	TWIN PEAKS VETERINARYTUCSONAZ	\$100.01
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EMILY C REED #0036: Total		\$648.57
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Total Transactions for This Period		\$743.64
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Fees

Date	Description	Amount
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Sep 6	PAST DUE FEE	\$25.00
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Total Fees for This Period		\$25.00
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Interest Charged

Interest Charge on Purchases	\$47.63
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period		\$47.63
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Transactions Continued

2017 Totals Year-to-Date

Total Fees charged in 2017	\$50.00
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Total Interest charged in 2017	\$107.96
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$2,346.40	\$47.63
Cash Advances	25.90% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.

Additional Account Notifications



You were assessed a past due fee because your minimum payment was not received by the due date. To avoid this fee in the future, we recommend that you allow at least 7 business days for your minimum payment to reach Capital One.

300085



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text **ONE** to **80101** to download the app. Messaging & Data rates may apply.

RESP'T APP 1828

ER 000141

Payment Information

Payment Due Date
Nov. 06, 2017

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$1,864.08

Minimum Payment Due
\$65.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	12 Years	\$4,528
\$73	3 Years	\$2,629
Estimated savings if balance is paid off in about 3 years: \$1,899		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$2,761.94
Payments	- \$1,000.00
Other Credits	\$0.00
Transactions	+ \$55.47
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$46.67
New Balance	= \$1,864.08
Credit Limit	\$5,000.00
Available Credit (as of Oct. 09, 2017)	\$3,135.92
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

i Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Nov. 06, 2017**

Account Ending in 5743

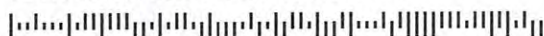
New Balance
\$1,864.08

Minimum Payment Due
\$65.00

Amount Enclosed
\$ _____

1124913 01 AV 0.370 **AUTO T9 0 1009 92646-592962 -C01-P25063-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

Capital One Bank (USA), N.A.
P.O. Box 60599

RESPT APP 1829

ER 000142

1 5178058436735743 09 1864081000000065005

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

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Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

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- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
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 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESISTANCE 1830

ER 000143



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
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Sep 26	ELECTRONIC PAYMENT	- \$1,000.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Sep 10	SMARTNFINAL42310504231HUNTINGTO N BECA	\$55.47
--------	---	---------

EMILY C REED #0036: Total		\$55.47
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Total Transactions for This Period		\$55.47
------------------------------------	--	---------

Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$46.67
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$46.67
--------------------------------	---------

2017 Totals Year-to-Date

Total Fees charged in 2017	\$50.00
----------------------------	---------

Total Interest charged in 2017	\$154.63
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$2,375.67	\$46.67
Cash Advances	25.90% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Manage your account
anywhere, anytime.
Pay your bill, set up alerts and more
with the Capital One® mobile app.

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

300077

RESP'T APP 1831

ER 000144

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT ACT 1832

ER 000145



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Payments, Credits and Adjustments

Date	Description	Amount
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Nov 6	CHEWY.COM800-6724399FL	- \$21.01
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Oct 24	ELECTRONIC PAYMENT	- \$1,000.00
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Nov 7	ELECTRONIC PAYMENT	- \$500.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Oct 21	BUBBLES DOG GROOMING & HUNTINGTON BECA	\$96.00
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Oct 23	BANZAI BOWLS - HUNTING HUNTINGTON BECA	\$52.50
--------	--	---------

Oct 24	CHEWY.COM800-6724399FL	\$81.31
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Nov 6	CHEWY.COM800-6724399FL	\$32.89
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EMILY C REED #0036: Total		\$262.70
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Total Transactions for This Period		\$262.70
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Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
----------------------------	--	--------

Interest Charged

Interest Charge on Purchases	\$28.87
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$28.87
--------------------------------	---------

2017 Totals Year-to-Date

Total Fees charged in 2017	\$50.00
----------------------------	---------

Total Interest charged in 2017	\$183.50
--------------------------------	----------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$1,422.14	\$28.87
Cash Advances	25.90% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



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Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1833

ER 000146



Payment Information

Payment Due Date
Jan. 06, 2018

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$384.30

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	19 Month(s)	\$463

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$634.64
Payments	- \$500.00
Other Credits	\$0.00
Transactions	+ \$200.00
Cash Advances	+ \$0.00
Fees Charged	+ \$35.00
Interest Charged	+ \$14.66
New Balance	= \$384.30
Credit Limit	\$5,000.00
Available Credit (as of Dec. 09, 2017)	\$4,615.70
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Manage your account
anywhere, anytime.
Pay your bill, set up alerts and more
with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

i Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

i You were assessed a past due fee because your minimum payment was not received by the due date. To avoid this fee in the future, we recommend that you allow at least 7 business days for your minimum payment to reach Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jan. 06, 2018**

Account Ending in 5743

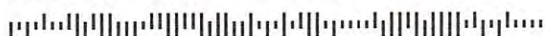
New Balance
\$384.30

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____

1120924 01 AV 0.370 **AUTO T9 0 1209 92646-592962 -C01-P21069-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One Bank (USA), N.A.
P.O. Box 60599
City of Industry, CA 91711-0599

RESP'T APP 1834

1 5178058436735743 09 0384300500000025006

ER 000147



Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do if You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPIT ACT 1835

ER 000148

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Dec 8	ELECTRONIC PAYMENT	- \$500.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Nov 20	AMEN CLINICCOSTA MESACA	\$200.00
--------	-------------------------	----------

EMILY C REED #0036: Total		\$200.00
----------------------------------	--	-----------------

Total Transactions for This Period		\$200.00
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Fees

Date	Description	Amount
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Dec 6	PAST DUE FEE	\$35.00
-------	--------------	---------

Total Fees for This Period		\$35.00
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Interest Charged

Interest Charge on Purchases	\$14.66
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$14.66
---------------------------------------	----------------

2017 Totals Year-to-Date

Total Fees charged in 2017	\$85.00
-----------------------------------	----------------

Total Interest charged in 2017	\$198.16
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	23.90% P	\$746.19	\$14.66
Cash Advances	25.90% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



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Text ONE to 80101 to download the app. Messaging & Data rates may apply.

300084

RESP'T APP 1836

ER 000149



Payment Information

Payment Due Date
Feb. 06, 2018

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$2,209.98

Minimum Payment Due
\$26.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	13 Years	\$5,721
\$87	3 Years	\$3,128
Estimated savings if balance is paid off in about 3 years: \$2,593		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$384.30
Payments	- \$500.00
Other Credits	\$0.00
Transactions	+ \$2,321.29
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$4.39
New Balance	= \$2,209.98
Credit Limit	\$5,000.00
Available Credit (as of Jan. 09, 2018)	\$2,790.02
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$2,790.02



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Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

- i** Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Feb. 06, 2018**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$2,209.98	\$26.00	\$

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ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One Bank (USA), N.A.
P.O. Box 60599

City of Industry, CA 91710-0599

RESP APP 1837

ER 000150

1 5178058436735743 09 2209980500000026003

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT-APP-1838

ER 000151



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Dec 27	ELECTRONIC PAYMENT	- \$500.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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Dec 11	APPLE STORE #R004COSTA MESACA	\$462.25
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ALECIA A DRAPER #5743: Total		\$462.25
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Dec 17	SMARTNFINAL42310504231HUNTINGTO N BECA	\$104.56
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Dec 18	CARL'S JR 1100512 QPSANAHEIMCA	\$5.39
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Dec 19	76 - CON 2708886HUNTINGTON BECA	\$43.01
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Dec 19	SMARTNFINAL42310504231HUNTINGTO N BECA	\$33.20
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Dec 19	SMARTNFINAL42310504231HUNTINGTO N BECA	\$36.60
--------	---	---------

Dec 20	FIESTA GRILL 1HUNTINGTON BECA	\$30.90
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Dec 21	SMITH FARMS (FOUNTAIFOUNTAIN VALLCA	\$72.00
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Dec 21	WALGREENS #5881HUNTINGTON BECA	\$215.99
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Dec 21	SHABU ON FIREHUNTINGTON BECA	\$58.21
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Dec 21	AMEN CLINICCOSTA MESACA	\$200.00
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Dec 22	WM SUPERCENTER #5601HUNTINGTON BECA	\$37.48
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Dec 22	EXXONMOBIL 97648380HUNTINGTON BECA	\$50.00
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Dec 22	SPROUTS FARMERS MARKHUNTINGTON BECA	\$71.83
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Dec 22	ALKA LIVING WATERHUNTINGTN BCHCA	\$9.74
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Dec 23	MCDONALD'S F4090SANTA ANACA	\$9.68
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Dec 24	COAST COMMUNITY COLLEGCOSTA MESACA	\$453.00
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Dec 27	AMEN CLINICCOSTA MESACA	\$200.00
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Dec 29	LITTLE CAESARS 5808HUNTINGTON BECA	\$17.24
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Dec 29	VONS #3160HUNTINGTN BCHCA	\$10.21
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Transactions Continued

Date	Description	Amount
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Jan 3	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$1,859.04
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Total Transactions for This Period		\$2,321.29
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$4.39
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$4.39
---------------------------------------	---------------

2017 Totals Year-to-Date

Total Fees charged in 2017	\$0.00
-----------------------------------	---------------

Total Interest charged in 2017	\$4.39
---------------------------------------	---------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.15% P	\$213.83	\$4.39
Cash Advances	26.15% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1839

ER 000152



Payment Information

Payment Due Date
Mar. 06, 2018

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$1,776.68

Minimum Payment Due
\$48.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	11 Years	\$4,316
\$70	3 Years	\$2,514
Estimated savings if balance is paid off in about 3 years: \$1,802		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$2,209.98
Payments	- \$1,000.00
Other Credits	\$0.00
Transactions	+ \$536.19
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$30.51
New Balance	= \$1,776.68
Credit Limit	\$5,000.00
Available Credit (as of Feb. 09, 2018)	\$3,223.32
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Make a statement.
Go paperless.

Stop waiting for your bill to arrive
in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

Account Notifications

Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Mar. 06, 2018**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$1,776.68	\$48.00	\$ _____

1117470 01 AV 0.375 **AUTO T4 0 0209 92646-592962 -C01-P17612-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

Capital One Bank (USA), N.A.
P.O. Box 60599
City of Industry, CA 91716-0599

RESP'T APP 1840

ER 000153

1 5178058436735743 09 1776681000000048001

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPONSE APP 1841

ER 000154

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
Jan 31	ELECTRONIC PAYMENT	- \$1,000.00

ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
Jan 31	ELECTRONIC PAYMENT	- \$1,000.00

ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
Jan 12	CARL'S JR #1100132SANTA ANACA	\$9.43
Jan 16	LOWES #01753*HUNTINGTON BECA	\$10.24
Jan 24	AMEN CLINICCOSTA MESACA	\$200.00
Jan 25	MACYS NEWPORTNEWPORT BEACHCA	\$96.52
Jan 25	ISLAND DERMATOLOGYNEWPORT BEACHCA	\$20.00
Jan 29	AMEN CLINICCOSTA MESACA	\$200.00
EMILY C REED #0036: Total		\$536.19
Total Transactions for This Period		\$536.19

Fees

Date	Description	Amount
Total Fees for This Period		\$0.00

Interest Charged

Interest Charge on Purchases	\$30.51
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
Total Interest for This Period	\$30.51

2018 Totals Year-to-Date

Total Fees charged in 2018	\$0.00
Total Interest charged in 2018	\$34.90

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.15% P	\$1,487.69	\$30.51
Cash Advances	26.15% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

300085

RESP'T APP 1842

ER 000155

RESP'T APP 1843

ER 000156





Payment Information

Payment Due Date **Apr. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$1,230.88** Minimum Payment Due **\$43.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	8 Years	\$2,617
\$48	3 Years	\$1,742
Estimated savings if balance is paid off in about 3 years: \$875		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,776.68
Payments	- \$600.00
Other Credits	- \$176.75
Transactions	+ \$200.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$30.95
New Balance	= \$1,230.88
Credit Limit	\$5,000.00
Available Credit (as of Mar. 09, 2018)	\$3,769.12
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

i Renewal Notice - Both sides of this page provide important information about your rate(s) and how your interest charge is calculated.

i Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

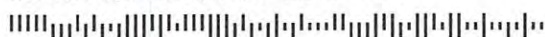
Payment Due Date: **Apr. 06, 2018**

Account Ending in 5743

New Balance **\$1,230.88** Minimum Payment Due **\$43.00** Amount Enclosed \$ _____

1115425 01 AV 0.375 **AUTO TO 0 0309 92646-592962 -C01-P15568-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Thanks for using less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

Capital One Bank (USA), N.A.
 P.O. Box 60599
 Dallas, TX 75260-0599

RESP'T APP 1844

ER 000157

1 5178058436735743 09 1230880600000043008

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT APP 1845

ER 000158



Transactions

Visit www.capitalone.com to see detailed transactions.

ALEGIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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EMILY C REED #0036: Credits

Date	Description	Amount
------	-------------	--------

Feb 12	MACYS SANTA ANASANTA ANACA	- \$38.75
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Feb 12	COAST COMMUNITY COLLEGECOSTA MESACA	- \$138.00
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ALEGIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
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Mar 6	ELECTRONIC PAYMENT	- \$600.00
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ALEGIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Feb 20	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$200.00
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Total Transactions for This Period		\$200.00
------------------------------------	--	----------

Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
----------------------------	--	--------

Interest Charged

Interest Charge on Purchases	\$30.95
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Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$30.95
--------------------------------	---------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$0.00
----------------------------	--------

Total Interest charged in 2018	\$65.85
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.15% P	\$1,670.64	\$30.95
Cash Advances	26.15% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.
Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1846

ER 000159

RESP'T APP 1847

ER 000160





Payment Information

Payment Due Date
May 06, 2018

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$752.95

Minimum Payment Due
\$29.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	4 Years	\$1,170
\$30	3 Years	\$1,069
Estimated savings if balance is paid off in about 3 years: \$101		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,230.88
Payments	- \$300.00
Other Credits	- \$200.00
Transactions	+ \$0.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$22.07
New Balance	= \$752.95
Credit Limit	\$5,000.00
Available Credit (as of Apr. 09, 2018)	\$4,247.05
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Manage your account
anywhere, anytime.
Pay your bill, set up alerts and more
with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

i This statement includes a notice of important changes to your account terms.

i Check this out - just a quick reminder that your account number has changed. So activate your card, and if you've set up automatic payments with any merchants or utilities, be sure to give them your new number. That way, your Capital One card will continue to automatically pay your bills, and you will continue to save time and money. As always, thanks for choosing Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **May 06, 2018**

Account Ending in 5743

New Balance
\$752.95

Minimum Payment Due
\$29.00

Amount Enclosed
\$ _____

1175102 01 AV 0.375 **AUTO T6 0 0409 92646-592962 -C01-P75305-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

Capital One Bank (USA), N.A.
P.O. Box 60599

RESP T APP 1848

ER 000161

1 5178058436735743 09 0752950300000029000

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT APP 1849

ER 000162

Transactions

300085

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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EMILY C REED #0036: Credits

Date	Description	Amount
------	-------------	--------

Mar 21	AMEN CLINICCOSTA MESACA	- \$200.00
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Apr 5	ELECTRONIC PAYMENT	- \$300.00
-------	--------------------	------------

ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$22.07
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$22.07
---------------------------------------	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$0.00
-----------------------------------	---------------

Total Interest charged in 2018	\$87.92
---------------------------------------	----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.40% P	\$1,064.99	\$22.07
Cash Advances	26.40% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1850

ER 000163



201267

Regarding your account ending in: 5743

Important Notice of a Change in Terms

Please review the Important Change to Your Account Terms below and keep this information for your records. All other account terms and conditions are unchanged.

Important Changes to Your Account Terms

The following change to the Late Payment Fee will take effect on June 17, 2018.

You cannot decline the change to the Late Payment Fee.

Revised Terms, as of June 17, 2018	
Late Payment Fee	Up to \$38.

If you have questions about this change, please call us at 1-844-285-1212 between 8 a.m. and 8 p.m. ET.

RESP'T APP 1851

ER 000164

1157439-0401467-PC00000001 of 0000004-C01-b5-0509-57624



Payment Information

Payment Due Date **Jun. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$2,709.37** Minimum Payment Due **\$70.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	15 Years	\$7,240
\$107	3 Years	\$3,847
Estimated savings if balance is paid off in about 3 years: \$3,393		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$752.95
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$2,083.91
Cash Advances	+ \$0.00
Fees Charged	+ \$29.00
Interest Charged	+ \$43.51
New Balance	= \$2,709.37
Credit Limit	\$5,000.00
Available Credit (as of May 09, 2018)	\$2,290.63
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$2,290.63



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

Account Notifications

i You were assessed a past due fee because your minimum payment was not received by the due date. To avoid this fee in the future, we recommend that you allow at least 7 business days for your minimum payment to reach Capital One.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jun. 06, 2018**

Account Ending in 5743

New Balance **\$2,709.37** Minimum Payment Due **\$70.00** Amount Enclosed \$ _____

1157439 01 AV 0.375 **AUTO T3 0 0509 92646-592962 -C01-P57624-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

Capital One Bank (USA), N.A.
P.O. Box 60599
City, State, Zip

RESP APP 1852

ER 000165

1 5178058436735743 09 2709370200000070000

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
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The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

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Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

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- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP. T. APR. 1853

ER 000166



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

May 8	ELECTRONIC PAYMENT	- \$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

Apr 17	COASTAL LIVINGNEWPORT BEACHCA	\$168.10
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Apr 17	COASTAL LIVINGNEWPORT BEACHCA	\$810.00
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Apr 19	SEGERSTROM CTR FOR THE7145562122CA	\$24.42
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Apr 20	COASTAL LIVING9494334015CA	\$540.00
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Apr 21	EON SUSHICOSTA MESACA	\$34.43
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Apr 27	TARGET 00020511HUNTINGTON BECA	\$22.46
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May 4	76 - JEEJ SVC STATIONSHUNTINGTON BECA	\$48.66
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May 5	OC REGIONAL PARKS PARKIRVINECA	\$5.00
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ALECIA A DRAPER #5743: Total		\$1,653.07
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EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Apr 20	AMEN CLINICCOSTA MESACA	\$200.00
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Apr 26	THE PLANTATION HUNTHUNTINGTN BCHCA	\$230.84
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EMILY C REED #0036: Total		\$430.84
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Total Transactions for This Period		\$2,083.91
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Fees

Date	Description	Amount
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May 7	PAST DUE FEE	\$29.00
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Total Fees for This Period		\$29.00
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Transactions Continued

Interest Charged

Interest Charge on Purchases	\$43.51
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Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$43.51
---------------------------------------	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$29.00
-----------------------------------	----------------

Total Interest charged in 2018	\$131.43
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.40% P	\$2,169.45	\$43.51
Cash Advances	26.40% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.
Effortlessly manage your account on the go with
the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1854

ER 000167

RESP'T APP 1855

ER 000168



Payment Information

Payment Due Date
Jul. 06, 2018

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$2,871.13

Minimum Payment Due
\$87.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$35.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	15 Years	\$7,713
\$113	3 Years	\$4,077
Estimated savings if balance is paid off in about 3 years: \$3,636		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$2,709.37
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$303.38
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$58.38
New Balance	= \$2,871.13
Credit Limit	\$5,000.00
Available Credit (as of Jun. 09, 2018)	\$2,128.87
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$2,128.87



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jul. 06, 2018**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$2,871.13	\$87.00	\$ _____

1114094 01 AV 0.375 **AUTO T3 0 0609 92646-592962 -C01-P14236-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

Capital One
P.O. Box 60599

RESP'T APP 1856



ER 000169

1 5178058436735743 09 2871130200000087001

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

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Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
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NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

ETC-08

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Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the Payment Address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT APR 1857
ER 000170



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Jun 5	ELECTRONIC PAYMENT	- \$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

May 9	WALGREENS #5881HUNTINGTON BECA	\$36.96
-------	--------------------------------	---------

May 24	CHEWY.COM800-672-4399FL	\$66.42
--------	-------------------------	---------

ALECIA A DRAPER #5743: Total		\$103.38
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EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Jun 4	AMEN CLINICCOSTA MESACA	\$200.00
-------	-------------------------	----------

EMILY C REED #0036: Total		\$200.00
----------------------------------	--	-----------------

Total Transactions for This Period		\$303.38
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
-----------------------------------	--	---------------

Interest Charged

Interest Charge on Purchases	\$58.38
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period		\$58.38
---------------------------------------	--	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$29.00
-----------------------------------	----------------

Total Interest charged in 2018	\$189.81
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.40% P	\$2,817.14	\$58.38
Cash Advances	26.40% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



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RESP'T APP 1858

ER 000171



Payment Information

Payment Due Date **Aug. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$3,031.31** Minimum Payment Due **\$90.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	16 Years	\$8,272
\$120	3 Years	\$4,319
Estimated savings if balance is paid off in about 3 years: \$3,953		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$2,871.13
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$300.05
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$60.13
New Balance	= \$3,031.31
Credit Limit	\$5,000.00
Available Credit (as of Jul. 09, 2018)	\$1,968.69
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$1,968.69



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Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

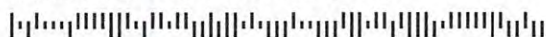
Payment Due Date: **Aug. 06, 2018**

Account Ending in 5743

New Balance **\$3,031.31** Minimum Payment Due **\$90.00** Amount Enclosed \$ _____

1111620 01 AV 0.375 **AUTO T4 0 0709 92646-592962 -C01-P11756-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



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less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

Capital One
P.O. Box 60599
City of Houston, TX 77261-0599

RESP APP 1859

ER 000172

1 5178058436735743 09 3031310200000090009

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

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In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

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- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP/TA 1860

ER 000173

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Jun 29	ELECTRONIC PAYMENT	- \$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Jun 10	LUNA GRILL - RANCHRANCHO SANTACA	\$21.55
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Jun 11	CORONA DEL MAR ANIMALCORONA DEL MACA	\$63.50
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Jun 30	PETSMART #2552HUNTINGTON BECA	\$15.00
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Jul 2	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$300.05
----------------------------------	--	-----------------

Total Transactions for This Period		\$300.05
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$60.13
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$60.13
---------------------------------------	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$29.00
-----------------------------------	----------------

Total Interest charged in 2018	\$249.94
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$2,968.04	\$60.13
Cash Advances	26.65% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the switch to paperless.

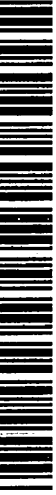
300083

RESP'T APP 1861

ER 000174

RESP'T APP 1862

ER 000175





Payment Information

Payment Due Date **Sep. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$3,212.48** Minimum Payment Due **\$97.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	16 Years	\$8,820
\$127	3 Years	\$4,577
Estimated savings if balance is paid off in about 3 years: \$4,243		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$3,031.31
Payments	- \$150.00
Other Credits	\$0.00
Transactions	+ \$266.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$65.17
New Balance	= \$3,212.48
Credit Limit	\$5,000.00
Available Credit (as of Aug. 09, 2018)	\$1,787.52
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$1,787.52



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the switch to paperless.

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Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Sep. 06, 2018**

Account Ending in 5743

New Balance **\$3,212.48** Minimum Payment Due **\$97.00** Amount Enclosed \$ _____

1111923 01 AV 0.375 **AUTO T2 0 0809 92646-592962 -C01-P12062-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



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Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

Capital One
P.O. Box 60599

RESP APP 1863



ER 000176

1 5178058436735743 09 3212480150000097004

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

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Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

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NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

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- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

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If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPECT YOUR PRIVACY

ER 000177



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Aug 1	ELECTRONIC PAYMENT	- \$150.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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Jul 27	SQU*SQ *GOSQ.COM JANAEDowneyCA	\$66.00
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ALECIA A DRAPER #5743: Total		\$66.00
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EMILY C REED #0036: Transactions

Date	Description	Amount
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Jul 31	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$200.00
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Total Transactions for This Period		\$266.00
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$65.17
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Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period		\$65.17
---------------------------------------	--	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$29.00
-----------------------------------	----------------

Total Interest charged in 2018	\$315.11
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$3,113.19	\$65.17
Cash Advances	26.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

300085

RESP'T APP 1865

ER 000178

RESP'T APP 1866

ER 000179



Payment Information

Payment Due Date
Oct. 06, 2018

For online and phone payments, the deadline is 8pm ET.

New Balance
\$3,418.29

Minimum Payment Due
\$104.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	17 Years	\$9,459
\$135	3 Years	\$4,870
Estimated savings if balance is paid off in about 3 years: \$4,589		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$3,212.48
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$335.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$70.81
New Balance	= \$3,418.29
Credit Limit	\$5,000.00
Available Credit (as of Sep. 09, 2018)	\$1,581.71
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$1,581.71



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Oct. 06, 2018**

Account Ending in 5743

New Balance
\$3,418.29

Minimum Payment Due
\$104.00

Amount Enclosed
 \$ _____

1111935 01 AV 0.375 **AUTO T6 0 0909 92646-592962 -C01-P12074-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Thanks for using less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

Capital One
 P.O. Box 60599
 City, State, Zip

RESP APP 1867

ER 000180

1 5178058436735743 09 3418290200000104000

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT 1868
ER 000181

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Sep 5	ELECTRONIC PAYMENT	- \$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Aug 23	SQ *SQ *OC SIT MEANS Sgosq.comCA	\$135.00
--------	----------------------------------	----------

Aug 27	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$335.00
----------------------------------	--	-----------------

Total Transactions for This Period		\$335.00
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$70.81
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Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$70.81
---------------------------------------	----------------

2018 Totals Year-to-Date

Total Fees charged in 2018	\$29.00
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Total Interest charged in 2018	\$385.92
---------------------------------------	-----------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$3,382.48	\$70.81
Cash Advances	26.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Manage your account
anywhere, anytime.
 Pay your bill, set up alerts and more
 with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

RESP'T APP 1869

ER 000182

RESP'T APP 1870

ER 000183





FACTS	WHAT DOES CAPITAL ONE® DO WITH YOUR PERSONAL INFORMATION?		
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none">• Social Security number and income• Account balances and payment history• Account transactions and credit card or other debt		
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Capital One chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does Capital One share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		YES	NO
For our marketing purposes – to offer our products and services to you		YES	NO
For joint marketing with other financial companies		YES	NO
For our affiliates' everyday business purposes – information about your transactions and experiences		YES	NO
For our affiliates' everyday business purposes – information about your creditworthiness		YES	YES
For our affiliates to market to you		YES	YES
For nonaffiliates to market to you		YES	YES
To limit our sharing	Call us toll free at 1-888-817-2970 and one of our representatives will update your privacy choices. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. If you're an <i>existing</i> customer and have opted out previously, you don't need to update your privacy choices again. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.		
Questions?	Go to capitalone.com/privacy or capitalone.com/contactus .		

RESP'T APP 1871

ER 000184



Please Recycle

Who we are**Who is providing this notice?**

Our affiliates include financial companies with the Capital One, Chevy Chase, Onyx, Paribus, and Greenpoint names, such as Capital One Bank (USA), National Association; and Capital One, National Association.

What we do**How does Capital One protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Capital One collect my personal information?

We collect your personal information, for example, when you:

- Open an account or deposit money
- Pay your bills or apply for a loan
- Use your credit or debit card

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only:

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

Definitions**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include financial companies with the Capital One, Chevy Chase, Onyx, Paribus, and Greenpoint names, such as Capital One Bank (USA), National Association; and Capital One, National Association.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Nonaffiliates we share with can include insurance companies, service providers, co-branded partners, retailers, data processors, and advertisers.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies such as other banks and insurance companies.*

Other important information

CA and VT Residents: We will not share your information with companies outside of Capital One, except for our everyday business purposes, for marketing our products and services to you, or with your consent.

VT Residents only: We will not disclose credit information about you within or outside the Capital One family of companies except as required or permitted by law.

NV Residents: Notice provided pursuant to state law. To be placed on our internal Do Not Call List, call 1-888-817-2970. If you would like more information about telemarketing practices, you may contact us at Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285 or webinfo@capitalone.com. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; e-mail: BCPINFO@ag.state.nv.us.

Telephone Communications: All telephone communications with us or our authorized agents may be monitored or recorded.

RESP'T APP 1872



Payment Information

Payment Due Date **Nov. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$3,488.49** Minimum Payment Due **\$105.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	17 Years	\$9,680
\$138	3 Years	\$4,970
Estimated savings if balance is paid off in about 3 years: \$4,710		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$3,418.29
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$200.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$70.20
New Balance	= \$3,488.49

Credit Limit	\$5,000.00
Available Credit (as of Oct. 09, 2018)	\$1,511.51
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$1,511.51



Manage your account
anywhere, anytime.
 Pay your bill, set up alerts and more with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

i Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Nov. 06, 2018**

Account Ending in 5743

New Balance **\$3,488.49** Minimum Payment Due **\$105.00** Amount Enclosed \$ _____

1111633 01 AV 0.375 **AUTO T2 0 1009 92646-592962 -C01-P11772-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

Capital One
 P.O. Box 60599
 Charlotte, NC 28260-0599

RESP APP 1873



ER 000186

1 5178058436735743 09 3488490200000105000

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

ETC-08

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11/01/16

Changing Mailing Address?

You can change your address immediately at capitalone.com or complete the information below, and return this coupon with your payment. Please print using blue or black ink.

Street.....

City.....

State..... Zip code

Phone.....

Email.....

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP'T APP 1874

ER 000187



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Oct 4	ELECTRONIC PAYMENT	-\$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Oct 2	AMEN CLINICCOSTA MESACA	\$200.00
-------	-------------------------	----------

EMILY C REED #0036: Total		\$200.00
---------------------------	--	----------

Total Transactions for This Period		\$200.00
------------------------------------	--	----------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
----------------------------	--	--------

Interest Charged

Interest Charge on Purchases	\$70.20
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$70.20
--------------------------------	---------

Totals Year-to-Date

Total Fees charged	\$29.00
--------------------	---------

Total Interest charged	\$456.12
------------------------	----------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$3,465.36	\$70.20
Cash Advances	26.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.

300084



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Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1875

ER 000188

RESP'T APP 1876

ER 000189





Payment Information

Payment Due Date **Dec. 06, 2018** For online and phone payments, the deadline is 8pm ET.

New Balance **\$3,750.04** Minimum Payment Due **\$114.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	18 Years	\$10,481
\$148	3 Years	\$5,343
Estimated savings if balance is paid off in about 3 years: \$5,138		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$3,488.49
Payments	- \$200.00
Other Credits	\$0.00
Transactions	+ \$384.58
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$76.97
New Balance	= \$3,750.04
Credit Limit	\$5,000.00
Available Credit (as of Nov. 09, 2018)	\$1,249.96
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$1,249.96



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Dec. 06, 2018**

Account Ending in 5743

New Balance **\$3,750.04** Minimum Payment Due **\$114.00** Amount Enclosed \$ _____

1109112 01 AV 0.375 **AUTO T4 0 1109 92646-592962 -C01-P09249-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One
P.O. Box 60599

RESPT APP 1877



ER 000190

1 5178058436735743 09 3750040200000114003



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP'T APP 1878

ER 000191

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Nov 6	ELECTRONIC PAYMENT	- \$200.00
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

Oct 14	BJS RESTAURANTS 438LAGUNA HILLSCA	\$96.73
--------	-----------------------------------	---------

Oct 15	SQU*SQ *GOSQ.COM JANAEDowneyCA	\$66.00
--------	--------------------------------	---------

Oct 24	The AtticLong BeachCA	\$21.85
--------	-----------------------	---------

ALECIA A DRAPER #5743: Total		\$184.58
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EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Nov 6	AMEN CLINICCOSTA MESACA	\$200.00
-------	-------------------------	----------

EMILY C REED #0036: Total		\$200.00
----------------------------------	--	-----------------

Total Transactions for This Period		\$384.58
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
-----------------------------------	--	---------------

Interest Charged

Interest Charge on Purchases	\$76.97
------------------------------	---------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$76.97
---------------------------------------	----------------

Totals Year-to-Date

Total Fees charged	\$29.00
---------------------------	----------------

Total Interest charged	\$533.09
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$3,676.91	\$76.97
Cash Advances	26.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



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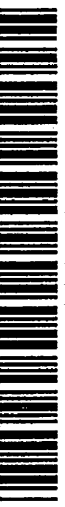
300085

RESP'T APP 1879

ER 000192

RESP'T APP 1880

ER 000193





Payment Information

Payment Due Date
Jan. 06, 2019

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$523.82

Minimum Payment Due
\$46.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	2 Years	\$676

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$3,750.04
Payments	- \$3,750.04
Other Credits	\$0.00
Transactions	+ \$482.71
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$41.11
New Balance	= \$523.82
Credit Limit	\$5,000.00
Available Credit (as of Dec. 09, 2018)	\$4,476.18
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00

P.D.
523.82
12/18/18



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Account Notifications

i Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

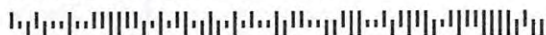
Payment Due Date: **Jan. 06, 2019**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$523.82	\$46.00	\$ _____

1127059 01 AV 0.375 **AUTO TO 0 1209 92646-592962 -C01-P27214-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One
P.O. Box 60599
City of Mostava, CA 91116-0599

RESP'T APP 1881

ER 000194

1 5178058436735743 09 0523823750040046007

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RES-011-APT-1882

ER 000195



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
ALECIA A DRAPER #7454: Payments, Credits and Adjustments		
Date	Description	Amount
Nov 26	ELECTRONIC PAYMENT	- \$3,750.04

ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
EMILY C REED #0036: Transactions		
Date	Description	Amount
Nov 21	CHRIS TUAN NGUYEN DDSFOUNTAIN VALLCA	\$80.00
Nov 21	BUBBLES DOG GROOMING & HUNTINGTONCA	\$98.00
Nov 26	CHEWY.COM800-672-4399FL	\$104.71
Dec 6	AMEN CLINICCOSTA MESACA	\$200.00
EMILY C REED #0036: Total		\$482.71
Total Transactions for This Period		\$482.71

Fees

Date	Description	Amount
Total Fees for This Period		\$0.00

Interest Charged

Interest Charge on Purchases	\$41.11
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
Total Interest for This Period	\$41.11

Totals Year-to-Date

Total Fees charged	\$29.00
Total Interest charged	\$574.20

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.65% P	\$2,029.26	\$41.11
Cash Advances	26.65% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Manage your account
anywhere, anytime.

Pay your bill, set up alerts and more
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Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

300077

RESP'T APP 1883

ER 000196

RESP'T APP 1884

ER 000197





Payment Information

Payment Due Date **Feb. 06, 2019** For online and phone payments, the deadline is 8pm ET.

New Balance **\$126.29** Minimum Payment Due **\$25.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	6 Month(s)	\$135

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$523.82
Payments	- \$523.82
Other Credits	\$0.00
Transactions	+ \$126.29
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$126.29
Credit Limit	\$5,000.00
Available Credit (as of Jan. 09, 2019)	\$4,873.71
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Get the app designed to save time.
Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Feb. 06, 2019**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$126.29	\$25.00	\$ _____

1125004 01 AV 0.375 **AUTO TS 0 0109 92646-592962 -C01-P25157-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One
P.O. Box 60599

RESPT APP 1885



ER 000198

1 5178058436735743 09 0126290523820025006

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08

11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement with your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESPT APR 1886

ER 000199

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Dec 20	ELECTRONIC PAYMENT	- \$523.82
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Dec 19	WWW.CVS.COM888-607-4287RI	\$12.90
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Dec 21	Amazon.com*M29NO1PH2Amzn.com/billWA	\$15.90
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Dec 24	AMZN Mktp US*M21F48XE2Amzn.com/billWA	\$28.95
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Jan 3	CHRIS TUAN NGUYEN DDSFOUNTAIN VALLCA	\$50.00
-------	---	---------

Jan 6	VONS #3160HUNTINGTN BCHCA	\$18.54
-------	---------------------------	---------

EMILY C REED #0036: Total		\$126.29
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Total Transactions for This Period		\$126.29
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$0.00
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$0.00
---------------------------------------	---------------

Totals Year-to-Date

Total Fees charged	\$0.00
---------------------------	---------------

Total Interest charged	\$0.00
-------------------------------	---------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1887

ER 000200

RESP'T APP 1888

ER 000201



Payment Information

Payment Due Date
Mar. 06, 2019

For online and phone payments, the deadline is 8pm ET.

New Balance
\$495.08

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	2 Years	\$646

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$126.29
Payments	- \$126.29
Other Credits	- \$166.55
Transactions	+ \$661.63
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$495.08
Credit Limit	\$5,000.00
Available Credit (as of Feb. 09, 2019)	\$4,504.92
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Make a statement.
Go paperless.

Stop waiting for your bill to arrive in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

Account Notifications

i Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com. Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

3/6/19 \$495.08

Payment Due Date: **Mar. 06, 2019**

Account Ending in 5743

New Balance	Minimum Payment Due	Amount Enclosed
\$495.08	\$25.00	\$ _____

1123971 01 AV 0.380 **AUTO T8 0 0209 92646-592962 -C01-P24121-I

ALECIA A DRAPER
 20762 CRESTVIEW LN
 HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

400032

Capital One
 P.O. Box 60599
 Ft. Worth, TX 76169-0599
RESPT APP 1889

ER 000202

1 5178058436735743 09 0495080126290025001

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

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Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP/TA-AP-1890

ER 000203



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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EMILY C REED #0036: Credits

Date	Description	Amount
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Jan 31	SHIMANO AMERICAN COPR8667936547CA	- \$166.55
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
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Jan 23	ELECTRONIC PAYMENT	- \$126.29
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
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EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Jan 14	AMEN CLINICCOSTA MESACA	\$200.00
Jan 16	SHIMANO AMERICAN COPR8667936547CA	\$166.55
Jan 18	FIFE ENDODONTICSMISSION VIEJOCA	\$184.60
Jan 22	USPS PO 0535960452HUNTINGTON BECA	\$17.30
Jan 31	VONS #3160HUNTINGTN BCHCA	\$18.20
Feb 1	QDI*QUEST DIAGNOSTICS800-758-6047CA	\$24.52
Feb 4	RITE AID STORE - 5734COSTA MESACA	\$50.46

EMILY C REED #0036: Total		\$661.63
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Total Transactions for This Period	\$661.63
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Fees

Date	Description	Amount
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Total Fees for This Period	\$0.00
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Interest Charged

Interest Charge on Purchases	\$0.00
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Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
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Total Interest for This Period	\$0.00
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Transactions Continued

Totals Year-to-Date

Total Fees charged	\$0.00
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Total Interest charged	\$0.00
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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

300085

RESP'T APP 1891

ER 000204



RESP'T APP 1892

ER 000205

Payment Information

Payment Due Date
Apr. 06, 2019

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$619.93

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	3 Years	\$883

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$495.08
Payments	- \$495.08
Other Credits	- \$10.00
Transactions	+ \$629.93
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$619.93
Credit Limit	\$5,000.00
Available Credit (as of Mar. 09, 2019)	\$4,380.07
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

i Renewal Notice - Both sides of this page provide important information about your rate(s) and how your interest charge is calculated.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Apr. 06, 2019**

Account Ending in 5743

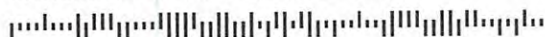
New Balance
\$619.93

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____

1122982 01 AV 0.380 **AUTO T2 0 0309 92646-592962 -C01-P23132-1

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



PD
8/2/19

Capital One
P.O. Box 60599
Phoenix, AZ 85060-0599
RESPT APP 1893

Thanks for using
less paper!

Now that you're paying your bill online or by phone, we'll no longer include a return envelope.

ER 000206

1 5178058436735743 09 0619930495080025006

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RES/TA/1894

ER 000207



Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Credits

Date	Description	Amount
------	-------------	--------

Feb 27	FIFE ENDODONTICSMISSION VIEJOCA	- \$10.00
--------	---------------------------------	-----------

ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Mar 6	ELECTRONIC PAYMENT	- \$495.08
-------	--------------------	------------

ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Feb 10	G&M #4HUNTINGTON BECA	\$37.50
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Feb 17	SHIMANO AMERICAN COPR8667936547CA	\$166.55
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Feb 18	AMEN CLINICCOSTA MESACA	\$200.00
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Feb 21	BUBBLES DOG GROOMING &HUNTINGTONCA	\$103.00
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Feb 22	MAHAR MANUFACTURING IN479-410-2211AR	\$101.88
--------	---	----------

Feb 26	ALKA LIVING WATERHUNTINGTN BCHCA	\$21.00
--------	----------------------------------	---------

EMILY C REED #0036: Total		\$629.93
----------------------------------	--	-----------------

Total Transactions for This Period		\$629.93
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$0.00
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period		\$0.00
---------------------------------------	--	---------------

Transactions Continued

Totals Year-to-Date

Total Fees charged	\$0.00
---------------------------	---------------

Total Interest charged	\$0.00
-------------------------------	---------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.

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Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1895

ER 000208

RESP'T APP 1896

ER 000209





Payment Information

Payment Due Date
May 06, 2019

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$217.20

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	10 Month(s)	\$242

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$619.93
Payments	- \$619.93
Other Credits	\$0.00
Transactions	+ \$217.20
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$217.20
Credit Limit	\$5,000.00
Available Credit (as of Apr. 09, 2019)	\$4,782.80
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Manage your account
anywhere, anytime.
Pay your bill, set up alerts and more
with the Capital One® mobile app.

300077

Text ONE to 80101 to download the app today. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com Customer Service: 1-800-903-3637 See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **May 06, 2019**

Account Ending in 5743

New Balance
\$217.20

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____

1122264 01 AV 0.380 **AUTO T6 0 0409 92646-592962 -C01-P22414-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

Capital One
P.O. Box 60599

RESPT APP 1897



ER 000210

1 5178058436735743 09 0217200619930025007

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging Interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.



Pay online at www.capitalone.com



Pay using our mobile app

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP. APP 1898

ER 000211

Any written requests on this form **will not be honored**. To manage your account, please refer to your billing statement for customer service options.

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Apr 3	ELECTRONIC PAYMENT	- \$619.93
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
------	-------------	--------

Mar 14	WAL-MART #5031TUCSONAZ	\$17.20
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Mar 20	AMEN CLINICCOSTA MESACA	\$200.00
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EMILY C REED #0036: Total		\$217.20
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Total Transactions for This Period		\$217.20
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Fees

Date	Description	Amount
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Total Fees for This Period		\$0.00
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Interest Charged

Interest Charge on Purchases	\$0.00
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$0.00
---------------------------------------	---------------

Totals Year-to-Date

Total Fees charged	\$0.00
---------------------------	---------------

Total Interest charged	\$0.00
-------------------------------	---------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00

P, L, D, F = Variable Rate. See reverse of page 1 for details.

300085



Protect your credit score.

Detect fraud with automatic alerts if your credit report changes with CreditWise®—built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1899

1121964-0263623-FC00000001 of 00000006-C01-b5-0509-22113



Payment Information

Payment Due Date
Jun. 06, 2019

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$815.80

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	5 Years	\$1,386
\$33	3 Years	\$1,170
Estimated savings if balance is paid off in about 3 years: \$216		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$217.20
Payments	- \$217.20
Other Credits	\$0.00
Transactions	+ \$815.80
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$815.80
Credit Limit	\$5,000.00
Available Credit (as of May 09, 2019)	\$4,184.20
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Make a statement.
Go paperless.

Stop waiting for your bill to arrive
in the mail and go paperless today.

Log in to your account to make the switch to paperless.

300083

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jun. 06, 2019**

Account Ending in 5743

New Balance
\$815.80

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____



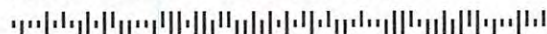
Thanks for using
less paper!

Now that you're paying your bill
online or by phone, we'll no longer
include a return envelope.

400032

1121964 01 AV 0.380 **AUTO T6 0 0509 92646-592962 -C01-P22113-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One
P.O. Box 60599
City of Industry, CA 91716-0599

RESP'T APP 1900

1 5178058436735743 09 0815800217200025004 **ER 000213**

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

- First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
- Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
- At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

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Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08

11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.



Pay online at www.capitalone.com



Pay using our mobile app

How do I Make Payments? You may make your payment in several ways:

- Online Banking by logging into your account;
- Capital One Mobile Banking app for approved electronic devices;
- Calling the telephone number listed on the front of this statement and providing the required payment information;
- Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited on the day we receive them.

RESPT APP 1901

Any written requests on this form **will not be honored**. To manage your account, please refer to your billing statement for customer service options.

ER 000214

Transactions

Visit www.capitalone.com to see detailed transactions.

ALECIA A DRAPER #5743: Payments, Credits and Adjustments

Date	Description	Amount
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ALECIA A DRAPER #7454: Payments, Credits and Adjustments

Date	Description	Amount
------	-------------	--------

Apr 30	ELECTRONIC PAYMENT	- \$217.20
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ALECIA A DRAPER #5743: Transactions

Date	Description	Amount
------	-------------	--------

EMILY C REED #0036: Transactions

Date	Description	Amount
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Apr 13	SPROUTS FARMERS MARKHUNTINGTON BECA	\$14.38
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Apr 15	VONS #3160HUNTINGTN BCHCA	\$26.43
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Apr 16	CORONA DEL MAR ANIMALCORONA DEL MACA	\$344.82
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Apr 23	AMEN CLINICCOSTA MESACA	\$200.00
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Apr 24	BUBBLES DOG GROOMING &HUNTINGTONCA	\$103.00
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May 7	CHEWY.COM800-672-4399FL	\$127.17
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EMILY C REED #0036: Total		\$815.80
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Total Transactions for This Period		\$815.80
---	--	-----------------

Fees

Date	Description	Amount
------	-------------	--------

Total Fees for This Period		\$0.00
-----------------------------------	--	---------------

Interest Charged

Interest Charge on Purchases	\$0.00
------------------------------	--------

Interest Charge on Cash Advances	\$0.00
----------------------------------	--------

Interest Charge on Other Balances	\$0.00
-----------------------------------	--------

Total Interest for This Period	\$0.00
---------------------------------------	---------------

Totals Year-to-Date

Total Fees charged	\$0.00
---------------------------	---------------

Total Interest charged	\$0.00
-------------------------------	---------------

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details.



Get the app designed to save time.
 Effortlessly manage your account on the go with the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

RESP'T APP 1902

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ER 000216





Payment Information

Payment Due Date
Jul. 06, 2019

For online and phone payments,
the deadline is 8pm ET.

New Balance
\$200.00

Minimum Payment Due
\$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$38.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	9 Month(s)	\$221

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$815.80
Payments	- \$815.80
Other Credits	\$0.00
Transactions	+ \$200.00
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$200.00
Credit Limit	\$5,000.00
Available Credit (as of Jun. 09, 2019)	\$4,800.00
Cash Advance Credit Limit	\$3,000.00
Available Credit for Cash Advances	\$3,000.00



Stay on top of your credit score.

Monitor your credit score with CreditWise® built right into the Capital One® mobile app.

Text ONE to 80101 to download the app. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account on our mobile app or at www.capitalone.com.

Customer Service: 1-800-903-3637

See reverse for Important Information



Please send us this portion of your statement and only one check (or one money order) to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Payment Due Date: **Jul. 06, 2019**

Account Ending in 5743

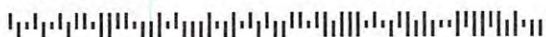
New Balance
\$200.00

Minimum Payment Due
\$25.00

Amount Enclosed
\$ _____

1121277 01 AV 0.380 **AUTO T7 0 0609 92646-592962 -C01-P21426-I

ALECIA A DRAPER
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929



Capital One
P.O. Box 60599

RES'T APP 1904

ER 000217

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300084

400032

How can I Avoid Paying Interest Charges? If you pay your statement's New Balance in full by the due date, we will not charge you interest on any new transactions that post to the purchase segment. If you have been paying your account in full with no Interest Charges, but then you do not pay your next New Balance in full, we will charge interest on the portion of the balance that you did not pay. For Cash Advances and Special Transfers, we will start charging interest on the transaction date. Certain promotional offers may allow you to pay less than the total New Balance and avoid paying Interest Charges on new purchases. Please refer to the front of your statement for additional information.

How is the Interest Charge applied? Interest Charges accrue from the date of the transaction or the first day of the Billing Cycle. Interest Charges accrue on every unpaid amount until it is paid in full. This means you may owe Interest Charges even if you pay the entire New Balance for one Billing Cycle, but did not do so the previous Billing Cycle. Unpaid Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.50 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.
2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.
3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can my Variable APR change? Your APRs may increase or decrease based on one of the following indices (reported in *The Wall Street Journal*). The letter code below corresponds with the letter next to your APRs in the Interest Charge Calculation section of this statement.

Code next to your APR(s)	How do we calculate your APR(s)? Index + margin	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July, and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle.
F	1 month LIBOR + margin	

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Capital One, P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08
11/01/16

Changing Mailing Address?

You can change your address by signing into your account online or calling Customer Service.



Pay online at www.capitalone.com



Pay using our mobile app

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- For mobile, online or over the phone, as of the business day we receive it, as long as it is made by 8 p.m. ET.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

RESP F APR 1905


Any written requests on this form **will not be honored**. To manage your account, please refer to your billing statement for customer service options.

ER 000218

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Transactions		
Visit www.capitalone.com to see detailed transactions.		
ALECIA A DRAPER #5743: Payments, Credits and Adjustments		
Date	Description	Amount
ALECIA A DRAPER #7454: Payments, Credits and Adjustments		
Date	Description	Amount
Jun 4	ELECTRONIC PAYMENT	- \$815.80
ALECIA A DRAPER #5743: Transactions		
Date	Description	Amount
EMILY C REED #0036: Transactions		
Date	Description	Amount
May 22	AMEN CLINICCOSTA MESACA	\$200.00
EMILY C REED #0036: Total		\$200.00
Total Transactions for This Period		\$200.00
Fees		
Date	Description	Amount
Total Fees for This Period		\$0.00
Interest Charged		
Interest Charge on Purchases		\$0.00
Interest Charge on Cash Advances		\$0.00
Interest Charge on Other Balances		\$0.00
Total Interest for This Period		\$0.00
Totals Year-to-Date		
Total Fees charged		\$0.00
Total Interest charged		\$0.00



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300077

Interest Charge Calculation			
Your Annual Percentage Rate (APR) is the annual interest rate on your account.			
Type of Balance	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	25.15% P	\$0.00	\$0.00
Cash Advances	27.15% P	\$0.00	\$0.00
P,L,D,F = Variable Rate. See reverse of page 1 for details.			

RESP'T APP 1906

ER 000219

RESP'T APP 1907

ER 000220



EXHIBIT 53

EXHIBIT 53

EXHIBIT 53
RESP'T APP 1908



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount						
May 27 2017	GOJUMP OCEANSIDE 000000001 - OCEANSIDE, CA	Alecia Draper	\$76.88						
Doing Business As: GOJUMP OCEANSIDE 480 AIRPORT RD OCEANSIDE CA 92058-1205 UNITED STATES Additional Information: 7608458200 Reference: 320171480047215412 Category: Entertainment-Other Entertainment		Transaction Details REFER TO RECEIPT							
Jun 02 2017	SEARS ROEBUCK 07108 144SEARS ROEBUC - ONTARIO, CA	Alecia Draper	\$216.19						
Doing Business As: SEARS ROEBUCK 11385 VNTURE DR BLDG A MIRA LOMA CA 91752-3285 UNITED STATES Additional Information: _ Reference: 320171540132352636 Category: Merchandise & Supplies-Department Stores		Transaction Details <table><tr><td>Description</td><td>Price</td></tr><tr><td>PARTS OVER THE CO</td><td>\$38.23</td></tr><tr><td>GENERAL MERCHANDISE</td><td>\$175.00</td></tr></table>		Description	Price	PARTS OVER THE CO	\$38.23	GENERAL MERCHANDISE	\$175.00
Description	Price								
PARTS OVER THE CO	\$38.23								
GENERAL MERCHANDISE	\$175.00								
Jun 09 2017	WOODY'S DINER - HUNTINGTON BEACH, CA	Alecia Draper	\$25.40						
Doing Business As: WOODY'S DINER 10136 ADAMS AVE HUNTINGTON BEACH CA 92646-4907 UNITED STATES Reference: 320171610233449041 Category: Restaurant-Restaurant		Transaction Details <table><tr><td>FOOD/BEVERAGE</td><td>\$20.40</td></tr><tr><td>TIP</td><td>\$5.00</td></tr></table>		FOOD/BEVERAGE	\$20.40	TIP	\$5.00		
FOOD/BEVERAGE	\$20.40								
TIP	\$5.00								
Jun 13 2017	CHEVRON 0201095/CHEVRON - IRVINE, CA	Alecia Draper	\$36.80						
Doing Business As: CHEVRON 6001 BOLLINGER CANYON RD - SAN RAMON CA 94583 UNITED STATES Additional Information: SERVICE STN Reference: 320171650301163789 Category: Transportation-Fuel		Transaction Details CHEVRON TAX							
Jun 13 2017	STAPLES 01350 - IRVINE, CA	Alecia Draper	\$41.60						
Doing Business As: STAPLES 2160 BARRANCA PARK WAY - IRVINE CA 92606 UNITED STATES Additional Information: 01350000581945 92606 X BW SS LTR Reference: 320171650295675837 Category: Business Services-Office Supplies									
Jun 14 2017	PANERA BREAD - HUNTINGTON BEACH, CA	Alecia Draper	\$18.92						
Doing Business As: Panera Bread 19461 MAIN ST, HUNTINGTON BEACH CA 92648 UNITED STATES Additional Information: 5626685097 Reference: 320171660313951518 Category: Restaurant-Bar & Café									
Jun 16 2017	SMARTNFINAL423504231 92910504231 - HUNTINGTON BE, CA	Alecia Draper	\$185.62						
Doing Business As: SMART & FINAL 423 9062 ADAMS AVE HUNTINGTON BEACH CA 92646-3402 UNITED STATES Additional Information: 000-0000000 Reference: 320171680343788093 Category: Merchandise & Supplies-Groceries		Transaction Details <table><tr><td>Description</td><td>Price</td></tr><tr><td>MERCHANDISE</td><td>\$185.62</td></tr></table>		Description	Price	MERCHANDISE	\$185.62		
Description	Price								
MERCHANDISE	\$185.62								
Jun 19 2017	JOANN FABRIC #1447 0000 - HUNTINGTON BE, CA	Alecia Draper	\$17.13						
Doing Business As: JOANN STORES #1447 9901 ADAMS AVE - HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: SEWING & FABRIC STORE Reference: 320171710391258600 Category: Merchandise & Supplies-Arts & Jewelry		Transaction Details SEWING NEEDLEWORK							
Jun 19 2017	JOANN FABRIC #1447 0000 - HUNTINGTON BE, CA	Alecia Draper	\$40.78						
Doing Business As: JOANN STORES #1447 9901 ADAMS AVE - HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: SEWING & FABRIC STORE Reference: 320171710391503415 Category: Merchandise & Supplies-Arts & Jewelry		Transaction Details SEWING NEEDLEWORK							

RESP'T APP 1909

ER 000221



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Jun 19 2017	JOANN FABRIC #1447 1447 - HUNTINGTON BE, CA	Alecia Draper	-\$24.06
Doing Business As: JOANN STORES #1447		Credit Details	
9901 ADAMS AVE - HUNTINGTON BEACH CA 92646 UNITED STATES		You received a credit for \$24.06	
Reference: 320171710392209083			
Category: Merchandise & Supplies-Arts & Jewelry			
Jul 08 2017	GOSQ.COM DANIELLE HADLAND - Laguna Niguel, CA	Alecia Draper	\$184.00
Doing Business As: DANIELLE IDRIS HAIR			
- LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE)			
Additional Information: squareup.com/receipts			
Reference: 320171890647682182			
Category: Business Services-Other Services			
Jul 14 2017	MIRAGE - ADVANCE DEPOSIT - LAS VEGAS, NV	Alecia Draper	\$457.77
Doing Business As: MIRAGE HOTEL ADV DEP		Itinerary Details	
3400 LAS VEGAS BLVD S - LAS VEGAS NV 89109 UNITED STATES		Arrival	
Reference: 320171970773211239		07/18/17	
Category: Travel-Lodging		Departure	
		07/20/17	
		00000000	
		LODGING	
Jul 18 2017	BRENNAN LAW FIRM OP 899000002610150 - LAS VEGAS, NV	Alecia Draper	\$3,550.00
Doing Business As: BRENNAN LAW FIRM OP			
7455 ARROYO CROSSING PKWY LAS VEGAS NV 89113 UNITED STATES			
Additional Information: EBRENNANATTORNEY@GMAIL.CO			
Reference: 320172000811891357			
Category: Business Services-Legal Services			
Jul 18 2017	CORNER BAKERY CAFE - ANAHEIM, CA	Alecia Draper	\$32.81
Doing Business As: Corner Bakery Cafe		Transaction Details	
5747 E SANTA ANA CANYON RD ANAHEIM CA 92807-3229 UNITED STATES		FOOD/BEVERAGE	
Additional Information: 714-685-6970			
Reference: 320172000821052755			
Category: Restaurant-Bar & Café			
Jul 19 2017	MIRAGE TICKETING EXADIGM - LAS VEGAS, NV	Alecia Draper	-\$110.00
Doing Business As: MIRAGE TICKETING EXADIGM		Credit Details	
3400 LAS VEGAS BLVD S LAS VEGAS NV 89109-8923 UNITED STATES		You received a credit for \$110.00	
Reference: 320172030871183543			
Category: Entertainment-Theatrical Events			
Jul 19 2017	MIRAGE TICKETING EXADIGM - LAS VEGAS, NV	Alecia Draper	\$110.00
Doing Business As: MIRAGE TICKETING EXADIGM			
3400 LAS VEGAS BLVD S LAS VEGAS NV 89109-8923 UNITED STATES			
Additional Information: 855-275-5733			
Reference: 320172030869756943			
Category: Entertainment-Theatrical Events			
Jul 20 2017	KONA GRILL LAS VEGAS 084870020068323 - LAS VEGAS, NV	Alecia Draper	\$190.35
Doing Business As: KONA GRILL			
3200 S LAS VEGAS BLVD, STE 1260 LAS VEGAS NV 89109 UNITED STATES			
Additional Information: 7028502980			
Reference: 320172050887224707			
Category: Restaurant-Restaurant			

RESP'T APP 1910

ER 000222



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Jul 20 2017	MIRAGE THE HOTEL & CASINO - LAS VEGAS, NV	Alecia Draper	\$767.02
Doing Business As: THE MIRAGE HOTEL & CASINO 3400 LAS VEGAS BLVD S - LAS VEGAS NV 89109 UNITED STATES Reference: 320172020845001611 Category: Travel-Lodging		Itinerary Details Arrival 07/18/17 Departure 07/20/17 00000000 LODGING	
Jul 20 2017	STRATOSPHERE SKY JUMP - LAS VEGAS, NV	Alecia Draper	\$272.46
Doing Business As: SKY JUMP 2000 LAS VEGAS BLVD S LAS VEGAS NV 89104-2597 UNITED STATES Additional Information: 1469315954 89104 OTHER Reference: 320172020843457657 Category: Travel-Lodging			
Jul 24 2017	RELIABLE MOBILESCREEN CO 0002 - SANTA ANA, CA	Alecia Draper	\$96.98
Doing Business As: RELIABLE MOBILESCREEN CO 1560 E. Edinger ave SANTA ANA CA 92705 UNITED STATES Additional Information: 714-568-5334 Reference: 320172060908687795 Category: Merchandise & Supplies-General Retail		Transaction Details GENERAL MERCHANDISE	
Jul 27 2017	LA CAPILLA RESTAURANT - HUNTINGTON BEACH, CA	Alecia Draper	\$103.27
Doing Business As: LA CAPILLA MEXICAN RESTAURANT 807 ADAMS AVE HUNTINGTON BEACH CA 92648-3213 UNITED STATES Reference: 320172080935716764 Category: Restaurant-Restaurant		Transaction Details TIP \$12.00	
Aug 01 2017	LA CAPILLA RESTAURANT - HUNTINGTON BEACH, CA	Alecia Draper	\$29.58
Doing Business As: LA CAPILLA MEXICAN RESTAURANT 807 ADAMS AVE HUNTINGTON BEACH CA 92648-3213 UNITED STATES Reference: 320172140024833036 Category: Restaurant-Restaurant		Transaction Details TIP \$5.00	
Aug 13 2017	CLAIM JUMPER FOUNTAINV 0031 - FOUNTAIN VALL, CA	Alecia Draper	\$73.13
Doing Business As: CLAIM JUMPER 18050 BROOKHURST ST FOUNTAIN VALLEY CA 92708-6739 UNITED STATES Additional Information: 714-963-6711 Reference: 320172260214650517 Category: Restaurant-Restaurant		Transaction Details FOOD/BEVERAGE	
Aug 17 2017	JERSEY MIKE'S SUBS 20094 0000 - HUNTINGTON BE, CA	Alecia Draper	\$23.92
Doing Business As: Jersey Mike's Subs 21004 BEACH BLVD HUNTINGTON BEACH CA 92648-5402 UNITED STATES Additional Information: 714-969-9700 Reference: 320172300278456990 Category: Restaurant-Bar & Café		Transaction Details FAST FOOD RESTAURAN	
Aug 21 2017	MATTRESS USA INC 0404 - BRIGHTON, MI	Alecia Draper	\$1,283.00
Doing Business As: US MATTRESS 35799 INDUSTRIAL RD LIVONIA MI 48150-1235 UNITED STATES Additional Information: 800-455-1052 Reference: 320172340334496690 Category: Merchandise & Supplies-Furnishing		Transaction Details BED/BATH/LINEN	

RESP'T APP 1911

ER 000223



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Aug 22 2017	GOSQ.COM DANIELLE HADLAND - Laguna Niguel, CA	Alecia Draper	\$180.00
Doing Business As: DANIELLE IDRIS HAIR - LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE) Additional Information: squareup.com/receipts Reference: 320172340328447614 Category: Business Services-Other Services			
Aug 23 2017	CLEAN PLUMBING - Huntington Beach, CA	Alecia Draper	\$200.00
Doing Business As: CLEAN PLUMBING 226 20TH.ST. HUNTINGTON BEACH CA 92648 UNITED STATES OF AMERICA (THE) Additional Information: squareup.com/receipts Reference: 320172350344784842 Category: Business Services-Other Services			
Sep 08 2017	MIMI'S CAFE - FOUNTAIN VALLEY, CA	Alecia Draper	\$48.77
Doing Business As: Mimi's Cafe 18461 BROOKHURST ST FOUNTAIN VALLEY CA 92708-6705 UNITED STATES Additional Information: 8665664647 Reference: 320172520602167069 Category: Restaurant-Restaurant			
		Transaction Details	
		Description	Price
		RESTAURANTS	\$48.77
Sep 17 2017	MIRAGE - OTORO - LAS VEGAS, NV	Alecia Draper	\$577.52
Doing Business As: MIRAGE JAPONAIS 3400 S LAS VEGAS BLVD LAS VEGAS NV 89109 UNITED STATES Additional Information: 17AA61A6-209A-47F89109 RESTAURANT Reference: 320172610731114966 Category: Restaurant-Restaurant			
Sep 19 2017	MIRAGE THE HOTEL & CASINO - LAS VEGAS, NV	Alecia Draper	\$736.87
Doing Business As: THE MIRAGE HOTEL & CASINO 3400 LAS VEGAS BLVD S - LAS VEGAS NV 89109 UNITED STATES Reference: 320172630759945331 Category: Travel-Lodging			
		Itinerary Details	
		Arrival	
		09/16/17	
		Departure	
		09/19/17	
		00000000	
		LODGING	
Sep 25 2017	STATERBROS147 542929800851479 - HUNTINGTON BE, CA	Alecia Draper	\$52.47
Doing Business As: Stater Bros. Markets 10114 ADAMS AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: 7149630949 Reference: 320172690855378451 Category: Merchandise & Supplies-Groceries			
		Transaction Details	
		Description	Price
		GROCERY STORES, SUP	\$52.47
Sep 27 2017	MATTRESS USA INC 0404 - BRIGHTON, MI	Alecia Draper	\$139.00
Doing Business As: US MATTRESS 35799 INDUSTRIAL RD LIVONIA MI 48150-1235 UNITED STATES Additional Information: 800-455-1052 Reference: 320172710882194885 Category: Merchandise & Supplies-Furnishing			
		Transaction Details	
		BED/BATH/LINEN	
Sep 30 2017	TARJOMAN CHIROPRACTIC INC. - LAGUNA HILLS, CA	Alecia Draper	\$80.00
Doing Business As: TARJOMAN CHIROPRACTIC 23412 MOULTON PKWY STE 130 ALISO VIEJO CA 92653 UNITED STATES OF AMERICA (THE) Additional Information: 9498298871 Reference: 320172730919137023 Category: Business Services-Health Care Services			
		Transaction Details	
		MISC. PRODUCTS	

RESP'T APP 1912

ER 000224



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Oct 02 2017	GOSQ.COM DANIELLE HADLAND - Laguna Niguel, CA	Alecia Draper	\$210.00
Doing Business As: DANIELLE IDRIS HAIR - LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE) Additional Information: squareup.com/receipts Reference: 320172750936828350 Category: Business Services-Other Services			
Oct 06 2017	STATERBROS147 542929800851479 - HUNTINGTON BE, CA	Alecia Draper	\$130.55
Doing Business As: Stater Bros. Markets 10114 ADAMS AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: 7149630949 Reference: 320172800021285672 Category: Merchandise & Supplies-Groceries			
		Transaction Details	
		Description	Price
		GROCERY STORES, SUP	\$130.55
Oct 09 2017	Amazon Prime - Amazon.com, WA	Alecia Draper	\$11.84
Doing Business As: AMAZON US PRIME 410 TERRY AVE N - SEATTLE WA 98109 UNITED STATES Additional Information: SHIPPINGCLUB Reference: 320172820049672165 Category: Merchandise & Supplies-Mail Order			
Oct 09 2017	TARJOMAN CHIROPRACTIC INC. - LAGUNA HILLS, CA	Alecia Draper	\$80.00
Doing Business As: TARJOMAN CHIROPRACTIC 23412 MOULTON PKWY STE 130 ALISO VIEJO CA 92653 UNITED STATES OF AMERICA (THE) Additional Information: 9498298871 Reference: 320172830068514954 Category: Business Services-Health Care Services			
		Transaction Details	
		MISC. PRODUCTS	
Oct 13 2017	TARJOMAN CHIROPRACTIC INC. - LAGUNA HILLS, CA	Alecia Draper	\$115.00
Doing Business As: TARJOMAN CHIROPRACTIC 23412 MOULTON PKWY STE 130 ALISO VIEJO CA 92653 UNITED STATES OF AMERICA (THE) Additional Information: 9498298871 Reference: 320172870130550720 Category: Business Services-Health Care Services			
		Transaction Details	
		MISC. PRODUCTS	
Oct 17 2017	PANINI KABOB GRILL 542929806021168 - SANTA ANA, CA	Alecia Draper	\$64.84
Doing Business As: Panini Cafe Mainplace 2800 N MAIN ST STE 1180 SANTA ANA CA 92705 UNITED STATES Additional Information: 000039242 9497881620 Reference: 320172910185784827 Category: Restaurant-Restaurant			
		Transaction Details	
		TIP	\$8.00
Oct 27 2017	STARBUCKS STORE 0870 - HUNTINGTON BEACH, CA	Alecia Draper	\$8.20
Doing Business As: Starbucks 10001 ADAMS AVE - HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: FAST FOOD RESTAURANT Reference: 320173010333292706 Category: Restaurant-Bar & Café			
		Transaction Details	
Oct 27 2017	WAL-MART SUPERCENTER 5930 5930 - ANAHEIM, CA	Alecia Draper	\$24.33
Doing Business As: WALMART SUPERCENTER 88 E ORANGETHORPE AVE ANAHEIM CA 92801 UNITED STATES Additional Information: DISCOUNT STORE Reference: 320173000316452958 Category: Merchandise & Supplies-Wholesale Stores			
		Transaction Details	
Nov 06 2017	WWW.ITUNES.COM/BILL - CUPERTINO, CA	Alecia Draper	\$16.99
Doing Business As: ITUNES.COM/BILL One Apple Park Way Cupertino CA 95014 UNITED STATES Additional Information: DIRECT MKTG INTERNET Reference: 320173110482941203 Category: Merchandise & Supplies-Internet Purchase			
		Transaction Details	

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ER 000225



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Nov 09 2017	Amazon Prime - Amazon.com, WA	Alecia Draper	\$11.84
Doing Business As: AMAZON US PRIME 410 TERRY AVE N - SEATTLE WA 98109 UNITED STATES Additional Information: SHIPPINGCLUB Reference: 320173130517815720 Category: Merchandise & Supplies-Mail Order		Transaction Details	
Nov 13 2017	EUROPEAN WAX CENTER HUN 000000001 - HUNTINGTN BCH, CA	Alecia Draper	\$121.50
Doing Business As: European Wax Center Huntingt 7881 EDINGER AVE STE 112 SUITE 112 HUNTINGTN BCH CA 92647-7641 UNITED STATES OF AMERICA (THE) Additional Information: 8669884929 Reference: 320173180593162354 Category: Entertainment-Associations		Transaction Details	
Nov 16 2017	GOSQ.COM DANIELLE HADLAND - Laguna Niguel, CA	Alecia Draper	\$166.75
Doing Business As: DANIELLE IDRIS HAIR - LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE) Additional Information: squareup.com/receipts Reference: 320173200633254995 Category: Business Services-Other Services		Transaction Details	
Nov 17 2017	TACO SURF SURFSIDE 641906204000836 - SURFSIDE, CA	Alecia Draper	\$21.00
Doing Business As: TACO SURF SURFSIDE 16281 PACIFIC COAST HWY SURFSIDE CA 90743-0000 UNITED STATES Additional Information: (562)592-2290 Reference: 320173220654863671 Category: Restaurant-Restaurant		Transaction Details	
Nov 17 2017	TACO SURF SURFSIDE 641906204000836 - SURFSIDE, CA	Alecia Draper	\$66.00
Doing Business As: TACO SURF SURFSIDE 16281 PACIFIC COAST HWY SURFSIDE CA 90743-0000 UNITED STATES Additional Information: (562)592-2290 Reference: 320173220654863702 Category: Restaurant-Restaurant		Transaction Details	
Nov 20 2017	TARGET HUNTINGTON BEACH EAST 2051 - HUNTINGTON BEACH, CA	Alecia Draper	\$369.85
Doing Business As: Target 9882 ADAMS AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: DISCOUNT STORE Reference: 320173240686798951 Category: Merchandise & Supplies-Wholesale Stores		Transaction Details	
Nov 27 2017	SHABU ON FIRE 000000001 - HUNTINGTON BE, CA	Alecia Draper	\$101.22
Doing Business As: SHABU ON FIRE 301 MAIN ST, STE 110 HUNTINGTON BEACH CA 92648-5170 UNITED STATES Additional Information: 8188023547 Reference: 320173320812282124 Category: Restaurant-Restaurant		Transaction Details REFER TO RECEIPT	
Dec 09 2017	Amazon Prime - Amazon.com, WA	Alecia Draper	\$11.84
Doing Business As: AMAZON US PRIME 410 TERRY AVE N - SEATTLE WA 98109 UNITED STATES Additional Information: SHIPPINGCLUB Reference: 320173430006986836 Category: Merchandise & Supplies-Mail Order		Transaction Details	
Dec 10 2017	RENEWAL MEMBERSHIP FEE	Alecia Draper	\$30.00
Reference: 320173443026232857 Category: Fees & Adjustments-Fees & Adjustments			

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ER 000226



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Dec 13 2017	EUROPEAN WAX CENTER HUN 000000001 - HUNTINGTN BCH, CA	Alecia Draper	\$121.50
Doing Business As: European Wax Center Huntingt 7881 EDINGER AVE STE 112 SUITE 112 HUNTINGTN BCH CA 92647-7641 UNITED STATES OF AMERICA (THE) Additional Information: 8669884929 Reference: 320173480090626992 Category: Entertainment-Associations		Transaction Details	
Dec 13 2017	WALGREENS - HUNTINGTON BEACH, CA	Alecia Draper	\$176.18
Doing Business As: WALGREENS 19051 BEACH BLVD HUNTINGTN BCH CA 92648-2305 UNITED STATES Additional Information: 8002892273 Reference: 320173480091094300 Category: Merchandise & Supplies-Pharmacies		Transaction Details DescriptionPrice PHARMACIES\$176.18	
Dec 15 2017	REI #88 HUNTINGTON B - HUNTINGTON BE, CA	Alecia Draper	\$113.14
Doing Business As: REI 88 7777 EDINGER AVE STE 138 HUNTINGTON BEACH CA 92647-8689 UNITED STATES Additional Information: SPORTING GOODS STORE Reference: 320173500126317309 Category: Merchandise & Supplies-Sporting Goods Stores		Transaction Details	
Dec 22 2017	FOREIGN TRANSACTION FEE	Alecia Draper	\$0.46
Additional Information: HOTEL WELK CABO \$17.12 Reference: 820173580270276250 Category: Fees & Adjustments-Fees & Adjustments			
Dec 22 2017	FOREIGN TRANSACTION FEE	Alecia Draper	\$0.46
Additional Information: HOTEL WELK CABO \$17.12 Reference: 820173580270276249 Category: Fees & Adjustments-Fees & Adjustments			
Dec 22 2017	FOREIGN TRANSACTION FEE	Alecia Draper	\$0.65
Additional Information: HOTEL WELK CABO \$24.44 Reference: 820173580270276248 Category: Fees & Adjustments-Fees & Adjustments			
Dec 22 2017	HOTEL WELK CABO - LOS CABOS, ME	Alecia Draper	\$17.12
Doing Business As: WELK RESORTS SIRENA DEL MAR Foreign Spend Amount: 332.82 MEXICAN PESO CARRETERA TRANSPENINSULAR KM 4.5 FRACCIONAMIENTO CABO BELLO CABO SAN LUCAS 23450 MEXICO Additional Information: 624-163-4600 Reference: 320173580270276250 Category: Travel-Lodging		Transaction Details	
Dec 22 2017	HOTEL WELK CABO - LOS CABOS, ME	Alecia Draper	\$17.12
Doing Business As: WELK RESORTS SIRENA DEL MAR Foreign Spend Amount: 332.82 MEXICAN PESO CARRETERA TRANSPENINSULAR KM 4.5 FRACCIONAMIENTO CABO BELLO CABO SAN LUCAS 23450 MEXICO Additional Information: 624-163-4600 Reference: 320173580270276249 Category: Travel-Lodging		Transaction Details	
Dec 22 2017	HOTEL WELK CABO - LOS CABOS, ME	Alecia Draper	\$24.44
Doing Business As: WELK RESORTS SIRENA DEL MAR Foreign Spend Amount: 475.02 MEXICAN PESO CARRETERA TRANSPENINSULAR KM 4.5 FRACCIONAMIENTO CABO BELLO CABO SAN LUCAS 23450 MEXICO Additional Information: 624-163-4600 Reference: 320173580270276248 Category: Travel-Lodging		Transaction Details	

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ER 000227



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Dec 29 2017	GOSQ.COM DANIELLE HADLAND - Laguna Niguel, CA	Alecia Draper	\$201.25
Doing Business As: DANIELLE IDRIS HAIR		Transaction Details	
- LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE)			
Additional Information: squareup.com/receipts			
Reference: 320173630331748027			
Category: Business Services-Other Services			
Dec 31 2017	EXXONMOBIL 9762 - HUNTINGTON BE, CA	Alecia Draper	\$12.15
Doing Business As: EXXONMOBIL INSIDE SALES			
CUST SVC 1 800 243-9966 - KANSAS CITY MO 64141 UNITED STATES			
Additional Information: 00277262 92649			
General Health & Beauty Ca			
Reference: 320180020392400053			
Category: Transportation-Fuel			
Jan 03 2018	WORLD PLUS CONSIGNMENT3 0823 - FOUNTAIN VALL, CA	Alecia Draper	\$1,208.21
Doing Business As: WORLD PLUS CONSIGNMENT		Transaction Details	
18319 EUCLID ST FOUNTAIN VALLEY CA 92708 UNITED STATES		FURNITURE/LAMP/LIGH	
Additional Information: 714-444-0888			
Reference: 320180040422033810			
Category: Merchandise & Supplies-Furnishing			
Jan 04 2018	ATD 41 HUNTINGTON 542929806441259 - HUNTINGTON BE, CA	Alecia Draper	\$207.98
Doing Business As: AMERICAN TIRE DEPOT		Transaction Details	
7351 AUTOPARK DR HUNTINGTON BEACH CA 92648 UNITED STATES		Description	Price
Additional Information: 7148482275		AUTOMOTIVE TIRE STO	\$207.98
Reference: 32018005043832529			
Category: Transportation-Auto Services			
Jan 07 2018	MACYS WESTMINSTER 000000525 - WESTMINSTER, CA	Alecia Draper	\$222.93
Doing Business As: MACY'S		Transaction Details	
300 WESTMINSTER MALL WESTMINSTER CA 92683 UNITED STATES		Description	Price
Additional Information: 6785144599		FL WOMENS ATHLETIC	\$94.99
Reference: 320180080478242889		FL WOMENS NIKE RUNN	\$110.00
Category: Merchandise & Supplies-Department Stores			
Jan 07 2018	TARGET - WESTMINSTER, CA	Alecia Draper	\$137.02
Doing Business As: Target		Transaction Details	
200 WESTMINSTER MALL WESTMINSTER CA 92683 UNITED STATES			
Additional Information: DISCOUNT STORE			
Reference: 320180070461107364			
Category: Merchandise & Supplies-Wholesale Stores			
Jan 09 2018	Amazon Prime - Amazon.com, WA	Alecia Draper	\$11.84
Doing Business As: AMAZON US PRIME		Transaction Details	
410 TERRY AVE N - SEATTLE WA 98109 UNITED STATES			
Additional Information: SHIPPINGCLUB			
Reference: 320180090494511282			
Category: Merchandise & Supplies-Mail Order			
Jan 09 2018	ROMANOS 1148 0000 - IRVINE, CA	Alecia Draper	\$51.02
Doing Business As: Romano's Macaroni Grill		Transaction Details	
13652 JAMBOREE RD - IRVINE CA 92602 UNITED STATES		FOOD/BEVERAGE	
Additional Information: 714-508-7990			
Reference: 320180100507021867			
Category: Restaurant-Restaurant			
Jan 10 2018	VONS Store 3160 - HUNTINGTON BE, CA	Alecia Draper	\$82.63
Doing Business As: Vons		Transaction Details	
8891 ATLANTA AVE HUNTINGTON BEACH CA 92646 UNITED STATES			
Additional Information: GROCERY STORE			
Reference: 320180110522440135			
Category: Merchandise & Supplies-Groceries			

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ER 000228



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Jan 12 2018	TUMBLEWEEDS BAR GRILL TUMBLEWEEDS BAR - HUNTINGTN BCH, CA	Alecia Draper	\$76.75
Doing Business As: TUMBLEWEEDS BAR & GRILL 21094 BEACH BLVD HUNTINGTON BEACH CA 92648-5402 UNITED STATES Additional Information: 714-960-2776 Reference: 320180120537721317 Category: Restaurant-Restaurant		Transaction Details	
Jan 13 2018	EUROPEAN WAX CENTER HUN 000000001 - HUNTINGTN BCH, CA	Alecia Draper	\$121.50
Doing Business As: European Wax Center Huntingt 7881 EDINGER AVE STE 112 SUITE 112 HUNTINGTN BCH CA 92647-7641 UNITED STATES OF AMERICA (THE) Additional Information: 8669884929 Reference: 320180140568291411 Category: Entertainment-Associations		Transaction Details	
Jan 14 2018	CARTER'S - HUNTINGTON, CA	Alecia Draper	\$36.94
Doing Business As: Carter's 7881 EDINGER AVE - HUNTINGTON BEACH CA 92647-7639 UNITED STATES Additional Information: 8887829548 Reference: 320180150582105518 Category: Merchandise & Supplies-Clothing Stores		Transaction Details DescriptionPrice CHILDRENS STORE\$36.94	
Jan 18 2018	RALPHS - FOUNTAIN VALLEY, CA	Alecia Draper	\$206.87
Doing Business As: RALPHS 18405 BROOKHURST ST FOUNTAIN VALLEY CA 92708 UNITED STATES Additional Information: 8884373496 Reference: 320180190646311784 Category: Merchandise & Supplies-Groceries		Transaction Details DescriptionPrice GROCERY STORES\$206.87	
Jan 19 2018	VONS Store 3160 - HUNTINGTON BE, CA	Alecia Draper	\$48.46
Doing Business As: Vons 8891 ATLANTA AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: GROCERY STORE Reference: 320180200656213652 Category: Merchandise & Supplies-Groceries		Transaction Details	
Jan 22 2018	SUSHI ON FIRE - 1 000000001 - HUNTINGTON BE, CA	Alecia Draper	\$92.35
Doing Business As: SUSHI ON FIRE 301 MAIN ST, STE 103 HUNTINGTON BEACH CA 92648-5170 UNITED STATES Additional Information: 8188023547 Reference: 320180230699413422 Category: Restaurant-Restaurant		Transaction Details REFER TO RECEIPT	
Jan 26 2018	DELTA AIR LINES - ATLANTA	Alecia Draper	\$188.60
Doing Business As: DELTA AIR LINES 1030 DELTA BLVD DEPT 680 ATLANTA GA 30354 UNITED STATES Additional Information: DELTA AIR LINES Reference: 320180260747685502 Category: Travel-Airline		Flight Details <div><div>LOS ANGELES INTERN</div><div></div><div>DALLAS/FORT WORTH</div></div> <div><div>DALLAS/FORT WORTH</div><div></div><div>LOS ANGELES INTERN</div></div> <div>Passenger Name: DRAPER/ALECIA ANN Date of Departure: 02/03 Ticket Number: 00621916588856 Document Type: PASSENGER TICKET</div>	
Jan 26 2018	HUDSON GREENS & GOODS HUDSON GREENS & - NAPA, CA	Alecia Draper	\$7.99
Doing Business As: HUDSON GREENS & GOODS 610 1ST ST 18 NAPA CA 94559-0000 UNITED STATES Additional Information: GROCERY STORE Reference: 320180280772463250 Category: Merchandise & Supplies-Groceries		Transaction Details	

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ER 000229



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Jan 26 2018	KARA'S CUPCAKES-NAPA 0000 - NAPA, CA	Alecia Draper	\$5.00
Doing Business As: KARA'S CUPCAKES-NAPA 610 FIRST ST STE. 19 NAPA CA 94559 UNITED STATES Additional Information: 707-258-2253 Reference: 320180270764916309 Category: Merchandise & Supplies-Groceries		Transaction Details BAKERY	
Jan 26 2018	OXBOW CHEESE WINE MERCHA 000000001 - NAPA, CA	Alecia Draper	\$22.84
Doing Business As: OXBOW CHEESE WINE MERCHANT 610 1ST ST # STREET23 NAPA CA 94559-2602 UNITED STATES Additional Information: 4152880470 Reference: 320180270760376599 Category: Restaurant-Restaurant		Transaction Details	
Jan 29 2018	EFILINGS OF AMERICA - 8187634900, NV	Alecia Draper	\$12.00
Doing Business As: EFILINGS OF AMERICA 4575 DEAN MARTIN DRIVE, # 2509 LAS VEGAS NV 89103 UNITED STATES OF AMERICA (THE) Additional Information: 8187634900 Reference: 320180300808512962 Category: Business Services-Conferences & Training		Transaction Details CONSULTING SERVICES	
Jan 30 2018	EFILINGS OF AMERICA - 8187634900, NV	Alecia Draper	\$12.00
Doing Business As: EFILINGS OF AMERICA 4575 DEAN MARTIN DRIVE, # 2509 LAS VEGAS NV 89103 UNITED STATES OF AMERICA (THE) Additional Information: 8187634900 Reference: 320180310824443182 Category: Business Services-Conferences & Training		Transaction Details CONSULTING SERVICES	
Jan 30 2018	EFILINGS OF AMERICA - 8187634900, NV	Alecia Draper	\$18.38
Doing Business As: EFILINGS OF AMERICA 4575 DEAN MARTIN DRIVE, # 2509 LAS VEGAS NV 89103 UNITED STATES OF AMERICA (THE) Additional Information: 8187634900 Reference: 320180310823254323 Category: Business Services-Conferences & Training		Transaction Details CONSULTING SERVICES	
Jan 30 2018	EFILINGS OF AMERICA - 8187634900, NV	Alecia Draper	\$525.00
Doing Business As: EFILINGS OF AMERICA 4575 DEAN MARTIN DRIVE, # 2509 LAS VEGAS NV 89103 UNITED STATES OF AMERICA (THE) Additional Information: 8187634900 Reference: 320180310824192915 Category: Business Services-Conferences & Training		Transaction Details CONSULTING SERVICES	
Jan 30 2018	VIVA MERCADOS MEXICAN 00A5 - LAS VEGAS, NV	Alecia Draper	\$43.30
Doing Business As: VIVA MERCADO'S MEXICAN BAR & GRILL 9440 W SAHARA AVE STE 165 LAS VEGAS NV 89117-8820 UNITED STATES Additional Information: 702-454-8482 Reference: 320180310816426377 Category: Restaurant-Restaurant		Transaction Details EATING PLACES, REST	
Jan 30 2018	VIVA MERCADOS MEXICAN 00A5 - LAS VEGAS, NV	Alecia Draper	\$114.45
Doing Business As: VIVA MERCADO'S MEXICAN BAR & GRILL 9440 W SAHARA AVE STE 165 LAS VEGAS NV 89117-8820 UNITED STATES Additional Information: 702-454-8482 Reference: 320180310815843821 Category: Restaurant-Restaurant		Transaction Details EATING PLACES, REST	
Jan 31 2018	ON-CALL LEGAL - (310)858-9800, CA	Alecia Draper	\$168.15
Doing Business As: On-Call Legal 1875 CENTURY PARK E STE H LOS ANGELES CA 90067 UNITED STATES Additional Information: 3108589800 Reference: 320180320829276853 Category: Merchandise & Supplies-Mail Order		Transaction Details	

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ER 000230



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Jan 31 2018	SENROR FROGS - LAS VEGAS, NV	Alecia Draper	\$53.47
Doing Business As: SENROR FROGS RESTAURANT 3300 LAS VEGAS BLVD S LAS VEGAS NV 89109-8916 UNITED STATES Additional Information: D6B18BA4-92CF-49889109 RESTAURANT Reference: 320180320832070496 Category: Restaurant-Restaurant			
Feb 01 2018	EFILINGS OF AMERICA - 8187634900, NV	Alecia Draper	\$12.00
Doing Business As: EFILINGS OF AMERICA 4575 DEAN MARTIN DRIVE, # 2509 LAS VEGAS NV 89103 UNITED STATES OF AMERICA (THE) Additional Information: 8187634900 Reference: 320180330853330073 Category: Business Services-Conferences & Training			
Feb 03 2018	LAXPRESSST1842 1842 - LOS ANGELES, CA	Alecia Draper	\$58.89
Doing Business As: LAXPRESSST1842 300 WORLD WAY T-3 LOS ANGELES CA 90045 UNITED STATES OF AMERICA (THE) Additional Information: BOOK STORE Reference: 320180350880258105 Category: Merchandise & Supplies-Book Stores			
Feb 04 2018	BEST WESTERN HOTELS 0425 - DENTON, TX	Alecia Draper	\$101.69
Doing Business As: BESTWESTERN PLUS INN & SUITES 2910 W UNIVERSITY DR DENTON TX 76201 UNITED STATES Additional Information: LODGING Reference: 320180360898051751 Category: Travel-Lodging			
Feb 06 2018	ALAMO CAR RENTAL - DALLAS, TX	Alecia Draper	\$131.22
Doing Business As: Alamo Rent A Car DALLAS / FT WORTH ARPT - DALLAS TX 75261 UNITED STATES Additional Information: R/A# 938637254 AUTOMOBILE RENTA Reference: 320180380928759666 Category: Travel-Vehicle Rental			
Rental Details Pick up _____ DALLAS TX Return _____ DALLAS TX Agreement Number: 938637254 Renter Name: DRAPER ALECIA			
Feb 07 2018	VONS Store 3160 - HUNTINGTON BE, CA	Alecia Draper	\$94.64
Doing Business As: Vons 8891 ATLANTA AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: GROCERY STORE Reference: 320180390942019572 Category: Merchandise & Supplies-Groceries			
Feb 09 2018	Amazon Prime - Amazon.com, WA	Alecia Draper	\$11.84
Doing Business As: AMAZON US PRIME 410 TERRY AVE N - SEATTLE WA 98109 UNITED STATES Additional Information: SHIPPINGCLUB Reference: 320180400961754585 Category: Merchandise & Supplies-Mail Order			
Feb 09 2018	DANIELLE IDRIS HAIR GOSQ.COM - Laguna Niguel, CA	Alecia Draper	\$174.00
Doing Business As: DANIELLE IDRIS HAIR - LAGUNA NIGUEL CA 92677-2064 UNITED STATES OF AMERICA (THE) Additional Information: squareup.com/receipts Reference: 320180400953141347 Category: Business Services-Other Services			

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ER 000231



Transaction Details

Prepared for
Alecia Draper
Account Number
XXXX-XXXXXX-52019

Traditional Green Card / May 14, 2017 to June 14, 2019

Date	Description	Card Member	Amount
Feb 09 2018	LAW AND MEDIATION OFFI - MONTEREY PARK, CA	Alecia Draper	\$2,637.04
Doing Business As: LAW & MEDIATION OFFICES 199 GARVEY AVE #201 MONTEREY PARK CA 91755 UNITED STATES Additional Information: 877-492-6452 Reference: 320180420995482900 Category: Business Services-Legal Services			
Feb 13 2018	EUROPEAN WAX CENTER HUN 000000001 - HUNTINGN BCH, CA	Alecia Draper	\$121.50
Doing Business As: European Wax Center Huntingt 7881 EDINGER AVE SUITE 112 HUNTINGTON BEACH CA 92647 UNITED STATES Additional Information: 8669884929 Reference: 320180450032976954 Category: Entertainment-Associations			
Feb 13 2018	LAW AND MEDIATION OFFI - MONTEREY PARK, CA	Alecia Draper	\$3,587.50
Doing Business As: LAW & MEDIATION OFFICES 199 GARVEY AVE #201 MONTEREY PARK CA 91755 UNITED STATES Additional Information: 877-492-6452 Reference: 320180450027974969 Category: Business Services-Legal Services			
Feb 13 2018	VONS Store 3160 - HUNTINGTON BE, CA	Alecia Draper	\$83.67
Doing Business As: Vons 8891 ATLANTA AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: GROCERY STORE Reference: 320180450033501002 Category: Merchandise & Supplies-Groceries			
Feb 17 2018	Southwest Airlines - DALLAS, TX	Alecia Draper	\$267.98
Doing Business As: SOUTHWEST AIRLINES PO BOX 36611 DALLAS TX 75235 UNITED STATES Additional Information: SOUTHWEST AIRLINES (MASTE Reference: 320180490093581708 Category: Travel-Airline		Flight Details DALLAS/FORT WORTH  LOS ANGELES INTERN Passenger Name: REED/EMILY Date of Departure: 02/28 Ticket Number: 5261415080062 Document Type: PASSENGER TICKET	
Feb 17 2018	Southwest Airlines - DALLAS, TX	Alecia Draper	\$322.96
Doing Business As: SOUTHWEST AIRLINES PO BOX 36611 DALLAS TX 75235 UNITED STATES Additional Information: SOUTHWEST AIRLINES (MASTE Reference: 320180490093571913 Category: Travel-Airline		Flight Details LOS ANGELES INTERN  DALLAS/FORT WORTH DALLAS/FORT WORTH  LOS ANGELES INTERN Passenger Name: DRAPER/ALECIA Date of Departure: 02/27 Ticket Number: 5261415074583 Document Type: PASSENGER TICKET	
Feb 22 2018	VONS Store 3160 - HUNTINGTON BE, CA	Alecia Draper	\$41.24
Doing Business As: Vons 8891 ATLANTA AVE HUNTINGTON BEACH CA 92646 UNITED STATES Additional Information: GROCERY STORE Reference: 320180540174359987 Category: Merchandise & Supplies-Groceries			
Feb 23 2018	ON-CALL LEGAL - (310)858-9800, CA	Alecia Draper	\$128.00
Doing Business As: On-Call Legal 1875 CENTURY PARK E STE H LOS ANGELES CA 90067 UNITED STATES Additional Information: 3108589800 Reference: 320180550186442804 Category: Merchandise & Supplies-Mail Order			

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