Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Bruna	Middle Name (if any) N/A	Family Name (Last Name) DE OLIVEIRA MADRUGA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 750.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

U.S. Postal Service (UPS):
USCIS
Attn: I-751
P.O. Box 4072
Carol Stream, IL 60197-4072

RE: I-751 Petition to Remove Conditions on Residence
Applicant: Bruna de Oliveira Madruga A233-775-176

Dear Sir or Madam,

Please find enclosed the Application for Petition to Remove Conditions on Residence, filed by counsel on behalf of Bruna de Oliveira Madruga.

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-751, Petition to Remove Conditions on Residence;

Documents:

- Bruna de Oliveira Madruga's Valid Passport;
- Bruna de Oliveira Madruga's Permanent Resident Card (Green Card);
- Bruna de Oliveira Madruga's Birth Certificate with English Translation;
- Bruna Oliveira Madruga's and Jason Brienen's Black Keys Concert Tickets - 2023;
- Bruna Oliveira Madruga's and Jason Brienen's Flight Tickets – 2024;
- Bruna Oliveira Madruga's and Jason Brienen's Flight Tickets – 2025;
- Bruna Oliveira Madruga's and Jason Brienen's Flight Tickets – 2026;
- Bruna Oliveira Madruga's and Jason Brienen's Credit Card Statements – 2024;
- Bruna Oliveira Madruga's and Jason Brienen's Credit Card Statements – 2025;
- Bruna Oliveira Madruga's and Jason Brienen's Credit Card Statements – 2026;
- Bruna Oliveira Madruga's and Jason Brienen's Bank Statements – 2024;
- Bruna Oliveira Madruga's and Jason Brienen's Bank Statements – 2025;
- Bruna Oliveira Madruga's and Jason Brienen's Bank Statements – 2026;
- Bruna Oliveira Madruga's and Jason Brienen's Joint American Express Card (E-mail);
- Bruna Oliveira Madruga's and Jason Brienen's Joint Health Insurance ;
- Bruna de Oliveira Madruga's and Jason Brienen's Joint Lease Agreement;

- Bruna de Oliveira Madruga's and Jason Brienen's Driver's Licenses Showing the Same Residential Address;
- Bruna de Oliveira Madruga's and Jason Brienen's Joint Car Insurance;
- Bruna de Oliveira Madruga's and Jason Brienen's Joint Tax Return from 2023 and 2024;
- Zemirah Genevieve Brienen's Birth Certificate;
- Bruna de Oliveira Madruga's and Jason Brienen's Joint Photos;
- Letter of Support Delivered by Denise Personett;
- Letter of Support Delivered by Haley Vogel;
- Letter of Support Delivered by John R Mader;
- Letter of support Delivered by Karen Michelle Rosa.

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,

_____06/10/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law
510-241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-751

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) BRIENEN

6.b. Given Name (First Name) Jason

6.c. Middle Name Phillip

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

8505454033

11. Mobile Telephone Number (if any)

8505454033

12. Email Address (if any)

jasonpbrienen@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

13.d. State CA **13.e.** ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 05/15/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 05/15/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): BRIENEN

1.b. Given Name (First Name): Jason

1.c. Middle Name: Phillip

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-751

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): DE OLIVEIRA MADRUGA

6.b. Given Name (First Name): Bruna

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 233775176

Client's Contact Information

10. Daytime Telephone Number

6155896861

11. Mobile Telephone Number (if any)

6155896861

12. Email Address (if any)

bo.bruna1997@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Irma O Madriga

2.b. Date of Signature (mm/dd/yyyy) 05/14/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 05/14/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): DE OLIVEIRA MADRUGA

1.b. Given Name (First Name): Bruna

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Petition to Remove Conditions on Residence

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-751
OMB No. 1615-0038
Expires 03/31/2027

For USCIS Use Only	Receipt	Action Block	Remarks
	Reloc Sent / **Reloc Received**		
	Date (mm/dd/yyyy) ___/___/___ / Date (mm/dd/yyyy) ___/___/___		
	Date (mm/dd/yyyy) ___/___/___ / Date (mm/dd/yyyy) ___/___/___		
	☐ **Petitioner interviewed on** (mm/dd/yyyy) ___/___/___	☐ **Approved under INA 216(c)(4)(C) Battered Spouse/Child**	

To be completed by an attorney or accredited representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

►**START HERE - Type or print in black ink.**

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name): DE OLIVEIRA MADRUGA

1.b. Given Name (First Name): Bruna

1.c. Middle Name: N/A

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

Other Information

4. Date of Birth (mm/dd/yyyy): 03/12/1997

5. Country of Birth: Brazil

6. Country of Citizenship or Nationality (provide all that apply): Brazil

7. Alien Registration Number (A-Number) (if any): ► A-233775176

8. U.S. Social Security Number (if any): ►668356567

9. USCIS Online Account Number (if any): ► N/A

Marital Status

10. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

11. Date of Marriage (mm/dd/yyyy): 10/27/2023

12. Place of Marriage: Monticello, FL

13. If the marriage through which you gained conditional residence has ended, provide the date it ended (date of divorce or date of death) (mm/dd/yyyy): N/A

14. Conditional Residence Expires On (mm/dd/yyyy): 06/19/2026

Part 1. Information About You, the Conditional Resident (continued)

Mailing Address

15.a. In Care Of Name

Otavio Haverroth Silva

15.b. Street Number and Name: PO Box 90487

15.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

15.d. City or Town: San Diego

15.e. State: CA **15.f.** ZIP Code: 92169

16. Is your physical address different than your mailing address? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, provide your physical address below.

Physical Address

17.a. In Care Of Name

Bruna de Oliveira Madruga

17.b. Street Number and Name: 237 Lafayette Cir

17.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

17.d. City or Town: Tallahassee

17.e. State: FL **17.f.** ZIP Code: 32303

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings? ☐ Yes ☒ No

19. Was a fee paid to anyone other than an attorney in connection with this petition? ☐ Yes ☒ No

20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 20.**, provide a detailed explanation in **Part 11. Additional Information** or on a separate sheet of paper, and refer to the **What Initial Evidence Is Required** section of the Form I-751 instructions to determine what criminal history document to include with your petition.

21. If you are married, is this a different marriage than the one through which you gained conditional resident status? ☐ Yes ☒ No

22. Have you resided at any other address since you became a permanent resident? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 22.**, provide a list of all addresses where you have resided since becoming a permanent resident and the dates you resided at those locations in the space provided in **Part 11. Additional Information**.

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States? ☐ Yes ☒ No

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet: 5 Inches: 5

4. Weight Pounds: 127

5. Eye Color (Select **only one** box)

☐ Black	☐ Blue	☒ Brown
☐ Gray	☐ Green	☐ Hazel
☐ Maroon	☐ Pink	☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair)	☐ Black	☐ Blond
☒ Brown	☐ Gray	☐ Red
☐ Sandy	☐ White	☐ Unknown/Other

Part 3. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, and I am filing this joint petition together with (Select **only one** box):

1.a. ☒ My spouse.

1.b. ☐ My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (Select **all** applicable boxes in the next section.)

Waiver or Individual Filing Request

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, I am unable to file a joint petition with my spouse or my parent's spouse, because:

1.c. ☐ My spouse is deceased.

1.d. ☐ My marriage was entered in good faith, but the marriage was terminated through divorce or annulment.

1.e. ☐ I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or lawful permanent resident spouse.

1.f. ☐ My parent entered the marriage in good faith, and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or lawful permanent resident spouse or by my conditional resident parent.

1.g. ☐ The termination of my status and removal from the United States would result in an extreme hardship.

Part 4. Information About the U.S. Citizen or Lawful Permanent Resident Spouse. If Filing as a Child Separately, Information About the U.S. Citizen or Lawful Permanent Resident Stepparent Through Whom You Gained Your Conditional Residence.

Relationship

1.a. ☒ Spouse or Former Spouse

1.b. ☐ Parent's Spouse or Former Spouse

Other Information

2.a. Family Name (Last Name): BRIENEN

2.b. Given Name (First Name): Jason

2.c. Middle Name: Phillip

3. Date of Birth (mm/dd/yyyy): 09/11/1970

4. U.S. Social Security Number (if any): ▶ 595143099

5. A-Number (if any): ▶ A- N/A

Physical Address

6.a. Street Number and Name: 237 Lafayette Cir

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Tallahassee

6.d. State: FL **6.e.** ZIP Code: 32303

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Part 5. Information About Your Children

Provide information on all of your children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

Child 1

1.a. Family Name (Last Name): BRIENEN

1.b. Given Name (First Name): Zemirah

1.c. Middle Name: Genevieve

2. Date of Birth (mm/dd/yyyy): 08/30/2007

3. A-Number (if any): ▶ A- N/A

4. Is this child living with you? ☐ Yes ☒ No

5. Is this child applying with you? ☐ Yes ☒ No

Part 5. Information About Your Children (continued)

Physical Address

6.a. Street Number and Name: 4219 USF Mulberry Ln

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Tampa

6.d. State: FL **6.e.** ZIP Code: 33620

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Child 2

7.a. Family Name (Last Name): N/A

7.b. Given Name (First Name): N/A

7.c. Middle Name: N/A

8. Date of Birth (mm/dd/yyyy): N/A

9. A-Number (if any) ▶ A- N/A

10. Is this child living with you? ☐ Yes ☐ No

11. Is this child applying with you? ☐ Yes ☐ No

Physical Address

12.a. Street Number and Name: N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: N/A

12.d. State: N/A **12.e.** ZIP Code: N/A

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: N/A

Child 3

13.a. Family Name (Last Name): N/A

13.b. Given Name (First Name): N/A

13.c. Middle Name: N/A

14. Date of Birth (mm/dd/yyyy): N/A

15. A-Number (if any) ▶ A- N/A

16. Is this child living with you? ☐ Yes ☐ No

17. Is this child applying with you? ☐ Yes ☐ No

Physical Address

18.a. Street Number and Name: N/A

18.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

18.c. City or Town: N/A

18.d. State: N/A **18.e.** ZIP Code: N/A

18.f. Province: N/A

18.g. Postal Code: N/A

18.h. Country: N/A

Child 4

19.a. Family Name (Last Name): N/A

19.b. Given Name (First Name): N/A

19.c. Middle Name: N/A

20. Date of Birth (mm/dd/yyyy): N/A

21. A-Number (if any) ▶ A- N/A

22. Is this child living with you? ☐ Yes ☐ No

23. Is this child applying with you? ☐ Yes ☐ No

Part 5. Information About Your Children (continued)

Physical Address

24.a. Street Number and Name: N/A

24.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

24.c. City or Town: N/A

24.d. State: N/A **24.e.** ZIP Code: N/A

24.f. Province: N/A

24.g. Postal Code: N/A

24.h. Country: N/A

Child 5

25.a. Family Name (Last Name): N/A

25.b. Given Name (First Name): N/A

25.c. Middle Name: N/A

26. Date of Birth (mm/dd/yyyy): N/A

27. A-Number (if any)

▶ A- N/A

28. Is this child living with you? ☐ Yes ☐ No

29. Is this child applying with you? ☐ Yes ☐ No

Physical Address

30.a. Street Number and Name: N/A

30.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

30.c. City or Town: N/A

30.d. State: N/A **30.e.** ZIP Code: N/A

30.f. Province: N/A

30.g. Postal Code: N/A

30.h. Country: N/A

Part 6. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-751 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ Yes ☒ No

2. Are you requesting an accommodation because of your spouse's disabilities and/or impairments? ☐ Yes ☒ No

3. Are you requesting an accommodation because of your included children's disabilities and/or impairments? ☐ Yes ☒ No

If you answered "Yes" to **Item Numbers 1. - 3.**, select any applicable box for **Item Numbers 4.a. - 4.c.** Provide information on the disabilities and/or impairments for each person.

4.a. ☐ I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

N/A

4.b. ☐ I am blind or have low vision and request the following accommodation:

N/A

4.c. ☐ I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.):

N/A

Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

NOTE: If you selected **Box 1.a.** in **Part 3.**, your spouse must also read and sign the petition in **Part 8.** Signature of a conditional resident child under 14 years of age is not required; a parent may sign for a child.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center**.

1.b. ☒ The interpreter named in **Part 9.** has also read to me every question and instruction on this petition, as well as my answer to every question, in portuguese, a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to _____, who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
(615) 589-6861

4. Petitioner's Mobile Telephone Number (if any)
(615) 589-6861

5. Petitioner's Email Address (if any)
bo.bruna1997@gmail.com

Acknowledgement of Appointment at USCIS Application Support Center

I, Bruna de Oliveira Madruga, understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

If conditional residence was based on a marriage, I further certify that the marriage was entered into in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature

Bruna O Medeiros

6.b. Date of Signature (mm/dd/yyyy) 05/14/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

NOTE: If you are filing based on claims of having been battered or subjected to extreme cruelty waiver or individual filing, you are not required to have the spouse's or individual listed in **Part 4's** signature.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable)

Provide the following information about the spouse or individual listed in **Part 4.**

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

Spouse's or Individual's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as the petitioner's answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center**.

1.b. ☒ The interpreter named in **Part 9.** has also read to me every question and instruction on this petition, as well as the petitioner's answer to every question, in portuguese, a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to _____, who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Spouse's or Individual's Contact Information

3. Spouse's or Individual's Daytime Telephone Number
(850) 545-4033

4. Spouse's or Individual's Mobile Telephone Number (if any)
(850) 545-4033

5. Spouse's or Individual's Email Address (if any)
jasonpbrienen@gmail.com

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable) (continued)

Acknowledgement of Appointment at USCIS Application Support Center

I, Jason Phillip Brienen, understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

> ***By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.***

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Spouse's or Individual's Certification

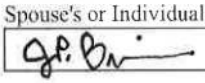
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Spouse's or Individual's Signature

6.a. Spouse's or Individual's Signature



6.b. Date of Signature (mm/dd/yyyy) 05/14/2026

NOTE TO ALL SPOUSES OR INDIVIDUALS: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, USCIS may deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name): INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name): Andre Vinicius

2. Interpreter's Business or Organization Name (if any): HS Law Corp

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415) 425-2508

5. Interpreter's Email Address (if any): andre@yousalaw.com

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify that:

I am fluent in English and portuguese, which is the same language provided in **Part 7.**, **Item Number 1.b.**;

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 7.**, **Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 7.**, **Item Number 1.b.**

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) 05/14/2026

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
(510) 241-9336

5. Preparer's Fax Number
N/A

6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 05/14/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name

1.a. Family Name (Last Name): DE OLIVEIRA MADRUGA

1.b. Given Name (First Name): Bruna

1.c. Middle Name: N/A

2. A-Number (if any): A- 233775176

3.a. Page Number: 2 **3.b.** Part Number: 1 **3.c.** Item Number: 22

3.d.
237 Lafayette Cir, Tallahassee
FL 32303, USA
From 11/01/2025 to PRESENT

3250 Fairesta St, Apt G4, La Crescenta - Los Angeles, CA 91214, USA
From 07/01/2025 to 11/01/2025

4.a. Page Number: 2 **4.b.** Part Number: 1 **4.c.** Item Number: 22

4.d.
5936 Carlton Way, APT 8, Hollywood - Los Angeles, CA 90028, USA
From 11/01/2024 to 07/01/2025

335 W Las Flores Dr, Altadena - Los Angeles, CA 91001, USA
From 07/01/2024 to 11/01/2024

12100 Sheldon Street, Sun Valley - Los Angeles, CA 91352, USA
From 02/01/2024 to 07/01/2024

5.a. Page Number: 3 **5.b.** Part Number: 5 **5.c.** Item Number: 1.a

5.d.
Zemirah is Bruna's stepchild, who was 16 years old at the time Bruna and her husband got married. Under the Immigration and Nationality Act (INA), a stepchild is considered a "child" for immigration and visa purposes, provided the child was under the age of 18 at the time their biological parent legally married the stepparent.

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Exhibit list

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Bruna Oliveira Madruga's and Jason Brienen's Black Keys Concert Tickets - 2023	25-29
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Bruna Oliveira Madruga's and Jason Brienen's Joint American Express Card (E-mail)	645-648
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Bruna de Oliveira Madruga's and Jason Brienen's Driver's Licenses Showing the Same Residential Address	660-663
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Letter of Support Delivered by John R Mader	767
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Exhibit 1 - Bruna de Oliveira Madruga´s Identification Documents

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Bruna de O. Madruga

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

GC160143

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité

This passport must be signed,
except where the bearer is unable to do so

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: **P**

PAÍS EMISSOR / ISSUING COUNTRY: **BRA**

PASSAPORTE Nº / PASSPORT No: **GC160143**

SOBRENOME / SURNAME
DE OLIVEIRA MADRUGA

NOME / GIVEN NAMES
BRUNA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
12 MAR/MAR 1997

IDENTIDADE Nº / PERSONAL No

SEXO / SEX: **F**

NATURALIDADE / PLACE OF BIRTH: **GASPAR/SC**

FILIAÇÃO / FILIATION
ROSENILDA DE OLIVEIRA MADRUGA

ISAURI MADRUGA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
22 DEZ/DEC 2020

AUTORIDADE / AUTHORITY
DPF/AJI/SC

VALIDO ATÉ / DATE OF EXPIRY
21 DEZ/DEC 2030

P<BRADE<OLIVEIRA<MADRUGA<<BRUNA<<<<<<<<<<<<<
GC160143<9BRA9703120F3012213<<<<<<<<<<<<<<08

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

VISTOS VISAS

SEP 1 2021

VISA

UNITED STATES OF AMERICA

Issuing Post Name
PORTO ALEGRE

Control Number
20212371130001

Surname
DE OLIVEIRA MADRUGA

Given Name
BRUNA

Visa Type /Class
R J1

Passport Number	Sex	Birth Date	Nationality
GC160143	F	12MAR1997	BRZL

Entries	Issue Date	Expiration Date	
M	27AUG2021	24AUG2022	1000

Annotation
N0032105847 P-4-10181 NIE UNDER COVID PP
CULTURAL CARE, INC. D/B/A AU PAIR P6098679
13-SEP-2021 TO 13-SEP-2022
BEARER IS NOT SUBJECT TO SECTION 212 (E)

* *

VNUSADE<OLIVEIRA<MADRUGA<<BRUNA<<<<<<<<<<<<<<

GC160143<9BRA9703120F2208246J1PTA03Q4U721324

VISTOS VISAS
VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 12 VISAS
VISTOS 13 VISAS

VISTOS 14 VISAS

VISTOS 15 VISAS

VISTOS 7 VISAS

VISTOS 10 VISAS

VISTOS 18 VISAS
VISTOS 19 VISAS

VISTOS 20 VISAS
VISTOS 21 VISAS

VISTOS 25 VISAS

VISTOS 26 VISAS

VISTOS 95 VISAS

VISTOS 94 VISAS

VISTOS 26 VISAS

VISTOS 27 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 30 VISAS

VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com **qualquer** outro dispositivo eletrônico portátil, **assegurando** que ele não ficará úmido, dobrado **ou amassado.** Abusos podem afetar adversamente **a operação** do chip e reduzir sua utilidade **para o titular** e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

UNITED STATES OF AMERICA
PERMANENT RESIDENT
Surname
DE OLIVEIRA MADRUGA
Given Name
BRUNA
Country of Birth
Brazil
USCIS#
233-775-176
Category
CR6
Date of Birth
12 MAR 1997
Sex
F
Card Expires:
06/19/26
Resident Since:
06/19/24

FORM I-551
Rev (12-2021)

74494616

SSL

If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

C1USA2337751765IOE0923978352<<
9703120F2606196BRA<<<<<<<<<<<<2
DE<OLIVEIRA<MADRUGA<<BRUNA<<<<

FEDERATIVE REPUBLIC OF BRAZIL

State of Santa Catarina – Judicial District of Gaspar

JUDICIARY

Bachelor Elcio Carlos de Oliveira
Registrar

Jean Charles de Oliveira
Deputy Registrar

----//signature//----

BIRTH CERTIFICATE

Book A **No.** 42 **Page** 273 **No.** 12303

Under reference numbers, the birth of BRUNA DE OLIVEIRA MADRUGA **was registered.**

Born on March 12, 1997

in Gaspar, at 3:50 AM

female **daughter of** Isauri Madruga, born in Paraná

and Rosenilda de Oliveira Madruga, born in this State.

Paternal grandparents: Henrique Madruga and Terezinha de Assunção Madruga

Maternal grandparents: João Maria de Oliveira and Maria Oraldina da Silva Oliveira

Declarant: The father

Witnesses: Alfonso Rodolfo Pamplona and Rafael Ricardo da Silva

The registration was made on March 17, 1997

Notes: None.

CIVIL REGISTRY OFFICE AND OTHER SERVICES
BACHELOR ELCIO CARLOS DE OLIVEIRA
REGISTRAR
JEAN C. DE OLIVEIRA
Deputy Registrar
89110-000 - GASPAR - SC

THE CONTENT OF THIS CERTIFICATE IS TRUE. I CERTIFY.

Gaspar, March 17, 1997

----//signature//----

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: May 21, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

Estado de Santa Catarina — Comarca de Gaspar

PODER JUDICIÁRIO

Bel. Elcio Carlos de Oliveira

Oficial

Jean Charles de Oliveira

Oficial Substituto

CERTIDÃO DE NASCIMENTO

Livro A Nº 42 Fls 273 Nº 12303 Sob os nºs Ref.

Foi Registrado o Nascimento de: BRUNA DE OLIVEIRA MADRUGA

Nascido(a) aos 12 de março de 1.997

em Gaspar às 03:50 horas

de Sexo feminino filha de Isauri Madruga, natural do Parana

e de Rosenilda de Oliveira Madruga, natural deste Estado

Avós Paternos: Henrique Madruga e Terezinha de Assunção Madruga

Avós Maternos: João Maria de Oliveira e Maria Oraldina da Silva Oliveira

Foi declarante: O proprio pai

Testemunhas: Alfonso Rodolfo Pamplona e Rafael Ricardo da Silva

Foi feito o Registro em 17 de março de 1997

O B S.: Nihil.

OFÍCIO DO REG. CIVIL E ANEXOS
Bel. ELCIO CARLOS DE OLIVEIRA
OFICIAL
JEAN C. DE OLIVEIRA
Oficial Substituto
88310-000 - GASPAR - SC

O REFERIDO É VERDADE E DOU FÉ

Gaspar, 17 de março de 1997

Exhibit 2 - Evidence of Bona Fide Marriage

Gmail B <bo.bruna1997@gmail.com>

Black Keys, Clearwater: Order Summary - Vivid Seats (Order #59327593)

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 6:53 PM
To: bo.bruna1997@gmail.com

From: Vivid Seats <orders@vividseats.com>
Sent: Monday, November 13, 2023 4:13 PM
To: jasonpbrienen@gmail.com
Subject: Order Summary - Vivid Seats (Order #59327593)

Heads up: This email is not your ticket.

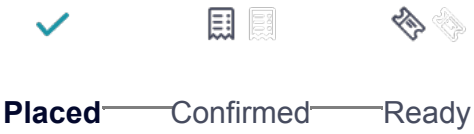
vividseats

Sports Concerts Theater & Comedy

To help protect your privacy, Microsoft Office preven

JASON, **thank you for your order.**

Order **#59327593**



Track Rewards in-App

You've **got rewards already banked in the app!**
Buy 10 tickets get the 11th on us.*

*Earn a Reward Credit equal to the average price of the 10 tickets, excluding taxes, fees, and processing costs.

Access your ticket transfer link easily

Check your rewards balance & level up

Redeem your rewards only in the app

Access your ticket transfer link easily
Check your rewards balance & level up
Redeem your rewards only in the app

Download the App today

Download on the App Store GET IT ON Google Play

97X Next Big Thing - The Black Keys, Bleachers, Lovejoy, MisterWives, Little Image

Sun. Dec 3, 2023 12:30 PM
The Sound at Coachman Park

Section

Section: Section 103 Row: K

Quantity

2

Delivery

Email Delivery

Health and Safety

Check venue for any current event entry requirements.

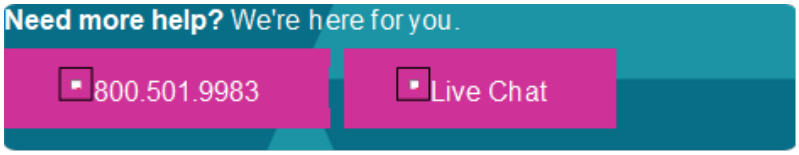
Notes

N/A

Billing Details

Address
JASON BRIENEN
261 PINEWOOD DRIVE
TALLAHASSEE, FL 32303-8510

Order Total $373.22



As described in our terms and conditions, the seller may provide comparable or better tickets to the same event. Event times are subject to change; please check your local listings. All prices are in US Dollars.

vividseats

Sports Concerts Theater & Comedy

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*Rewards Program Terms and Conditions and all applicable Terms of Use apply.

image001.emz
3K

Gmail B <bo.bruna1997@gmail.com>

Your trip confirmation (TLH - LAX)

1 message

American Airlines <no-reply@info.email.aa.com> Fri, Feb 16, 2024 at 1:14 AM
To: BO.BRUNA1997@gmail.com

American

Issued: February 16, 2024

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **MMEZDL**

Wednesday, February 21, 2024

TLH
Tallahassee
5:50 AM

DFW
Dallas/Fort Worth
7:28 AM

AA 3301
Operated by Envoy Air as American Eagle

Seat: **19F**
Class: **Economy (Y)**
Meals:

DFW
Dallas/Fort Worth
9:32 AM

LAX
Los Angeles
11:08 AM

AA 2978

Seat: **26F**
Class: **Economy (Y)**
Meals: **Refreshment**

Manage your trip

Earn 15,000 bonus miles
Plus no annual fee. Terms Apply.
Learn more

Your purchase

Bruna De Oliveira Madruga

Join the AAdvantage® Program

New ticket (0012116653328)
[0.0 + Taxes & carrier-imposed fees $5.60]

Total cost **$5.60**

Your payment

MasterCard (ending 4452)	$5.60
AAdvantage® Certificate	
Total paid	$5.60

Bag information

Checked Bag (Airport)

TLH - LAX

1st bag	$30.00
2nd bag	$40.00

Checked Bag (Online*)

TLH - LAX

1st bag	$30.00
2nd bag	$40.00

TLH - LAX
Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. Bag and optional fees
If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 4 hours) before departure.

Carry-on bags (American Airlines)

1st carry-on	Includes purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
2nd carry-on	Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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Additional Services are subject to credit card approval at time of ticketing. Additional Services may appear on multiple accompanied documents as a matter of reference.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically. Refunds.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit

our Airport Information page.

The policy for traveling with Emotional Support and Service animals has changed. Visit Traveling with Service Animals for more information.

Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage link below.

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You've been rebooked: Check-in required

1 message

American Airlines <no-reply@info.email.aa.com> Tue, Feb 20, 2024 at 5:05 AM
To: BO.BRUNA1997@gmail.com

American

You've been rebooked

Confirmation code: **ISSPDS**

Due to a delay, you'll miss your connecting flight. We rebooked your flight from MIA to JAX. You must check in to get your boarding passes. We're sorry for the change in your travel plans.

- **New depart date: Monday, February 19**
- **New departure: Los Angeles (LAX)**
- **All passengers rebooked**

Check in now

NEW FLIGHT

Monday, February 19, 2024

LAX
Los Angeles
10:23 PM

MCO

AA 2091

Aircraft: Airbus A321
Class: Economy

Orlando

6:00 AM

⚠ Flight arrives Tuesday, February 20, 2024

Tuesday, February 20, 2024

MCO
Orlando
6:30 AM

AA 2894

Aircraft: Boeing 737-800
Class: Economy

MIA
Miami
7:41 AM

MIA
Miami
5:48 PM

AA 379

Aircraft: Boeing 737-800
Class: Economy

JAX
Jacksonville
7:11 PM

MISSED CONNECTION

Tuesday, February 20, 2024

MIA
Miami
8:33 AM

AA 307

JAX

Jacksonville

9:59 AM

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Your trip confirmation (LAX - JAX)

1 message

American Airlines <no-reply@info.email.aa.com> Fri, Feb 16, 2024 at 1:39 AM
To: BO.BRUNA1997@gmail.com

American

Issued: February 16, 2024

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **ISSPDS**

Monday, February 19, 2024

LAX
Los Angeles
10:23 PM

AA 2091

MCO
Orlando
6:00 AM

Seat: **30F**
Class: **Economy (Y)**
Meals: **Refreshment**

⚠ Flight arrives Tuesday, February 20, 2024

Tuesday, February 20, 2024

MCO
Orlando
6:30 AM

AA 2894

MIA
Miami
7:41 AM

Seat: **15F**
Class: **Economy (Y)**
Meals:

MIA
Miami
8:33 AM

AA 307

JAX
Jacksonville
9:59 AM

Seat: **23D**
Class: **Economy (Y)**
Meals:

Manage your trip

Earn 15,000 bonus miles
Plus no annual fee. Terms Apply.
Learn more

Your purchase

Bruna De Oliveira Madruga

Join the AAdvantage® Program

New ticket (0012116654374)

[0.0 + Taxes & carrier-imposed fees $5.60]

Total cost	**$5.60**

Your payment

MasterCard (ending 4452)	$5.60
AAdvantage® Certificate	
Total paid	$5.60

Bag information

Checked Bag (Airport)

LAX - JAX

1st bag	$30.00
2nd bag	$40.00

Checked Bag (Online*)

LAX - JAX

1st bag	$30.00
2nd bag	$40.00

LAX - JAX
Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

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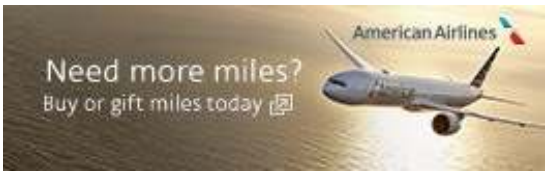
Book a hotel »

Book a car »

Buy trip insurance »

AAVacations »



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Gmail B <bo.bruna1997@gmail.com>

Your trip confirmation (TLH - LAX)

1 message

American Airlines <no-reply@info.email.aa.com> Fri, Feb 16, 2024 at 1:14 AM
To: BO.BRUNA1997@gmail.com

American

Issued: February 16, 2024

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **MMEZDL**

Wednesday, February 21, 2024

TLH
Tallahassee
5:50 AM

DFW
Dallas/Fort Worth
7:28 AM

AA 3301
Operated by Envoy Air as American Eagle

Seat: **19F**
Class: **Economy (Y)**
Meals:

DFW
Dallas/Fort Worth
9:32 AM

LAX
Los Angeles
11:08 AM

AA 2978

Seat: **26F**
Class: **Economy (Y)**
Meals: **Refreshment**

Manage your trip

Earn 15,000 bonus miles
Plus no annual fee. Terms Apply.
Learn more

Your purchase

Bruna De Oliveira Madruga

Join the AAdvantage® Program

New ticket (0012116653328)
[0.0 + Taxes & carrier-imposed fees $5.60]

Total cost **$5.60**

Your payment

MasterCard (ending 4452)	$5.60
AAdvantage® Certificate	
Total paid	$5.60

Bag information

Checked Bag (Airport)

TLH - LAX

1st bag	$30.00
2nd bag	$40.00

Checked Bag (Online*)

TLH - LAX

1st bag	$30.00
2nd bag	$40.00

TLH - LAX
Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. Bag and optional fees
If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 4 hours) before departure.

Carry-on bags (American Airlines)

1st carry-on	Includes purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
2nd carry-on	Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically. Refunds.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit

our Airport Information page.

The policy for traveling with Emotional Support and Service animals has changed. Visit Traveling with Service Animals for more information.

Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

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Gmail B <bo.bruna1997@gmail.com>

FW: Jason Phillip, Your Upgraded Seat

1 message

Jason Brienen <jason@chironcapital.com> Fri, May 3, 2024 at 9:12 AM
To: "bo.bruna1997@gmail.com" <bo.bruna1997@gmail.com>

I am in seat 8C if you want to try to get close!

From: Delta Air Lines <DeltaAirLines@t.delta.com>
Sent: Thursday, May 2, 2024 3:58 PM
To: Jason Brienen <jason@chironcapital.com>
Subject: Jason Phillip, Your Upgraded Seat

View as a Web Page

DELTA

#9304560528

Delta Confirmation #: GDG9VE

Be On Your Way,
The Medallion® Way

It's our pleasure to confirm your Complimentary Upgrade. Your itinerary is below for more information – you can view and make changes anytime in **My Trips**.

Friday May 3	**DEPART**	**ARRIVE**	**SEAT**
Delta 5272 Operated by Endeavor Air DBA Delta Connection **Delta Comfort+®**	Tallahassee, Florida 2:02 pm	Atlanta, Georgia 3:13 pm	8C
Monday May 6	**DEPART**	**ARRIVE**	**SEAT**
Delta 2336 **Main Cabin**	Atlanta, Georgia 8:20 am	Tallahassee, Florida 9:24 am	16E

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Your Flight Receipt - BRUNA OLIVEIRA 13JUL24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Sat, Jul 6, 2024 at 9:46 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-731458@t.delta.com>
To: Bo.bruna1997@gmail.com

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CONFIRMATION #: G2POVR

You're all set. If your plans change, be sure to make changes or cancel via **MyTrips** on **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA OLIVEIRA

FLIGHT	SEAT
DELTA 867	16F

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Sat, 13JUL	DEPART	ARRIVE
DELTA 867 Delta Comfort+® (S)	LOS ANGELES, CA 10:12am	ORLANDO INTL, FL 6:23pm

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062249839364
Place of Issue:
Issue Date: 06JUL24
Expiration Date: 06JUL25

METHOD OF PAYMENT	
AX**********1005	**$408.47 USD**

CHARGES	
Air Transportation Charges	
Base Fare	$365.93 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
United States - Transportation Tax (US)	$27.44 USD
United States - Passenger Facility Charge (XF)	$4.50 USD
United States - Flight Segment Tax (ZP)	$5.00 USD
TICKET AMOUNT	**$408.47 USD**

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Sat 13 Jul 2024 **LAX-MCO**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Fare Details: LAX DL MCO Q0.35 365.58QA0OA0IL USD365.93END ZP LAX XF LAX4.5

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• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

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Si l'embarquement vous est refusé, ou si votre vol est annulé ou retardé d'au moins deux heures ou si vos bagages sont perdus ou endommagés, vous pourriez avoir droit au titre du Règlement sur la protection des passagers aériens, à certains avantages au titre des normes de traitement applicables et à une indemnité. Pour de plus amples renseignements sur vos droits, veuillez communiquer avec votre transporteur aérien (www.delta.com/appr) ou visiter le site Web de l'Office des transports du Canada.

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA OLIVEIRA 15JUL24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Wed, Jul 10, 2024 at 7:08 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-905134@t.delta.com>
To: BO.BRUNA1997@gmail.com

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Passenger Info

Name: BRUNA OLIVEIRA

FLIGHT	SEAT
DELTA 748	Seat Assigned After Check-In
DELTA 1658	Seat Assigned After Check-In

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Mon, 15JUL	DEPART	ARRIVE
DELTA 748 Basic Economy (E)	LOS ANGELES, CA 12:59am	ATLANTA 8:31am
DELTA 1658 Basic Economy (E)	ATLANTA 9:30am	ORLANDO INTL, FL 10:59am

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062250443837
Place of Issue:
Issue Date: 10JUL24
Expiration Date: 06JUL25

METHOD OF PAYMENT	
Org FOP AX**********1005	

ECREDITS APPLIED	
eCredits Number	0062249839364
Passenger Name	BRUNA OLIVEIRA
Amount Applied	408.47 USD
Applied to Ticket Number	0062250443837

CHARGES	
Air Transportation Charges	
Base Fare	$231.05 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
United States - Transportation Tax (US)	$17.33 USD
United States - Passenger Facility Charge (XF)	$9.00 USD
United States - Flight Segment Tax (ZP)	$10.00 USD
TICKET AMOUNT	**$272.98 USD**

Remaining eCredit Amount Due To Passenger

Passenger: BRUNA OLIVEIRA
Original eCredit #: 0062249839364
New eCredit #: 0060211232578
eCredit Expiration: 06JUL25
Redemption Code: *Retain from original eCredit if applicable*

TOTAL: $135.49 USD

Refer to eCredit number for future travel. Non refundable/ Non Endorsable/ Valid on Delta only. To redeem this eCredit for future travel please visit delta.com/redeem.

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Mon 15 Jul 2024 **LAX-MCO**

CARRY ON	FIRST	SECOND
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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

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• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA OLIVEIRA 15JUL24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Wed, Jul 10, 2024 at 7:08 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-905134@t.delta.com>
To: BO.BRUNA1997@gmail.com

View as a web page

DELTA

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CONFIRMATION #: G2POVR

You're all set. If your plans change, be sure to make changes or cancel via **MyTrips** on **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA OLIVEIRA

FLIGHT	SEAT
DELTA 748	Seat Assigned After Check-In
DELTA 1658	Seat Assigned After Check-In

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Mon, 15JUL	DEPART	ARRIVE
DELTA 748 Basic Economy (E)	LOS ANGELES, CA 12:59am	ATLANTA 8:31am
DELTA 1658 Basic Economy (E)	ATLANTA 9:30am	ORLANDO INTL, FL 10:59am

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062250443837
Place of Issue:
Issue Date: 10JUL24
Expiration Date: 06JUL25

METHOD OF PAYMENT	
Org FOP AX**********1005	

ECREDITS APPLIED	
eCredits Number	0062249839364
Passenger Name	BRUNA OLIVEIRA
Amount Applied	408.47 USD
Applied to Ticket Number	0062250443837

CHARGES	
Air Transportation Charges	
Base Fare	$231.05 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
United States - Transportation Tax (US)	$17.33 USD
United States - Passenger Facility Charge (XF)	$9.00 USD
United States - Flight Segment Tax (ZP)	$10.00 USD
TICKET AMOUNT	**$272.98 USD**

Remaining eCredit Amount Due To Passenger

Passenger: BRUNA OLIVEIRA
Original eCredit #: 0062249839364
New eCredit #: 0060211232578
eCredit Expiration: 06JUL25
Redemption Code: *Retain from original eCredit if applicable*

TOTAL: $135.49 USD

Refer to eCredit number for future travel. Non refundable/ Non Endorsable/ Valid on Delta only. To redeem this eCredit for future travel please visit delta.com/redeem.

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The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Mon 15 Jul 2024 **LAX-MCO**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Terms & Conditions

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: LAX DL X/ATL DL MCO Q0.35 230.70KA0NA0BQ USD231.05END ZP LAXATL XF LAX4.5ATL4.5

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Checked Bag Allowance

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A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact with the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

Conditions of Carriage

Air transportation on Delta and the Delta Connection® carriers is subject to Delta's conditions of carriage. They include terms governing for example:

• Limits on our liability for personal injury or death of passengers, and for loss, damage of delay of goods and baggage.
• Claim restrictions including time periods within which you must file a claim or bring action against us.
• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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not constitute a document of carriage. Where this document is issued for transportation or services other than passenger air transportation, specific terms and conditions may apply. These terms and conditions may be provided separately or may be obtained from the issuing agent.

Effective December 15, 2019, the Canada Air Passenger Protection Regulations may provide additional protections to passengers traveling to or from Canada:

If you are denied boarding, your flight is cancelled or delayed for at least two hours, or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier (www.delta.com/appr) or visit the Canadian Transportation Agency's website.

Si l'embarquement vous est refusé, ou si votre vol est annulé ou retardé d'au moins deux heures ou si vos bagages sont perdus ou endommagés, vous pourriez avoir droit au titre du Règlement sur la protection des passagers aériens, à certains avantages au titre des normes de traitement applicables et à une indemnité. Pour de plus amples renseignements sur vos droits, veuillez communiquer avec votre transporteur aérien (www.delta.com/appr) ou visiter le site Web de l'Office des transports du Canada.

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Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA OLIVEIRA 20JUL24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Tue, Jul 16, 2024 at 11:39 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-1165159@t.delta.com>
To: bo.bruna1997@gmail.com

View as a web page

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CONFIRMATION #: H2NFLJ

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Many countries require passports to be valid for at least six months from the date of return and could have other specific travel requirements that may affect your trip. We encourage you to check passport eligibility and visa requirements using **Delta FlyReady**[SM] for a better travel experience ahead of your departure date.

Passenger Info

Name: BRUNA OLIVEIRA

FLIGHT	SEAT
DELTA 1720	36F
DELTA 105	42H
DELTA 6079	Select Seat

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Sat, 20JUL	DEPART	ARRIVE
DELTA 1720 Main Cabin (X)	TAMPA, FL 4:12pm	ATLANTA 5:47pm
DELTA 105 Main Cabin (X)	ATLANTA 6:55pm	SAO PAULO, BRAZIL 5:40am **Sun 21JUL

Sat, 03AUG	DEPART	ARRIVE
DELTA 6079* Economy (K)	SAO PAULO, BRAZIL 10:50pm	LOS ANGELES, CA 7:25am **Sun 04AUG

**Arrival date is different than departure date.

*Flight 6079 Operated by LATAM AIRLINES As LA Flt 8086

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062252356653
Place of Issue:
Issue Date: 16JUL24
Expiration Date: 16JUL25

METHOD OF PAYMENT	
AX**********1005	**$1219.21 USD**

ECREDITS APPLIED	
eCredits Number	0060211232578
Passenger Name	BRUNA OLIVEIRA
Amount Applied	135.49 USD
Applied to Ticket Number	0062252356653

CHARGES	
Air Transportation Charges	
Base Fare	$1268.00 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
Brazil - Embarkation Tax (BR)	$9.90 USD

United States - Transportation Tax (US)	$44.40 USD
United States - Animal and Plant Health Inspection Service Fee (APHIS User Fee - Passengers (XA)	$3.83 USD
United States - Passenger Facility Charge (XF)	$9.00 USD
United States - Immigration and Naturalization Fee(Immigration User Fee) (XY)	$7.00 USD
United States - Custom User Fee (YC)	$6.97 USD
TICKET AMOUNT	**$1354.70 USD**

Fare Difference - $1132.51 USD
Taxes, Fees & Charges - $86.70 USD
Service Charge - $0.00 USD
Total Charged - $1219.21 USD

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Sat 20 Jul 2024 **TPA-GRU**

CARRY ON	FIRST	SECOND
FREE	FREE (50LBS/23KG)	$100.00**USD** (50LBS/23KG) OR 10,000 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

Sat 03 Aug 2024 **GRU-LAX**

CARRY ON	FIRST	SECOND
FREE	FREE (50LBS/23KG)	$100.00**USD** (50LBS/23KG) OR 10,000 miles

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: TPA DL X/ATL DL SAO567.00XLNA0NMY DL LAX701.00KLNA3NMZ NUC1268.00END ROE1.00 XF TPA4.5ATL4.5

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Checked Bag Allowance

*On Delta® operated flights, you may carry on one bag and a small personal item at no charge.

Delta One®/First/Business Class weight allowance reverts to 50 lbs for all checked bags beyond regular free allowance.

At the time of check in with Delta, SkyMiles Medallion members, SkyTeam Elite & Elite Plus and active US Military personnel are eligible for fee waivers and other benefits. For more details, visit delta.com/baggage. Basic Cardmembers with a Gold, Platinum, or Reserve Delta SkyMiles Credit Card from American Express are eligible for the first bag fee waiver. More details on the program can be found at delta.com/firstbagfree.

A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional

fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact with the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

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• Claim restrictions including time periods within which you must file a claim or bring action against us.
• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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Si l'embarquement vous est refusé, ou si votre vol est annulé ou retardé d'au moins deux heures ou si vos bagages sont perdus ou endommagés, vous pourriez avoir droit au titre du Règlement sur la protection des passagers aériens, à certains avantages au titre des normes de traitement applicables et à une indemnité. Pour de plus amples renseignements sur vos droits, veuillez communiquer avec votre transporteur aérien (www.delta.com/appr) ou visiter le site Web de l'Office des transports du Canada.

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

eTicket Itinerary and Receipt for Confirmation BM30K4

1 message

United Airlines <Receipts@united.com> Fri, Jul 19, 2024 at 7:05 PM
To: BO.BRUNA1997@gmail.com

UNITED

Fri, Jul 19, 2024

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Get ready for your trip: Visit the Travel-Ready Center, your one-stop digital assistant, to find out about important travel requirements specific to your trip.

Confirmation Number:

BM30K4

Flight 1 of 1 UA3052 Class: Economy (E)

Sat, Jul 20, 2024	Sat, Jul 20, 2024
09:25 AM	10:35 AM
Tallahassee, FL, US (TLH)	Tampa, FL, US (TPA)

Flight Operated by Silver Airways.

If this is an originating flight on your itinerary, please check in at the SILVER AIRWAYS ticket counter.

Traveler Details

DEOLIVEIRAMADRUGA/BRUNA

eTicket number: **0162406349520** Seats: **TLH-TPA -----**

Purchase Summary

Method of payment:	**American Express ending in 2011**
Date of purchase:	**Fri, Jul 19, 2024**

Airfare:	**155.70**
U.S. Transportation Tax:	**11.68**
U.S. Flight Segment Tax:	**5.00**
Passenger Civil Aviation Security Service Fee:	**5.60**
U.S. Passenger Facility Charge:	**4.50**
Total Per Passenger:	**182.48 USD**

Total: 182.48 USD

Fare Rules

Additional charges may apply for changes in addition to any fare rules listed.
NONREF/0VALUAFTDPT
Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

Baggage allowance and charges for this itinerary

Origin and destination for checked baggage	1st bag charge	2nd bag charge	1st bag weight and dimensions	2nd bag weight and dimensions
Sat, Jul 20, 2024 Tallahassee, FL, US (TLH) to Tampa, FL, US (TPA)	40.00 USD	50.00 USD	50lbs(23kg) - 62in(157cm)	50lbs(23kg) - 62in(157cm)

Important Information about MileagePlus Earning

- Accruals vary based on the terms and conditions of the traveler's frequent flyer program, frequent flyer status, and the selected itinerary. United MileagePlus® mileage accrual is subject to the rules of the MileagePlus program. Once travel has started, accruals will no longer display. You can always view your MileagePlus account for posted accrual.
- You can earn up to 75,000 award miles per ticket. The 75,000 award miles cap may be applied to your posted flight activity in an order different than shown. Accrual is only displayed for MileagePlus members who choose to accrue to their MileagePlus account.

eTicket Reminders

- **Check-in Requirement** - Bags must be checked and boarding passes obtained at least 45 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be cancelled if this condition is not met.
EXCEPTION: When departing from Anchorage, Atlanta, Austin, Baltimore, Chicago, Cincinnati, Cleveland, Dallas/Ft. Worth, Denver, Detroit, Fort Lauderdale, Greenville-Spartanburg, Guam, Honolulu, Houston, Indianapolis, Jacksonville, Kona, Las Vegas, Los Angeles, Maui, Miami, New York (LGA), Newark, Orange County (SNA), Orlando, Philadelphia, Phoenix, Pittsburgh, Raleigh/Durham, Reno, San Diego, San Francisco, San Juan, PR (60 minutes), Savannah, Seattle, St. Louis, St. Thomas, U.S. Virgin Islands (60 minutes), Tampa, Washington, DC (both IAD and DCA), the check in requirement time for Passengers and Bags is 45 minutes except where noted.
- **Boarding Requirement** - Passengers must be prepared to board at the departure gate with their boarding pass at least 15 minutes prior to scheduled departure.
- Failure to meet the **Boarding Requirements** may result in cancellation of reservations, denied boarding, removal of checked baggage from the aircraft and loss of eligibility for denied boarding compensation.
- Bring your boarding pass or this eTicket Receipt along with photo identification to the airport.
- The FAA now restricts carry-on baggage to one bag plus one personal item (purse, briefcase, laptop computer, etc.) per passenger. The fare rules for your ticket may restrict your carry-on baggage allowance even further.

- For up to the minute flight information, sign-up for our Flight Status Updates or call 1-800-824-6200; in Spanish 1-800-426-5561.
- If flight segments are not flown in order, your reservation will be cancelled. Rebooking will be subject to the fare rules governing your ticket.
- For the most current status of your reservation, go to our Flight Status page.
- Your eTicket is non transferable and valid for 1 year from the issue date unless otherwise noted in the fare rules.

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Your personal data will be processed in accordance with the applicable carrier's privacy policy and if your booking is made via a reservation system provider ("GDS"), with its privacy policy. These are available at http://www.iatatravelcenter.com/privacy or from the carrier or GDS directly. You should read this documentation, which applies to your booking and specifies, for example, how your personal data is collected, stored, used, disclosed and transferred

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Federal law forbids the carriage of hazardous materials on board aircraft in your luggage or on your person. A violation can result in five years' imprisonment and penalties of $250,000 or more (49 U.S.C. 5124). Hazardous materials include explosives, compressed gases, flammable liquids and solids, oxidizers, poisons, corrosives and radioactive materials. Common examples of hazardous materials/dangerous goods include spare or loose lithium batteries, fireworks, strike-anywhere matches, aerosols, pesticides, bleach and corrosive materials. Additional information can be found on:

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FAA website Pack Safe page
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Certain countries require that the passenger cabins of aircraft be treated with insecticides. For additional information and a list of those countries, please visit the U.S. Department of Transportation's disinsection website.

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Changes/Cancellations - Most tickets, other than Basic Economy tickets or those for travel originating outside the United States, other than for travel between the United States and Mexico or the Caribbean, may be changed to a different itinerary, or cancelled and the value of the ticket retained so that it can be applied to a new ticket, without a change fee. Such change or cancellation must be made prior to the scheduled departure time. Travelers making changes will be responsible for the fare difference if the new itinerary has a higher fare than the original ticketed itinerary. Regarding non-refundable tickets, if the new itinerary has a lower fare than the original ticketed itinerary, changes can be made without charge, but the traveler is not entitled to any residual value. United may, in its sole discretion, provide partial or full residual credit under certain circumstances. A change fee may apply for changes or cancellations made

to tickets for travel originating outside the United States, other than for travel between the United States and Mexico or the Caribbean. Policies concerning your ability to make reservation changes and cancellations and any fees associated with such changes can be found at Important travel notices | United Airlines.

Notice of Baggage Liability Limitations - For domestic travel between points within the United States (except for domestic portions of international journeys), United's liability for loss of, damage to, or delay in delivery of a customer's checked baggage is limited to $3,800 per ticketed customer unless a higher value is declared in advance and additional charges are paid (not applicable to wheelchairs or other assistive devices). For such travel, United assumes no liability for high value, fragile, perishable, or otherwise excluded items; excess valuation may not be declared on certain types of valuable articles. Further information may be obtained from the carrier. For international travel governed by the Warsaw Convention (including the domestic portions of the trip), maximum liability is approximately 640 USD per bag for checked baggage, and 400 USD per passenger for unchecked baggage. For international travel governed by the Montreal Convention (including the domestic portions of the trip), maximum liability is 1,288 SDRs per passenger for baggage, whether checked or unchecked. For baggage lost, delayed, or damaged in connection with domestic travel, United requires that customers provide preliminary notice within 24 hours after arrival of the flight on which the baggage was or was to be transported and submit a written claim within 45 days of the flight. For baggage damaged or delayed in connection with most international travel (including domestic portions of international journeys), the Montreal Convention and United require customers to provide carriers written notice as follows: (a) for damaged baggage, within seven days from the date of receipt of the damaged baggage; (b) for delayed baggage, within 21 days from the date the baggage should have been returned to the customer. Please refer to Rule 28 of United's Contract of Carriage for important information relating to baggage and other limitations of liability.

Notice of Incorporated Terms - Transportation is subject to the terms and conditions of United's Contract of Carriage, which are incorporated herein by reference. Incorporated terms may include, but are not limited to: 1. Limits on liability for personal injury or death of the customer, and for loss, damage, or delay of goods and baggage, including high value, fragile, perishable, or otherwise excluded items. 2. Claims restrictions, including time periods within which customers must file a claim or bring an action against the carrier. 3. Rights of the carrier to change terms of the contract. 4. Rules about reconfirmation of reservations, check-in times, and refusal to carry. 5. Rights of the carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of an alternate air carrier or aircraft, and rerouting. The full text of United's Contract of Carriage is available at united.com or you may request a copy at any United ticket counter. Passengers have the right, upon request at any location where United's tickets are sold within the United States, to receive free of charge by mail or other delivery service the full text of United's Contract of Carriage.

Notice of Certain Terms - If you have purchased a restricted ticket, depending on the rules applicable to the fare paid, one or more restrictions including, but not limited to, the following may apply to your travel: (1) the ticket may not be refundable but can be exchanged for a fee for another restricted fare ticket meeting all the rules/restrictions of the original ticket (including the payment of any difference in fares); (2) a fee may apply for changing/canceling reservations; or (3) select tickets may not be eligible for refunds or changes even for a fee; (4) select tickets have no residual value and cannot be applied towards the purchase of future travel; or (5) travel may be restricted to specific flights and/ or times and a minimum and/or maximum stay may be required. United reserves the right to refuse carriage to any person who has acquired a ticket in violation of any United tariffs, rules, or regulations, or in violation of any applicable national, federal, state, or local law, order, regulation, or ordinance. Notwithstanding the foregoing, you are entitled to a full refund if you cancel a ticket purchased at least a week prior to departure within 24 hours of purchase.

Notice of Boarding Times - For Domestic flights, customers must be at the boarding gate at least 15 minutes prior to scheduled departure. For International flights, customers must be at the boarding gate at least 30 minutes prior to scheduled departure. The time limits provided by United in this Notice are minimum time requirements. Customer and baggage processing times may differ from airport to airport. Please visit united.com for information regarding airport-specific boarding times. It is the customer's responsibility to arrive at the airport with enough time to complete check-in, baggage, and security screening processes within these minimum time

limits. Please be sure to check flight information monitors for the correct boarding gate and the departure time of your flight. Failure to be at the boarding gate by the required time could result in the loss of your seat without compensation, regardless of whether you are already checked in or have a confirmed seat and boarding pass.

Advice to International Passengers on Carrier Liability - Passengers on a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that international treaties known as the Montreal Convention, or its predecessor, the Warsaw Convention, including its amendments, may apply to the entire journey, including any portion thereof within a country. For such passengers, the treaty, including contracts of carriage embodied in applicable tariffs, governs, and may limit the liability of the Carrier in respect of death or injury to passengers, and for destruction or loss of, or damage to, baggage, and for delay of passengers and baggage.

Notice - Overbooking of Flights - Airline flights may be overbooked, and there is a slight chance that a seat will not be available on a flight for which a person has a confirmed reservation. If the flight is overbooked, no one will be denied a seat until airline personnel first ask for volunteers willing to give up their reservation in exchange for compensation of the airline's choosing. If there are not enough volunteers, the airline will deny boarding to other persons in accordance with its particular boarding priority. With few exceptions, including failure to comply with the carrier's check-in deadlines, which are available upon request from the air carrier, persons, denied boarding involuntarily are entitled to compensation. The complete rules for the payment of compensation and each airline's boarding priorities are available at all airport ticket counters and boarding locations. *Some airlines do not apply these consumer protections to travel from some foreign countries, although other consumer protections may be available. Check with your airline or your travel agent.*

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Your Flight Receipt - BRUNA OLIVEIRA 20JUL24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Tue, Jul 16, 2024 at 11:39 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-1165159@t.delta.com>
To: bo.bruna1997@gmail.com

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Remember To Check Your Passport Expiration Date And Other Travel Requirements Ahead Of Your Trip

Many countries require passports to be valid for at least six months from the date of return and could have other specific travel requirements that may affect your trip. We encourage you to check passport eligibility and visa requirements using **Delta FlyReady℠** for a better travel experience ahead of your departure date.

Passenger Info

Name: BRUNA OLIVEIRA

FLIGHT	SEAT
DELTA 1720	36F
DELTA 105	42H
DELTA 6079	Select Seat

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Sat, 20JUL	DEPART	ARRIVE
DELTA 1720 Main Cabin (X)	TAMPA, FL 4:12pm	ATLANTA 5:47pm
DELTA 105 Main Cabin (X)	ATLANTA 6:55pm	SAO PAULO, BRAZIL 5:40am **Sun 21JUL

Sat, 03AUG	DEPART	ARRIVE
DELTA 6079* Economy (K)	SAO PAULO, BRAZIL 10:50pm	LOS ANGELES, CA 7:25am **Sun 04AUG

**Arrival date is different than departure date.

*Flight 6079 Operated by LATAM AIRLINES As LA Flt 8086

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Flight Receipt

Ticket #: 0062252356653
Place of Issue:
Issue Date: 16JUL24
Expiration Date: 16JUL25

METHOD OF PAYMENT	
AX**********1005	**$1219.21 USD**

ECREDITS APPLIED	
eCredits Number	0060211232578
Passenger Name	BRUNA OLIVEIRA
Amount Applied	135.49 USD
Applied to Ticket Number	0062252356653

CHARGES	
Air Transportation Charges	
Base Fare	$1268.00 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
Brazil - Embarkation Tax (BR)	$9.90 USD

United States - Transportation Tax (US)	$44.40 USD
United States - Animal and Plant Health Inspection Service Fee (APHIS User Fee - Passengers (XA)	$3.83 USD
United States - Passenger Facility Charge (XF)	$9.00 USD
United States - Immigration and Naturalization Fee(Immigration User Fee) (XY)	$7.00 USD
United States - Custom User Fee (YC)	$6.97 USD
TICKET AMOUNT	**$1354.70 USD**

Fare Difference - $1132.51 USD
Taxes, Fees & Charges - $86.70 USD
Service Charge - $0.00 USD
Total Charged - $1219.21 USD

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Sat 20 Jul 2024 **TPA-GRU**

CARRY ON	FIRST	SECOND
FREE	FREE (50LBS/23KG)	$100.00**USD** (50LBS/23KG) OR 10,000 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

Sat 03 Aug 2024 **GRU-LAX**

CARRY ON	FIRST	SECOND
FREE	FREE (50LBS/23KG)	$100.00**USD** (50LBS/23KG) OR 10,000 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: TPA DL X/ATL DL SAO567.00XLNA0NMY DL LAX701.00KLNA3NMZ NUC1268.00END ROE1.00 XF TPA4.5ATL4.5

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Checked Bag Allowance

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A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional

fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact with the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Passengers embarking upon a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that the provisions of an international treaty (the Warsaw Convention, the 1999 Montreal Convention, or other treaty), as well as a carrier's own contract of carriage or tariff provisions, may be applicable to their entire journey, including any portion entirely within the countries of departure and destination. The applicable treaty governs and may limit the liability of carriers to passengers for death or personal injury, destruction or loss of, or damage to, baggage, and for delay of passengers and baggage.

Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

Conditions of Carriage

Air transportation on Delta and the Delta Connection® carriers is subject to Delta's conditions of carriage. They include terms governing for example:

• Limits on our liability for personal injury or death of passengers, and for loss, damage of delay of goods and baggage.
• Claim restrictions including time periods within which you must file a claim or bring action against us.
• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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Effective December 15, 2019, the Canada Air Passenger Protection Regulations may provide additional protections to passengers traveling to or from Canada:

If you are denied boarding, your flight is cancelled or delayed for at least two hours, or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier (www.delta.com/appr) or visit the Canadian Transportation Agency's website.

Si l'embarquement vous est refusé, ou si votre vol est annulé ou retardé d'au moins deux heures ou si vos bagages sont perdus ou endommagés, vous pourriez avoir droit au titre du Règlement sur la protection des passagers aériens, à certains avantages au titre des normes de traitement applicables et à une indemnité. Pour de plus amples renseignements sur vos droits, veuillez communiquer avec votre transporteur aérien (www.delta.com/appr) ou visiter le site Web de l'Office des transports du Canada.

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Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA MADRUGA DE OLIVEIRA 08AUG24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Mon, Aug 5, 2024 at 3:27 PM
Reply-To: Transactional Email Reply Inbox <reply-413721-14_HTML-74639356-10982494-1992465@t.delta.com>
To: bo.bruna1997@gmail.com

View as a web page

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#9600778121
SkyMiles® Member

CONFIRMATION #: HGWB7D

You're all set. If your plans change, be sure to make changes or cancel via **MyTrips** on **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA MADRUGA DE OLIVEIRA
SkyMiles #9600778121

FLIGHT	SEAT
DELTA 899	Seat Assigned After Check-In
DELTA 2605	Seat Assigned After Check-In
DELTA 749	Seat Assigned After Check-In

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Thu, 08AUG	DEPART	ARRIVE
DELTA 899 Basic Economy (E)	LOS ANGELES, CA 10:50pm	ATLANTA 6:13am **Fri 09AUG

Fri, 09AUG	DEPART	ARRIVE
DELTA 2605 Basic Economy (E)	ATLANTA 7:05am	TAMPA, FL 8:27am

Sun, 11AUG	DEPART	ARRIVE
DELTA 749 Basic Economy (E)	TAMPA, FL 7:13pm	LOS ANGELES, CA 9:20pm

**Arrival date is different than departure date.

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Flight Receipt

Ticket #: 0062257654016
Place of Issue:
Issue Date: 05AUG24
Expiration Date: 05AUG25

METHOD OF PAYMENT	
AX**********2011	**$576.45 USD**

CHARGES	
Air Transportation Charges	
Base Fare	$499.30 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United States - Transportation Tax (US)	$37.45 USD
United States - Passenger Facility Charge (XF)	$13.50 USD
United States - Flight Segment Tax (ZP)	$15.00 USD
TICKET AMOUNT	**$576.45 USD**

Checked Bag Allowance

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Thu 08 Aug 2024 **LAX-TPA**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

Sun 11 Aug 2024 **TPA-LAX**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: LAX DL X/ATL DL TPA Q0.35 249.30KA0NA0BQ DL LAX Q0.35 249.30KA0NA0BQ USD499.30END ZP LAXATLTPA XF LAX4.5ATL4.5TPA4.5

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Checked Bag Allowance

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Card from American Express are eligible for the first bag fee waiver. More details on the program can be found at delta.com/firstbagfree.

A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact with the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

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• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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Gmail B <bo.bruna1997@gmail.com>

FW: Invite: Next Event Dec. 8-11 Four Seasons Nashville

9 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Tue, Sep 17, 2024 at 9:23 AM
To: bo.bruna1997@gmail.com

It's on!

From: Stephanie Patti <stephanie@globaltrendevents.com>
Sent: Tuesday, September 17, 2024 8:57 AM
To: Jason Brienen <jason@chironcapital.com>
Cc: Kathryn Shields Tweed <kathryn@globaltrendevents.com>
Subject: Re: Invite: Next Event Dec. 8-11 Four Seasons Nashville

Hi Jason,

Great! We're thrilled to have you join us again. I will follow up shortly with your registration materials.

Best,

Stephanie

From: Jason Brienen <jason@chironcapital.com>
Sent: Monday, September 16, 2024 4:50 PM
To: Stephanie Patti <stephanie@globaltrendevents.com>
Cc: Kathryn Shields Tweed <kathryn@globaltrendevents.com>
Subject: RE: Invite: Next Event Dec. 8-11 Four Seasons Nashville

Yes, I am able to attend.

Thank you,

Jason P. Brienen | Managing Director
Chiron Capital Management

261 Pinewood Dr| Tallahassee, FL 32303
(850) 545-4033 Cell • (850) 386-1939 Office
(850) 298-4242 Fax • (800) 775-1114 Toll-free

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From: Stephanie Patti <stephanie@globaltrendevents.com>
Sent: Friday, September 6, 2024 11:22 AM
To: Jason Brienen <jason@chironcapital.com>
Cc: Kathryn Shields Tweed <kathryn@globaltrendevents.com>
Subject: Invite: Next Event Dec. 8-11 Four Seasons Nashville

Hi Jason,

I hope you are doing well!

I wanted to invite you to our next Fund Manager Due Diligence Event being held December 8-11 at the Four Seasons in Nashville, TN. See the details below and let us know if you have any questions. If you are able to attend, we will send along the next steps to complete your registration.

This event is an all - expenses paid trip for one Advisor per firm including airfare, hotel, and all scheduled meals and activities.

Our format is as follows:

- Each Advisor participates in a minimum of 18 twenty-five-minute one-on-one meetings with Fund Managers of your choice over two days.
- Educational Opportunities: For 1 hour of CE Credit for CFPs.
- All Advisor attendees are senior investment decision makers (typically CIO, Heads of Research, Presidents, Partners, MD's).
- Fund Companies are asked to bring a Portfolio Manager with them as one of their attendees.
- Fund Companies are selected to reduce overlap and provide the broadest possible selection of solutions/asset class.
- Each Advisor generally has a minimum of $250mm AUM. Our average size at our last event was over $1bn.

Committed Fund Companies GTE Wealth Forum XXIV Nashville:

1. Accordant Investments
2. Alger
3. Allianz Life
4. Amundi US
5. Amplify ETFs
6. Ancorato
7. Aristotle Capital Management
8. Ashford Securities
9. Axonic Capital
10. Baseline Partners
11. Bitwise Investments
12. Bridgeway Capital Management
13. Caliber Company
14. Carter Funds
15. CNL
16. Direxion
17. Distillate Capital Partners
18. Elm Tree Funds
19. Fidelity Digital Assets
20. First Eagle Investments
21. First Pacific Advisors
22. Flat Rock Global
23. Franklin Templeton
24. Gladstone Securities
25. Glenmede Investment Management
26. Gray Harbor Capital
27. Greenwood Star Capital Management
28. Kopernik Global
29. Lazard Asset Management
30. Leon Capital Group
31. MassMutual Intermediary Wealth

32. Measured Risk
33. Mondrian Investment Partners
34. Nuveen
35. Oak Associates
36. Pender Capital
37. Procyon Partners
38. Prospect Capital
39. Red Oak Capital Holdings
40. Saratoga Research and Investment Management
41. Schafer Cullen Capital / Cullen Funds
42. Sculptor Capital
43. Shopoff Realty
44. SPFG
45. SS&C ALPs Investments
46. StepStone
47. Thirdline Capital
48. USCF Investments
49. VanEck
50. Variant Investments
51. VistaShares
52. Voya Investment Management

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Best,

Stephanie

Stephanie Patti

Founder & CEO

Global Trend Events

917-696-7328

Stephanie@globaltrendevents.com

www.globaltrendevents.com

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Bruna Oliveira <bo.bruna1997@gmail.com> Tue, Sep 17, 2024 at 11:41 AM
To: jasonpbrienen@gmail.com

Yay!
Looking forward to it
[Quoted text hidden]

---

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Sep 25, 2024 at 1:44 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

Babe, you should get your flight to FLL (Ft. Lauderdale), and from Tampa to LA for the October trip.

[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Sep 25, 2024 at 4:30 PM
To: jasonpbrienen@gmail.com

Why FLL?

Bruna
[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Sep 25, 2024 at 4:31 PM
To: jasonpbrienen@gmail.com

Babe send me the dates please?

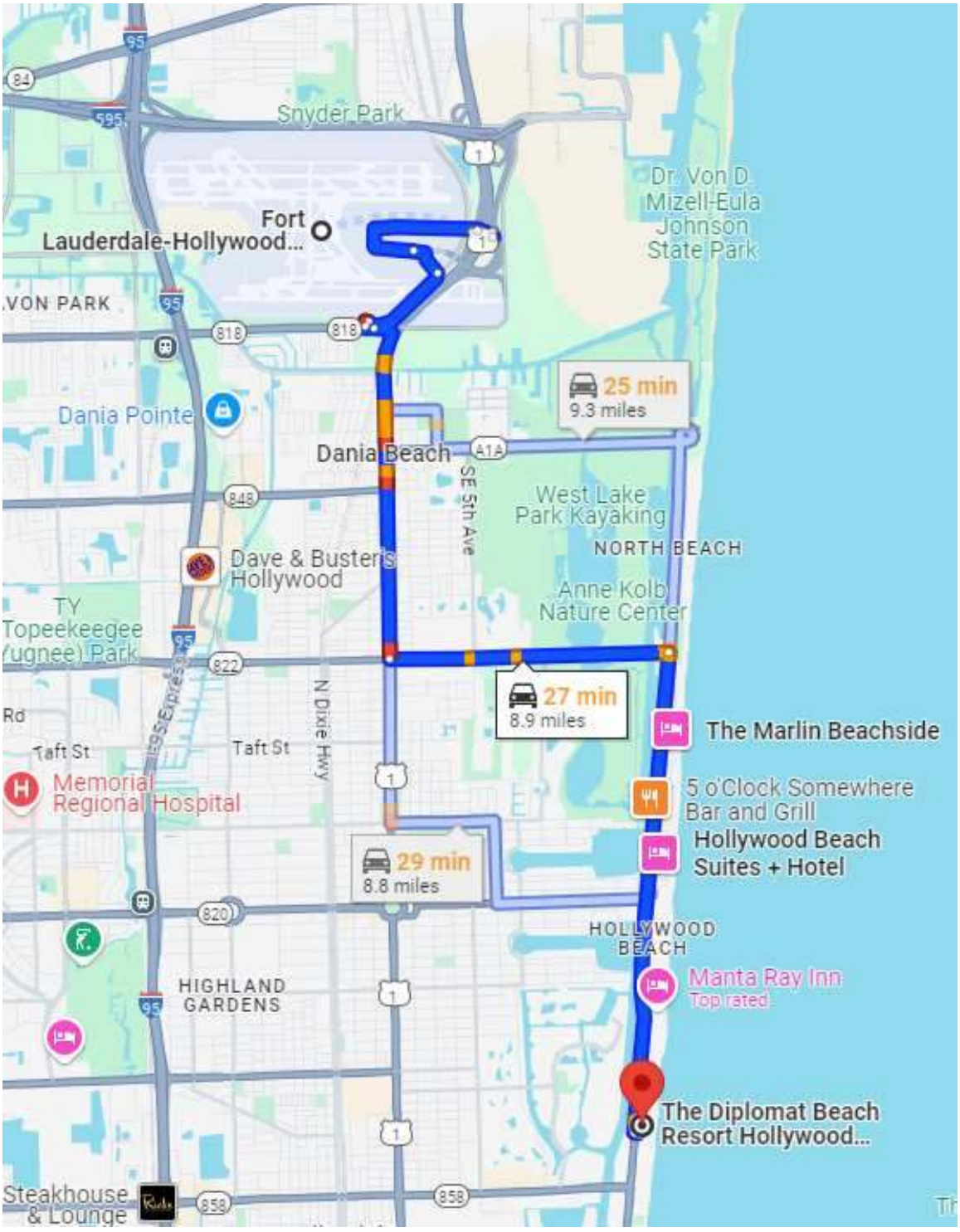
Bruna
[Quoted text hidden]

---

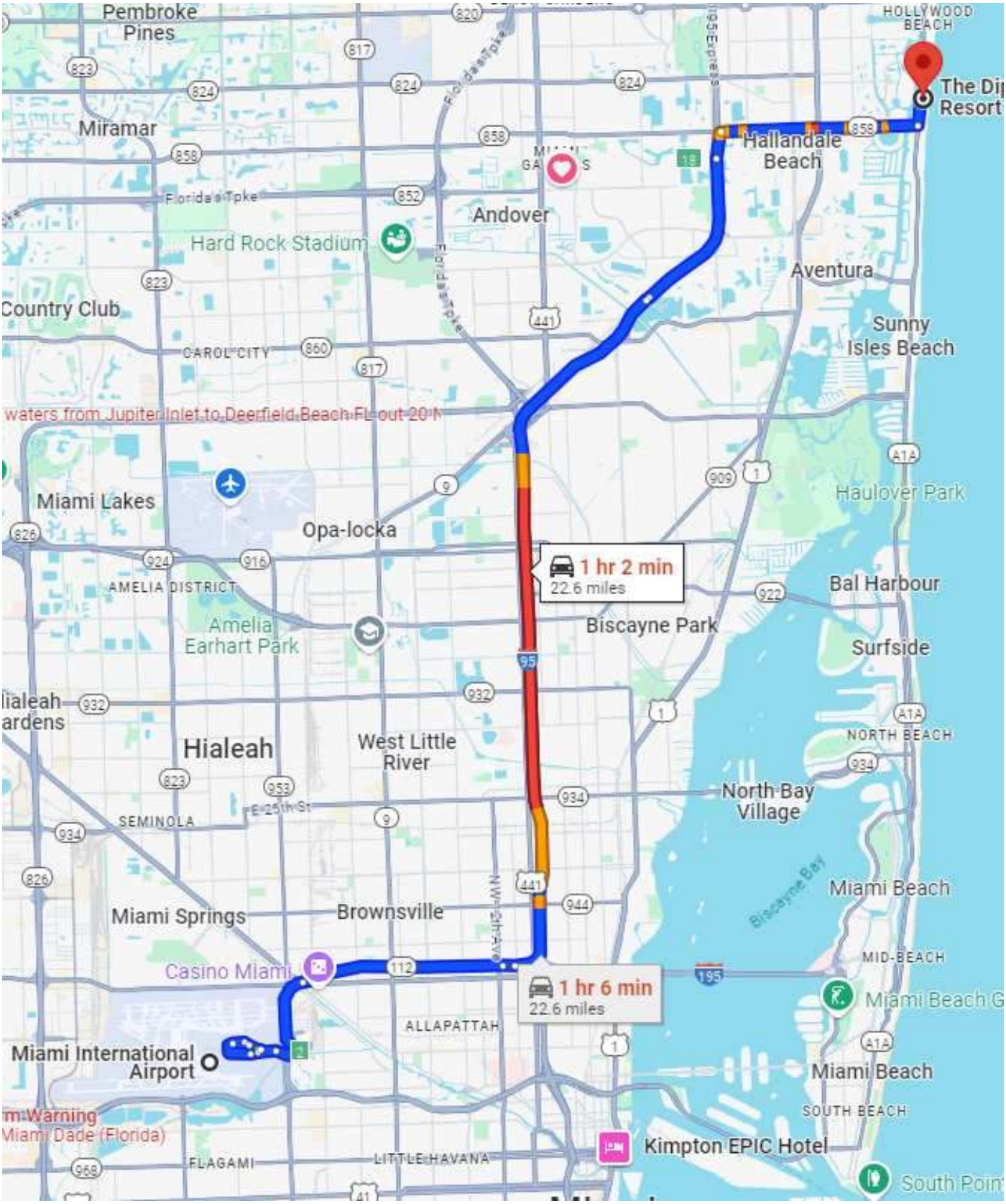
jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Sep 25, 2024 at 4:36 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

The conference is at The Diplomat Beach Resort Hollywood, Curio Collection by Hilton, 9 miles from the Ft. Lauderdale Airport.

3555 S Ocean Dr, Hollywood, FL 33019



It is an hour to the Miami Airport (MIA):


Pembroke Pines
Miramar
Hard Rock Stadium
Country Club
CAROL CITY
Florida's Tpke
Andover
Hallandale Beach
HOLLYWOOD BEACH
The Di Resort
Aventura
Sunny Isles Beach
Haulover Park
Bal Harbour
Surfside
Biscayne Park
NORTH BEACH
North Bay Village
Miami Beach
MID-BEACH
SOUTH BEACH
Miami Beach
Kimpton EPIC Hotel
South Point
Miami Lakes
Opa-locka
AMELIA DISTRICT
Amelia Earhart Park
Hialeah
West Little River
SEMINOLA
Miami Springs
Brownsville
Casino Miami
Miami International Airport
ALLAPATTAH
LITTLE HAVANA
FLAGAMI
waters from Jupiter Inlet to Deerfield Beach FL out 20 N
1 hr 2 min
22.6 miles
1 hr 6 min
22.6 miles

So I guess if the plane ticket is a lot cheaper, or the flight is a lot shorter, then MIA is okay. But FLL is the closer airport.

[Quoted text hidden]

---

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Sep 25, 2024 at 4:40 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

My conference is October 16-18. I plan to drive to St. the evening of October 15th, and then drive to Hollywood the morning of October 16th.

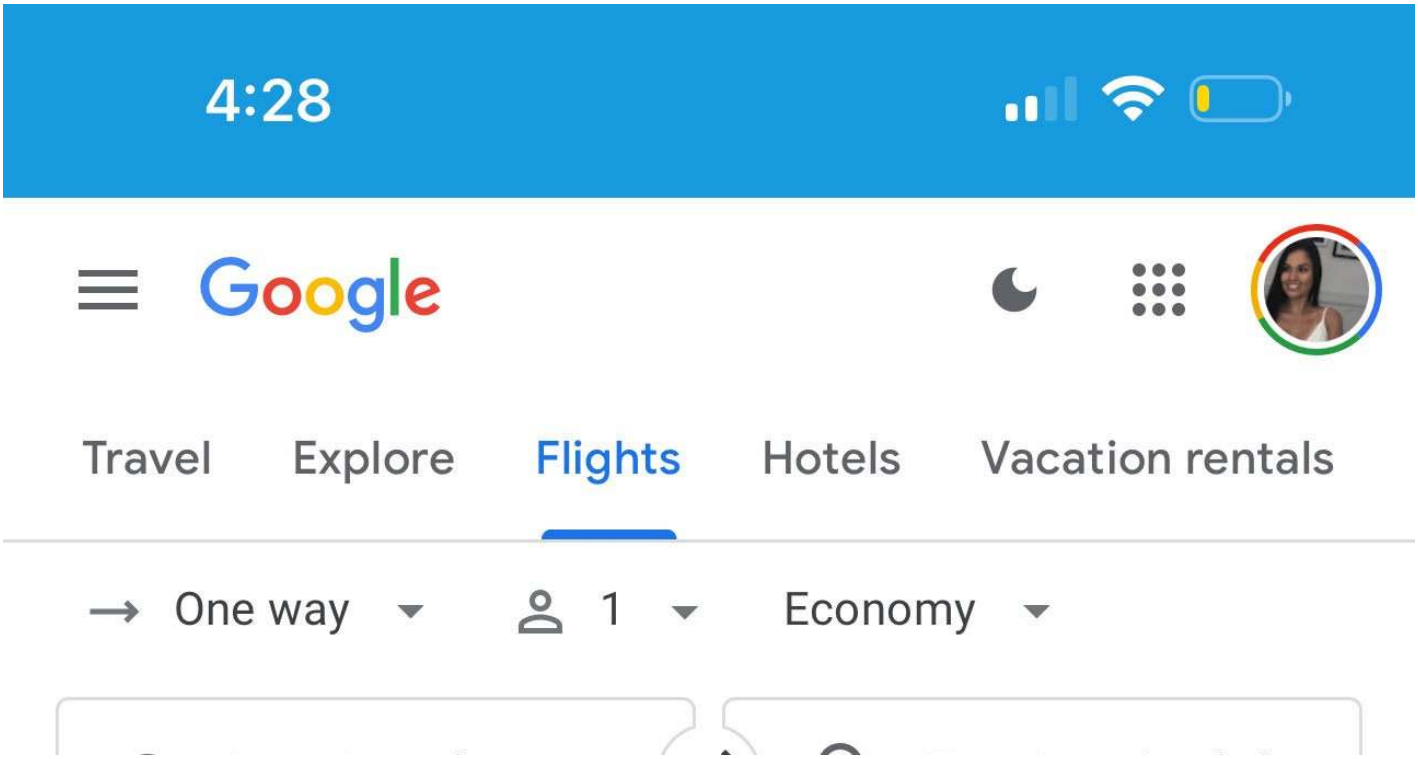
When the conference ends on October 18th, I plan to spend the weekend at the condo in St. Pete. If you fly out Sunday night, I will plan to drive home to Tallahassee on Sunday night, October 20th.

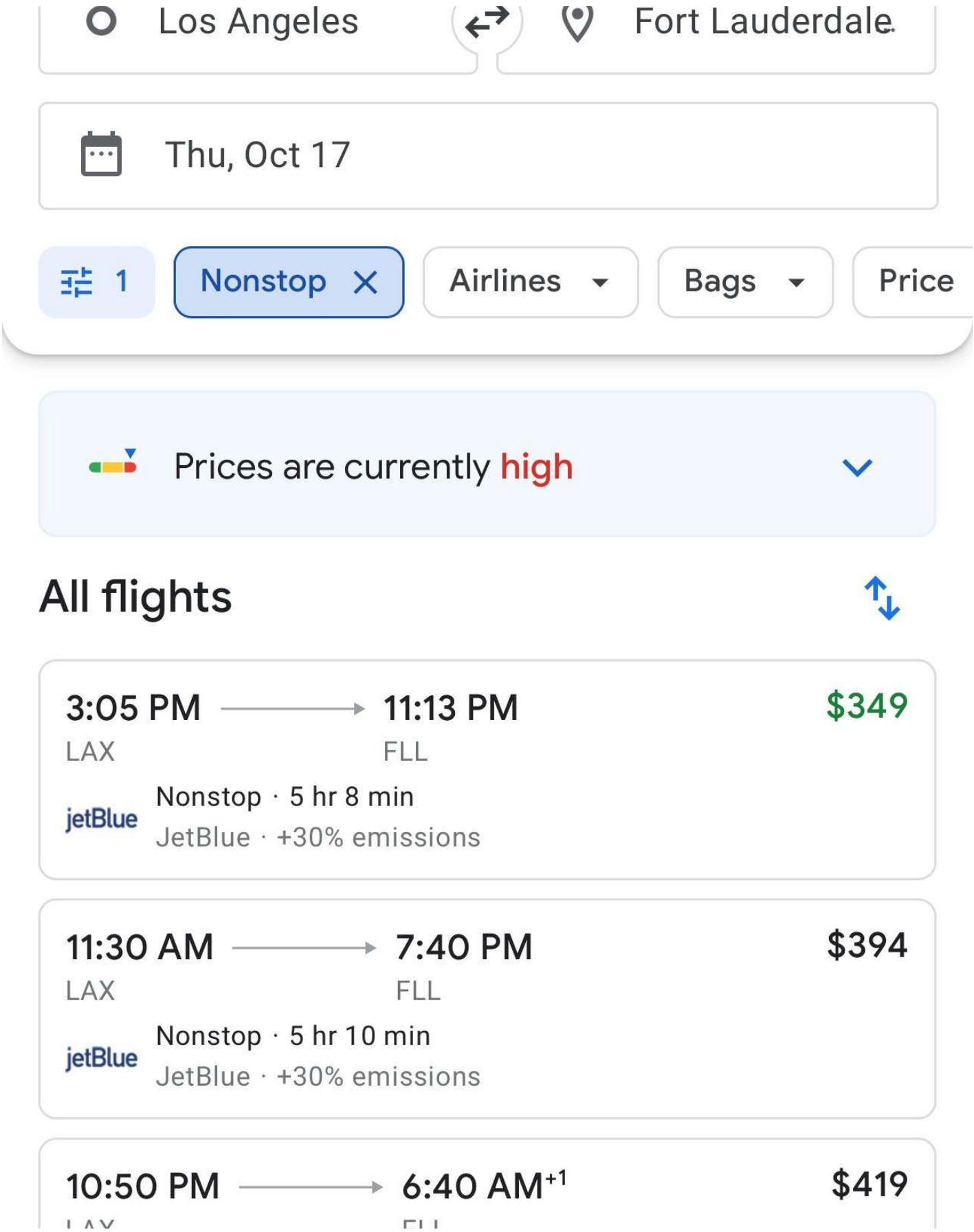
From: Bruna Oliveira <bo.bruna1997@gmail.com>
Sent: Wednesday, September 25, 2024 4:31 PM

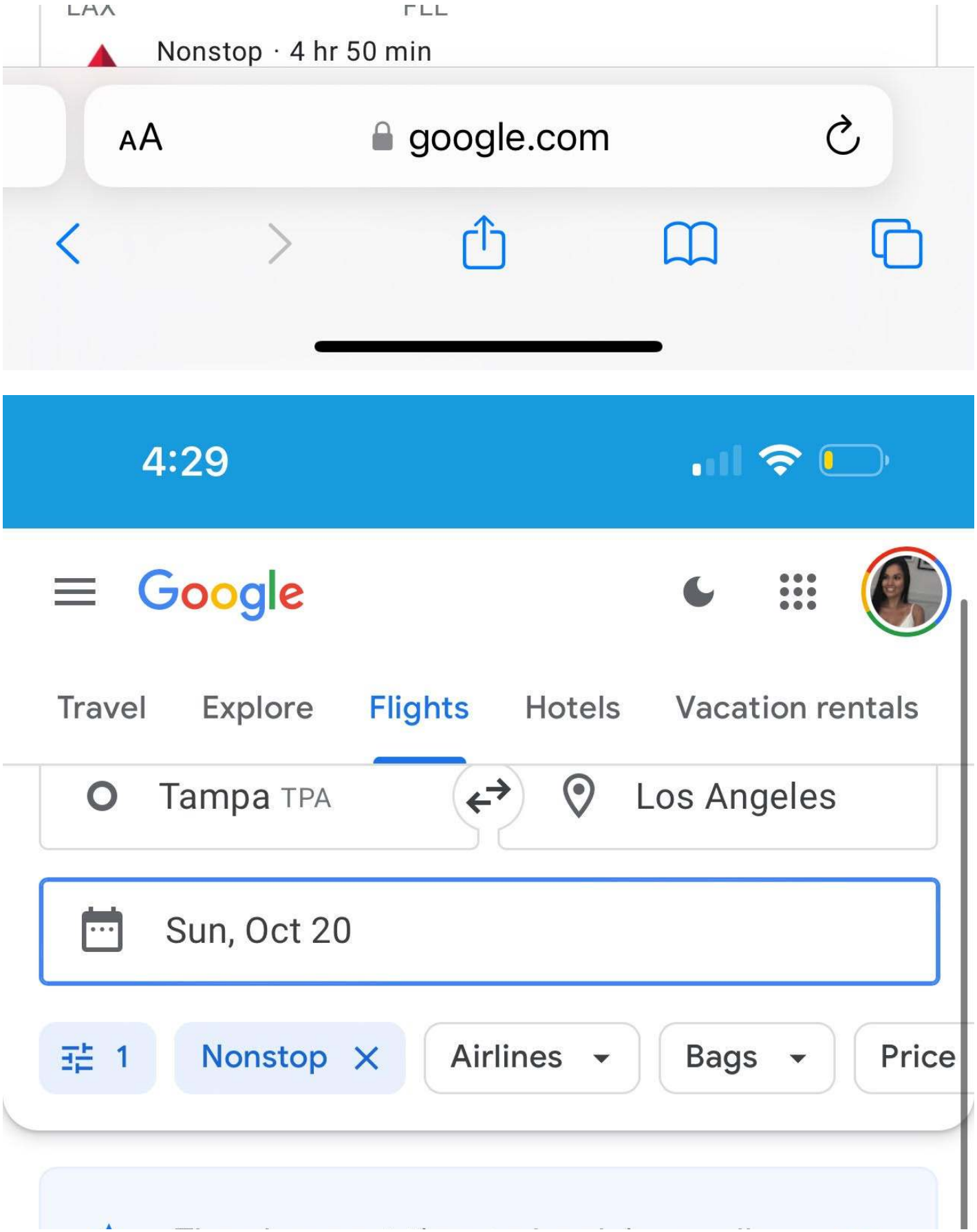
[Quoted text hidden]

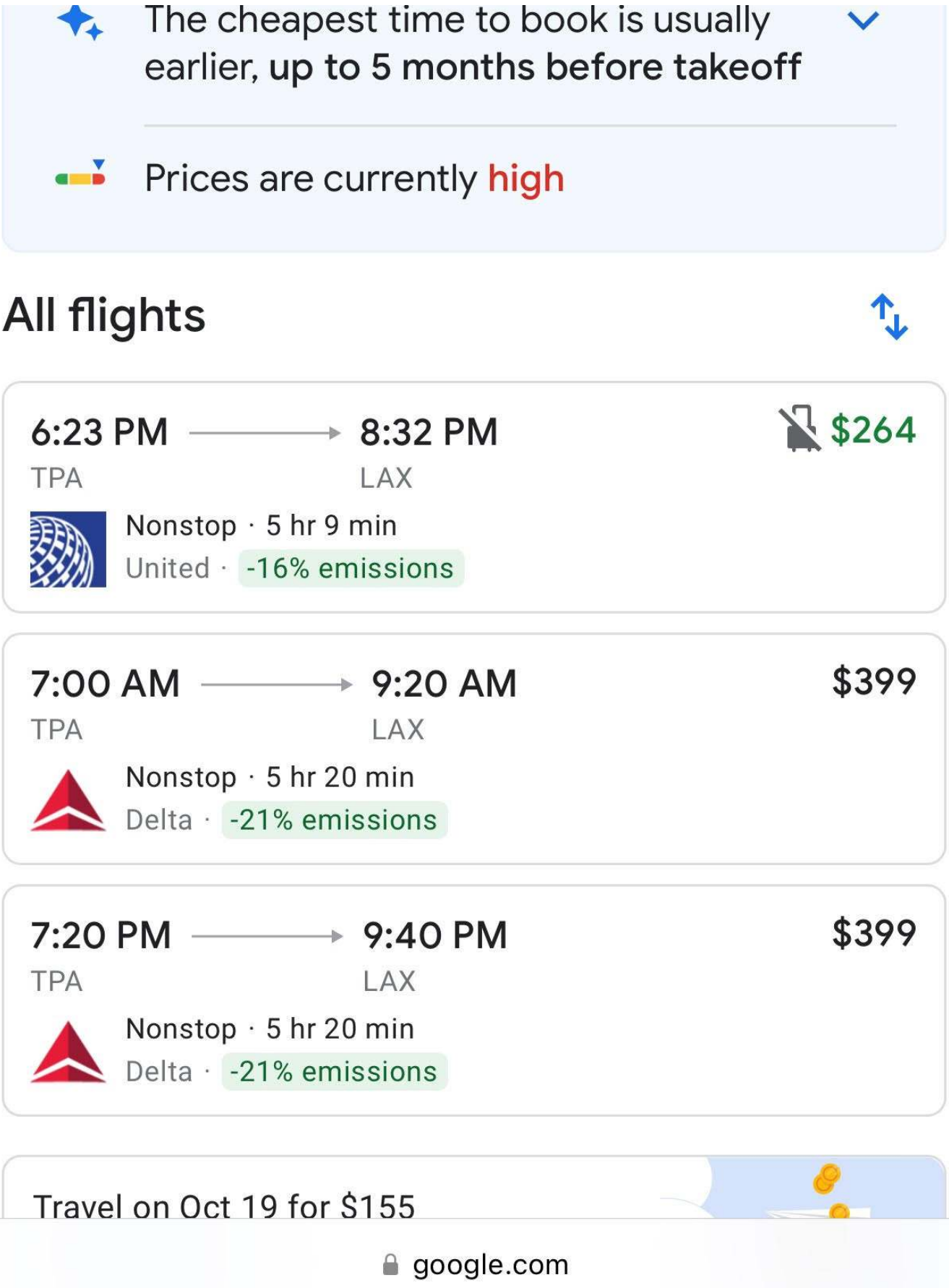
[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Sep 25, 2024 at 7:29 PM
To: jasonpbrienen@gmail.com




Los Angeles
Fort Lauderdale
Thu, Oct 17
1
Nonstop
Airlines
Bags
Price
Prices are currently high
All flights
3:05 PM
11:13 PM
$349
LAX
FLL
Nonstop · 5 hr 8 min
JetBlue · +30% emissions
11:30 AM
7:40 PM
$394
LAX
FLL
Nonstop · 5 hr 10 min
JetBlue · +30% emissions
10:50 PM
6:40 AM+1
$419


LAX
FLL
Nonstop · 4 hr 50 min
AA
google.com
4:29
Google
Travel
Explore
Flights
Hotels
Vacation rentals
Tampa TPA
Los Angeles
Sun, Oct 20
1
Nonstop
Airlines
Bags
Price


The cheapest time to book is usually earlier, up to 5 months before takeoff
Prices are currently high
All flights
6:23 PM
8:32 PM
TPA
LAX
$264
Nonstop · 5 hr 9 min
United · -16% emissions
7:00 AM
9:20 AM
TPA
LAX
$399
Nonstop · 5 hr 20 min
Delta · -21% emissions
7:20 PM
9:40 PM
TPA
LAX
$399
Nonstop · 5 hr 20 min
Delta · -21% emissions
Travel on Oct 19 for $155
google.com

[redacted]

What do you think babe?

Bruna
[Quoted text hidden]

Jason Brienen <jasonpbrienen@gmail.com> Wed, Sep 25, 2024 at 11:56 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

Looks good babe! I'm so excited to see youuuuu!!!

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

From: Bruna Oliveira <bo.bruna1997@gmail.com>
Sent: Wednesday, September 25, 2024 7:29:58 PM
To: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
[Quoted text hidden]

[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA MADRUGA DE OLIVEIRA 17OCT24

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Mon, Oct 14, 2024 at 10:00 AM
Reply-To: Transactional Email Reply Inbox <reply-432918-14_HTML-74639356-10982494-1761424@t.delta.com>
To: BO.BRUNA1997@gmail.com

View as a web page

DELTA

#9600778121
SkyMiles® Member

Confirmation Number

G8J92T

You're all set. If your plans change, you can make adjustments or cancel your itinerary on **MyTrips** on the Fly Delta app or **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA MADRUGA DE OLIVEIRA
SkyMiles #9600778121

FLIGHT	SEAT
DELTA 477	21E

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Thu, 17OCT	DEPART	ARRIVE
DELTA 477 Main Cabin (H)	LOS ANGELES, CA 10:50pm	FT LAUDERDALE, FL 6:40am **Fri 18OCT

**Arrival date is different than departure date.

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062275986803
Place of Issue:
Issue Date: 14OCT24
Expiration Date: 01OCT25

METHOD OF PAYMENT

AX**********2011	**$39.00 USD**

ECREDITS APPLIED	
eCredits Number	0062274683069
Passenger Name	BRUNA MADRUGA DE OLIVEIRA
Amount Applied	389.48 USD
Applied to Ticket Number	0062275986803

CHARGES	
Air Transportation Charges	
Base Fare	$384.54 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$5.60 USD
United States - Transportation Tax (US)	$28.84 USD
United States - Passenger Facility Charge (XF)	$4.50 USD
United States - Flight Segment Tax (ZP)	$5.00 USD
TICKET AMOUNT	**$428.48 USD**

Fare Difference - $36.28 USD
Taxes, Fees & Charges - $2.72 USD
Service Charge - $0.00 USD
Total Charged - $39.00 USD

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Thu 17 Oct 2024 **LAX-FLL**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

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Fare Details: LAX DL FLL Q0.35 384.19HA0OA0MC USD384.54END ZP LAX XF LAX4.5

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

FW: Citywire RIA Scottsdale CIO Summit 2025 - travel

1 message

Jason Brienen <jason@chironcapital.com>
To: "bo.bruna1997@gmail.com" <bo.bruna1997@gmail.com>

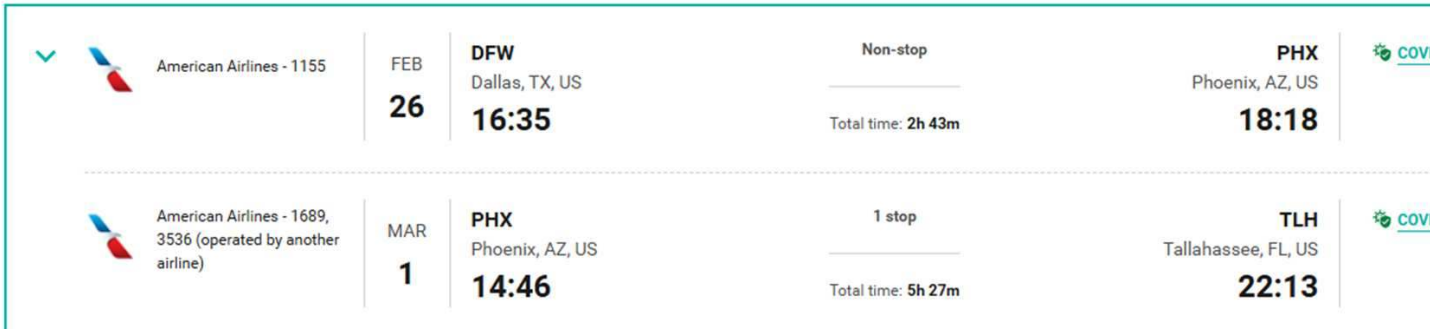
Flights to Phoenix.

From: Izzy Lee <ilee@citywire.co.uk>
Sent: Wednesday, January 15, 2025 4:43 AM
To: Jason Brienen <jason@chironcapital.com>
Subject: RE: Citywire RIA Scottsdale CIO Summit 2025 - travel

Dear Jason,

Please can I confirm your date of birth is 11th September 1977? There was a small typo in the original message, hence the confirmation!

Please confirm that these are the flights you have chosen:



Many thanks and I look forward to hearing from you,

Izzy

Izzy Lee

Event Executive

Citywire

Tel +44 (0)20 7840 2250

CITYWIRE

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Gmail B <bo.bruna1997@gmail.com>

Citywire RIA Scottsdale CIO Summit 2025 - Registration confirmation

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Thu, Dec 5, 2024 at 2:55 PM
To: bo.bruna1997@gmail.com

See you in Scottsdale! 😊

View in browser

SCOTTSDALE CIO SUMMIT 2025

Dear Jason,

Your registration has been confirmed for the **Citywire RIA Scottsdale CIO Summit 2025**.

Please save this email for future reference.

Event: **Citywire RIA Scottsdale CIO Summit 2025**.

Location: **Fairmont Scottsdale Princess Scottsdale**
Arizona (**Directions**)

Date: February **27 - 28** (**Save to calendar**)

We will be in touch nearer the time with regards to your agenda and any dietary requirements.

If you have any questions, please feel free to reply to this email.

We look forward to seeing you there.

Kind regards,

Arielle Shternfeld

Head of RIA - Audience Development

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Citywire Financial Publishers Ltd, 141 W 36th St, Floor 2, New York, NY, 10018, USA

Gmail B <bo.bruna1997@gmail.com>

You're going to Phoenix on 02/28 (23NIBE)!

1 message

Southwest Airlines <southwestairlines@ifly.southwest.com> Fri, Feb 28, 2025 at 8:42 AM
Reply-To: no-reply@ifly.southwest.com
To: bo.bruna1997@gmail.com

Here's your itinerary & receipt. See ya soon!
View in web browser | View our mobile site

Southwest

Manage Flight | Flight Status | My Account

Travel notice

REAL ID Requirement: Do you have a REAL ID? Beginning May 7, 2025, you will need a state-issued REAL ID compliant license or identification card, or another acceptable form of ID (such as a U.S. Passport), to fly within the United States. Visit www.tsa.gov for a list of acceptable forms of ID and additional information regarding REAL ID requirement.

Hi Bruna,

We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

FEBRUARY 28

LAX ✈ PHX

Los Angeles to Phoenix

Confirmation # **23NIBE**

Confirmation date: 02/28/2025

PASSENGER	**Bruna De Oliveira Madruga**
RAPID REWARDS #	Join or Log in
TICKET #	5262316418520
EST. POINTS EARNED	1,442

Rapid Rewards® points are only estimations.

Your itinerary

Flight: Friday, 02/28/2025 **Est. Travel Time:** 1h 30m Wanna Get Away®

FLIGHT # 1089	DEPARTS		ARRIVES
	LAX 08:45AM	✈	**PHX 11:15AM**
	Los Angeles		Phoenix

Payment information

Total cost

Air - 23NIBE

Base Fare	$	240.17
U.S. Transportation Tax	$	18.01
U.S. 9/11 Security Fee	$	5.60
U.S. Flight Segment Tax	$	5.20
U.S. Passenger Facility Chg	$	4.50
Total	**$**	**273.48**

Payment

February 28, 2025
Payment Amount **$108.30**
Amer Express ending in **2011**

February 28, 2025
Payment Amount **$165.18**
Flight Credit 254NZK

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket number : 5262316418520

All your perks, all in one place. (Plus a few reminders.)

Wanna Get Away® fare: Your two bags fly free®, no change or cancel fees, 6X Rapid Rewards® points, and free same-day standby (taxes and fees may apply but refunds will be provided). Learn more.

Make sure you know when to arrive at your airport. Times vary by city.

If your plans change, cancel your reservation at least 10 minutes before the original scheduled departure time of your flight to receive a flight credit. If you don't cancel your reservation in time, your funds will be forfeited.

Prepare for takeoff

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5262316418520: NONREF/NONTRANSFERABLE -BG WN LAX WN PHX240.17USD240.17END ZP LAX5.20 XF LAX4.5

WLN0H2H

If you do not plan to travel on your flight: In accordance with Southwest's No-Show Policy, if you are not planning to travel on any portion of this itinerary, please cancel your reservation at least 10 minutes prior to the scheduled departure time of your flight. Any Customer who fails to cancel reservations for a Wanna Get Away® or Wanna Get Away Plus™ fare segment at least ten (10) minutes prior to the scheduled departure time and who does not board the flight will be considered a no-show, and all remaining unused Wanna Get Away or Wanna Get Away Plus funds will be forfeited. All remaining unused Business Select® or Anytime funds will be converted to a flight credit. If you no-show for your reward travel reservation, the points will be redeposited to the purchaser's Rapid Rewards® account. Any taxes and fees associated with your reward travel reservation will be held for future use in the form of a flight credit. **Starting July 1, 2023 (12:00 a.m. CT),** for

Wanna Get Away® or Wanna Get Away Plus™ reward travel reservations (booked with points): If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, any points used for booking will be forfeited, along with any taxes and fees associated with your reward travel reservation. For Anytime or Business Select® reward travel reservations: the points used for booking will be redeposited to the purchaser's Rapid Rewards® account, and any taxes and fees associated with the reward travel reservation will be converted into a Transferable Flight Credit™ for future use.

Prohibition on Multiple/Conflicting Reservations: to promote seat availability for our Customers, Southwest® prohibits multiple reservations for the same Passenger departing from the same city on the same date, or any multiple reservations containing conflicting or overlapping itineraries (such as departures for the same Customer from multiple cities at the same time). Furthermore, without advance notice to the Passenger or purchaser, Southwest may cancel such reservations, or any other reservations that it believes, in its sole discretion, were made without intent to travel. With the exception of Southwest gift cards, funds from proactively canceled reservations by Southwest will be returned to the original form of payment. Reservations paid for with a Southwest gift card will have the amount applied from the gift card held as a flight credit for use by the Customer on a future Southwest Airlines® flight.

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Your Flight Receipt - BRUNA MADRUGA DE OLIVEIRA 27MAR25

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Wed, Mar 19, 2025 at 12:10 PM
Reply-To: Transactional Email Reply Inbox <reply-507158-14_HTML-74639356-10982494-298157@t.delta.com>
To: bo.bruna1997@gmail.com

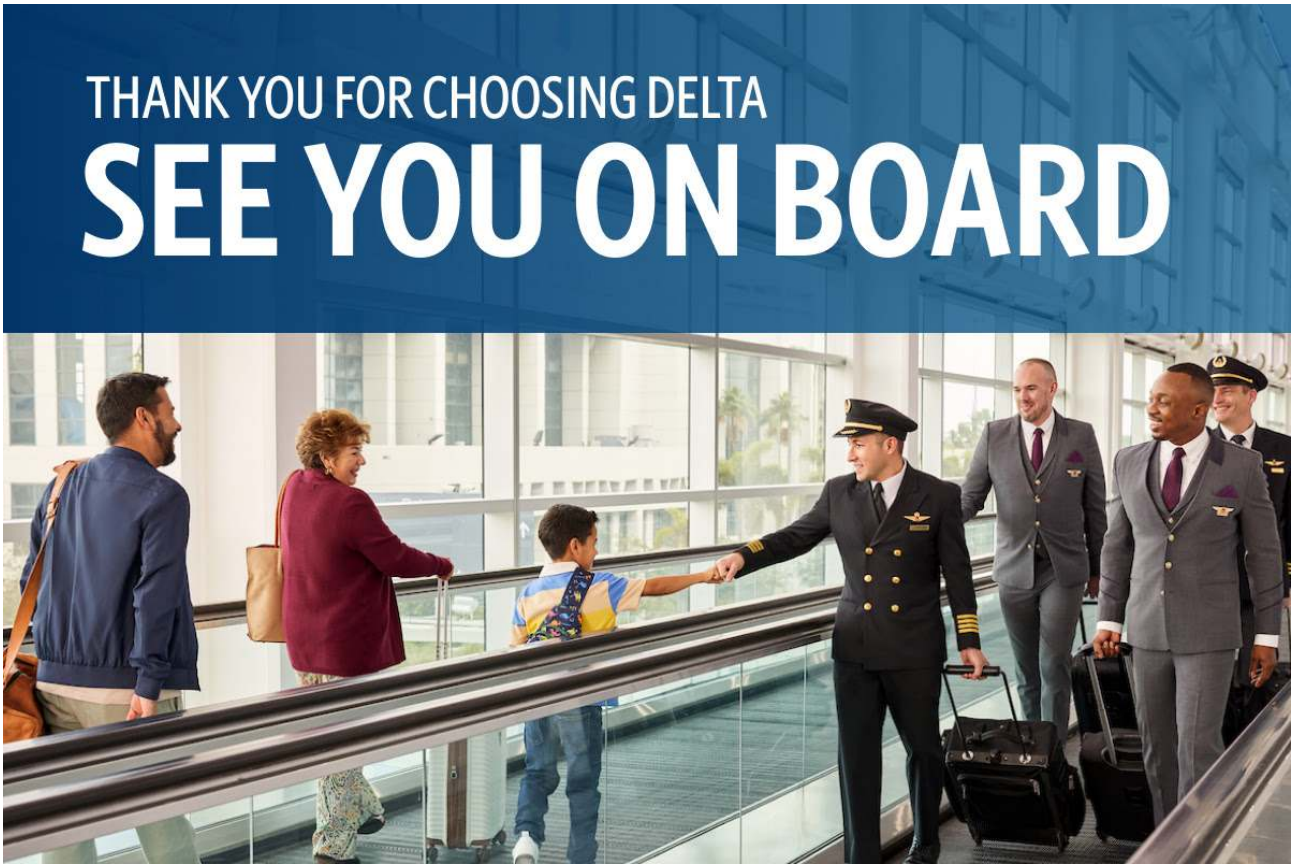
View as a web page

DELTA

#9600778121
SkyMiles® Member

Confirmation Number

GLBYMP



You're all set. If your plans change, you can make adjustments or cancel your itinerary on **MyTrips** on the Fly Delta app or **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA MADRUGA DE OLIVEIRA
SkyMiles #9600778121

FLIGHT	SEAT
DELTA 320	32D
DELTA 5236	14D
DELTA 2350	27F
DELTA 331	31F

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Thu, 27MAR	DEPART	ARRIVE
DELTA 320 Main (U)	LOS ANGELES, CA 11:59pm	ATLANTA 7:12am **Fri 28MAR

Fri, 28MAR	DEPART	ARRIVE
DELTA 5236* Main (U)	ATLANTA 8:10am	TALLAHASSEE, FL 9:14am

Sun, 30MAR	DEPART	ARRIVE
DELTA 2350 Main (U)	TALLAHASSEE, FL 5:42pm	ATLANTA 6:57pm
DELTA 331 Main (U)	ATLANTA 9:57pm	LOS ANGELES, CA 12:05am **Mon 31MAR

**Arrival date is different than departure date.

*Flight 5236 Operated by ENDEAVOR AIR DBA DELTA CONNECTION

MANAGE MY TRIP

Flight Receipt

Ticket #: 0062315286549
Place of Issue:
Issue Date: 19MAR25
Expiration Date: 19MAR26

METHOD OF PAYMENT	
AX**********2011	**$746.36 USD**

CHARGES	
Air Transportation Charges	
Base Fare	$647.78 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United States - Transportation Tax (US)	$48.58 USD
United States - Passenger Facility Charge (XF)	$18.00 USD
United States - Flight Segment Tax (ZP)	$20.80 USD
TICKET AMOUNT	**$746.36 USD**

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Thu 27 Mar 2025 **LAX-TLH**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

Sun 30 Mar 2025 **TLH-LAX**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

This trip is operated by Delta and the following carrier(s): . Visit delta.com for details on baggage embargoes that may apply to your itinerary. Also see other carrier's complete baggage information.

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Federal law forbids the carriage of hazardous materials aboard aircraft in your luggage or on your person. A violation can result in civil penalties. Examples include: Paints, aerosols, lighter fluid, fireworks, torch lighters, tear gases and compressed gas cartridges.

There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: LAX DL X/ATL DL TLH Q0.17 323.72UF7QA0MQ DL X/ATL DL LAX Q0.17 323.72UF7QA0MQ USD647.78END ZP LAXATLTLHATL XF ATL4.5LAX4.5TLH4.5ATL4.5

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Checked Bag Allowance

*On Delta® operated flights, you may carry on one bag and a small personal item at no charge.

Delta One®/First/Business Class weight allowance reverts to 50 lbs for all checked bags beyond regular free allowance.

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US Military personnel are eligible for fee waivers and other benefits. For more details, visit delta.com/baggage. Basic Cardmembers with a Gold, Platinum, or Reserve Delta SkyMiles Credit Card from American Express are eligible for the first bag fee waiver. More details on the program can be found at delta.com/firstbagfree.

A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Passengers embarking upon a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that the provisions of an international treaty (the Warsaw Convention, the 1999 Montreal Convention, or other treaty), as well as a carrier's own contract of carriage or tariff provisions, may be applicable to their entire journey, including any portion entirely within the countries of departure and destination. The applicable treaty governs and may limit the liability of carriers to passengers for death or personal injury, destruction or loss of, or damage to, baggage, and for delay of passengers and baggage.

Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

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• Our right to change terms of the contract.
• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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Effective December 15, 2019, the Canada Air Passenger Protection Regulations may provide additional protections to passengers traveling to or from Canada:

If you are denied boarding, your flight is cancelled or delayed for at least two hours, or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier (www.delta.com/appr) or visit the Canadian Transportation Agency's website.

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

Reservation reminder - June 5, 2025

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
To: bo.bruna1997@gmail.com

Our little family home for the weekend, Husband & Wife, and two kids… 😄😉

Pack your bags!

It’s almost time for your trip to Tampa, FL.

Channelside | Amazing View | 2BD

Entire home/apt hosted by Toni

Check-in

Thu, Jun 5

After 4:00 PM

Address

601 N 12th St, Tampa, FL 33602, USA

Get directions

Guests

2 adults, 2 children

Invite guests

Amount

$1,198 USD

View receipt

Reservation code

HMFW53EA2H

House rules

You'll be staying in someone's home, so please treat it with care and respect.

6 guests maximum
Pets allowed
Quiet hours: 11:00 PM - 7:00 AM

Show more

Safety & property

Carbon monoxide alarm
Smoke alarm
Noise decibel monitors on property

Show more

Toni is your Host

Contact Toni to coordinate arrival time and key exchange.

Message host+1 813-851-2847

Damage responsibility

Airbnb may charge your payment method if you're responsible for damage.

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Contact our support team 24/7 from anywhere in the world.

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The fas

888 Brannar

Gmail B <bo.bruna1997@gmail.com>

Your Flight Receipt - BRUNA MADRUGA DE OLIVEIRA 06JUN25

1 message

Delta Air Lines <DeltaAirLines@t.delta.com> Sun, May 18, 2025 at 2:54 PM
Reply-To: Transactional Email Reply Inbox <reply-532841-14_HTML-74639356-10982494-259203@t.delta.com>
To: bo.bruna1997@gmail.com

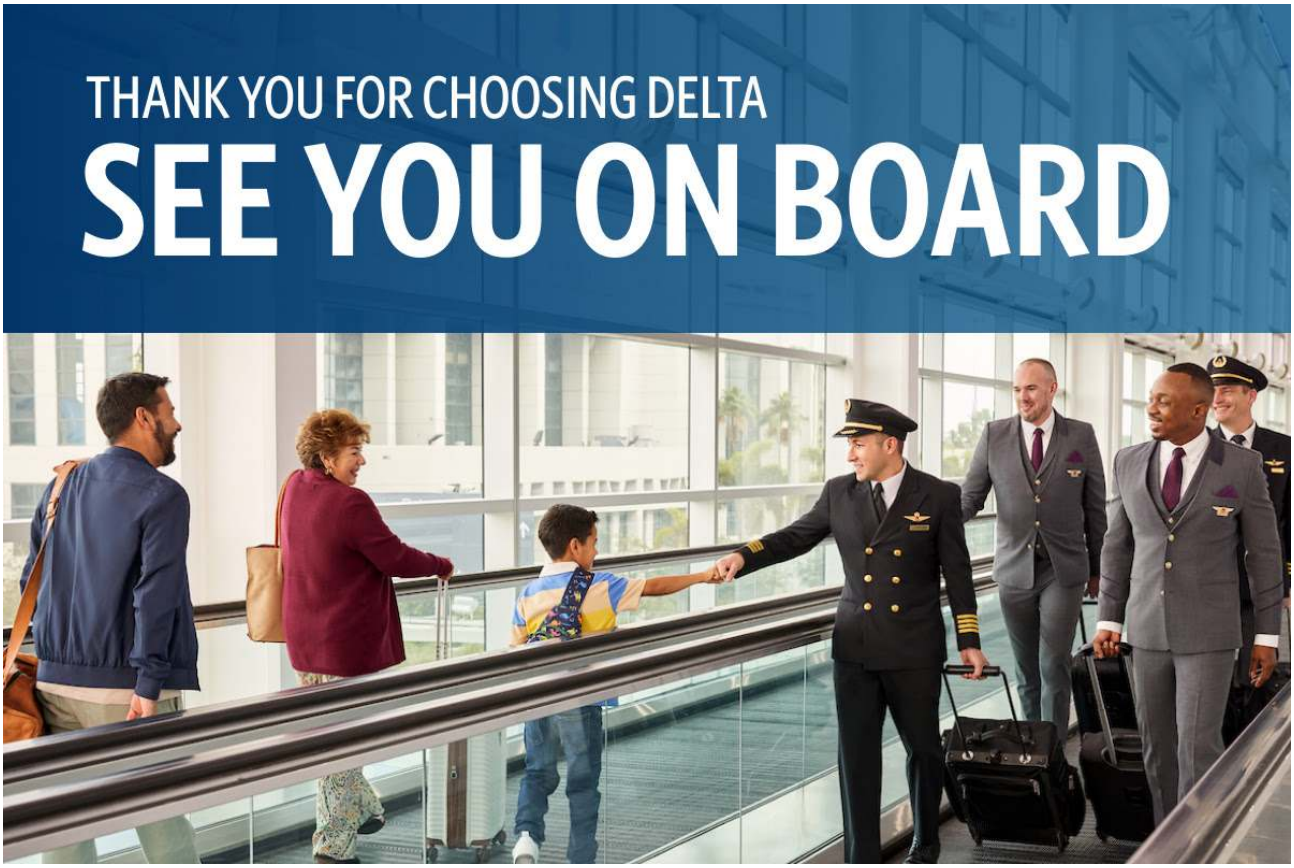
View as a web page

DELTA

#*******121
SkyMiles® Member

Confirmation Number

GYO973



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Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: BRUNA MADRUGA DE OLIVEIRA
SkyMiles #*******121

FLIGHT	SEAT
DELTA 749	***
DELTA 1720	***
DELTA 763	***

Visit delta.com or download the Fly Delta app to view, select or change your seat. If you purchased an upgrade or a Trip Extra, please visit My Trips to access a receipt of your purchase.

Fri, 06JUN	DEPART	ARRIVE
DELTA 749 Delta Main Basic (E)	LOS ANGELES 10:25AM	TAMPA 06:06PM

Mon, 09JUN	DEPART	ARRIVE
DELTA 1720 Delta Main Basic (E)	TAMPA 04:23PM	ATLANTA 05:57PM
DELTA 763 Delta Main Basic (E)	ATLANTA 07:25PM	LOS ANGELES 09:11PM

MANAGE MY TRIP

Check Your Identification For REAL ID Before Your Flight

Beginning May 7, 2025, the Transportation Security Administration (TSA) will ask for a state-issued REAL ID-compliant license or identification card or another acceptable form of ID, such as a passport, to fly within the United States. Visit tsa.gov for a list of acceptable forms of ID and additional information regarding REAL ID.

**Updated April 16, 2025*

Flight Receipt

Ticket #: 0062332252625
Place of Issue:
Issue Date: 18MAY25
Expiration Date: 18MAY26

METHOD OF PAYMENT	
AX**********2011	**$433.66 USD**

CHARGES	
Air Transportation Charges	
Base Fare	$365.92 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	$11.20 USD
United States - Transportation Tax (US)	$27.44 USD
United States - Passenger Facility Charge (XF)	$13.50 USD
United States - Flight Segment Tax (ZP)	$15.60 USD
TICKET AMOUNT	**$433.66 USD**

Checked Bag Allowance

The fees below are based on your original ticket purchase. Fees may be converted to local currency based on your departure airport. **If you qualify for free or discounted checked baggage**, this will be taken into account when you check in. Visit delta.com for details on baggage embargoes that may apply to your itinerary.

Fri 06 Jun 2025 **LAX-TPA**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

Mon 09 Jun 2025 **TPA-LAX**

CARRY ON	FIRST	SECOND
FREE	$35.00**USD** (50LBS/23KG) OR 3,500 miles	$45.00**USD** (50LBS/23KG) OR 4,500 miles

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There are special exceptions for small quantities (up to 70 ounces total). For further information visit delta.com Restricted Items Section.

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Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: LAX DL TPA Q0.17 147.91XFUNA0BQ DL X/ATL DL LAX Q0.17 217.67UFUQA0BQ USD365.92END ZP LAXTPAATL XF LAX4.5TPA4.5ATL4.5

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A standard checked bag with Delta may be up to 50 lbs and 62 linear inches (per piece). Additional fees apply for oversize, overweight, and/or additional pieces of checked baggage. Please review Delta's baggage guidelines for details. Weight and size restrictions may vary when checking baggage on carriers other than Delta. Contact the operating carrier for detailed checked baggage allowances. You must be checked in at the gate by the applicable check-in deadlines or your reservation may be cancelled. Please review Delta's check-in requirement guidelines for details. Check-in requirements vary by airline, so if your ticket includes travel on other airlines, please check with the operating carrier on your ticket.

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Passengers embarking upon a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that the provisions of an international treaty (the Warsaw Convention, the 1999 Montreal Convention, or other treaty), as well as a carrier's own contract of carriage or tariff provisions, may be applicable to their entire journey, including any portion entirely within the countries of departure and destination. The applicable treaty governs and may limit the liability of carriers to passengers for death or personal injury, destruction or loss of, or damage to, baggage, and for delay of passengers and baggage.

Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under an international treaty. For further information please consult your airline or insurance company representative.

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• Check-in requirements and other rules established when we may refuse carriage.
• Our rights and limits of our liability for delay or failure to perform service including schedule change, substitution of alternative air carriers or aircraft, and rerouting.
• Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight.

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage on delta.com, or by requesting a copy from Delta.

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Si l'embarquement vous est refusé, ou si votre vol est annulé ou retardé d'au moins deux heures ou si vos bagages sont perdus ou endommagés, vous pourriez avoir droit au titre du Règlement sur la protection des passagers aériens, à certains avantages au titre des normes de traitement applicables et à une indemnité. Pour de plus amples renseignements sur vos droits, veuillez communiquer avec

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247382E-Receiptprod

Gmail B <bo.bruna1997@gmail.com>

Your trip confirmation (LAX - MCO)

1 message

American Airlines <no-reply@info.email.aa.com> Tue, Aug 5, 2025 at 7:55 PM
To: BO.BRUNA1997@gmail.com

American

Issued: August 5, 2025

Your trip confirmation and receipt
You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **FQNZTX**

Monday, August 25, 2025

LAX
Los Angeles
11:15 AM

MCO
Orlando
7:19 PM

AA 1024

Seat: **22F**
Class: **Economy (B)**
Meals: **Food for purchase**

Manage your trip

Limited Time: Earn up to 80,000 bonus miles*
Find the Citi® / AAdvantage® card that's right for you. Terms Apply
Learn more

Your purchase

Bruna Madruga - AAdvantage® #: N19****

New ticket (0012264205992) [$77.38 + Taxes & carrier-imposed fees $21.10]	$98.48
Standard Seat (LAX-MCO) Document #: (0010632490543) [$24.83 + Taxes & carrier-imposed fees $1.86]	$26.69
Total cost	**$125.17**

Your payment

AmericanExpress (ending 2011)	$125.17
Total paid	**$125.17**

Bag information

Checked Bag (Airport)	
1st bag	$40.00
2nd bag	$45.00

Checked Bag (Online*)	
1st bag	$35.00
2nd bag	$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 2 hours) before departure.

Carry-on bags (American Airlines operated flights)

A small purse, briefcase, laptop bag, or similar item that

Personal item	must fit under the seat in front of you.
Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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*Offers may vary over time and this offer may not be available in other places where the card is offered. Offer available if you apply here on the day that this email was sent unless an offer expiration date is provided

You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our Airport Information page.

Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage link below.

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Gmail B <bo.bruna1997@gmail.com>

August 26, 2025: Your reservation at il Lusso is confirmed

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 6:53 PM
To: bo.bruna1997@gmail.com

From: Resy Reservations <noreply@resy.com>
Sent: Tuesday, August 26, 2025 6:42 PM
To: jasonpbrienen@gmail.com
Subject: Your reservation at il Lusso is confirmed

RESY

Reservation booked.

il Lusso

Tue, Aug. 26 at 7:15pm

2 Guests, Dining Room

Manage Reservation

Cancel

Add to Calendar

Google Apple Outlook

Thank you for making a reservation.

We will hold your table for 15 minutes, so please call +1 850-765-8620 if you're running late.

We hope you enjoy your experience at il Lusso!

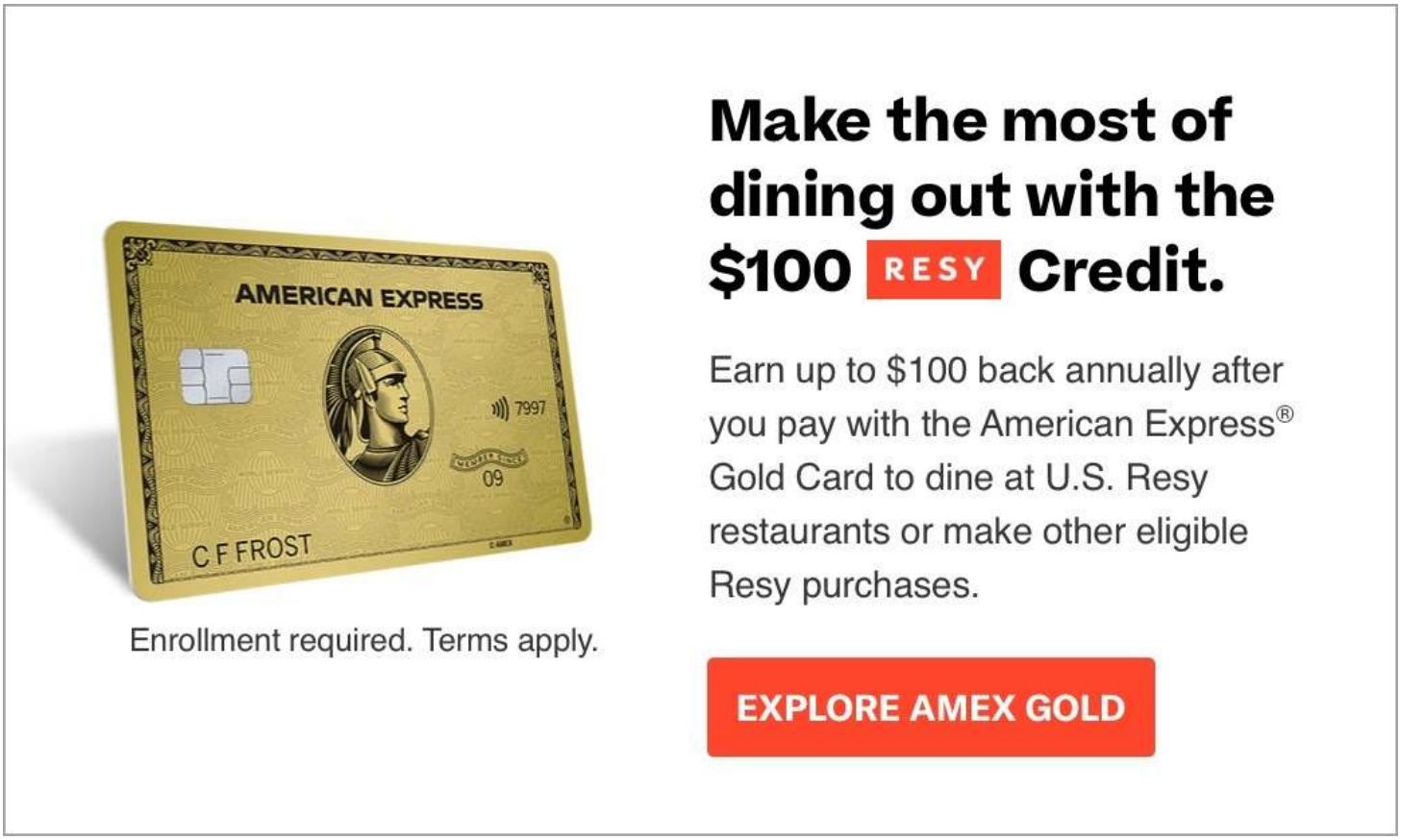
Dress Code: Business casual attire | Hats and flip-flops are highly discouraged. Baseball caps not permitted.

Table decorations are not permitted without prior approval. Outside food is not allowed.

Please note that our dining room accommodates parties of up to 12 guests. If your group exceeds this limit or arrives with unexpected guests we may not be able to accommodate the additional guests.

Cancellation Policy

If you cancel this reservation, you agree to be charged a fee of $50.00 + tax per guest on the reservation. Any waiver of the fee is at the sole discretion of the restaurant



Download our app to set dining preferences and invite friends on the go.

Download on the App Store

il Lusso

201 E Park Ave #100
(Between E Park Ave and S Monroe St)
Tallahassee, FL 32301

Get Directions

+1 850-765-8620

https://www.illussotally.com

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Your trip confirmation (TLH - LAX)

1 message

American Airlines <no-reply@info.email.aa.com> Tue, Aug 5, 2025 at 8:05 PM
To: BO.BRUNA1997@gmail.com

American

Issued: August 6, 2025

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **AHWOAU**

Friday, August 29, 2025

TLH
Tallahassee
2:17 PM

AA 5664
Operated by PSA Airlines
as American Eagle

DFW
Dallas/Fort Worth
3:35 PM

Seat: **19F**
Class: **Economy (V)**
Meals:

DFW
Dallas/Fort Worth
4:59 PM

AA 3328

LAX
Los Angeles
6:02 PM

Seat: **21F**
Class: **Economy (V)**
Meals: **Food for purchase**

Manage your trip

Limited Time: Earn up to 80,000 bonus miles*
Find the Citi® / AAdvantage® card that's right for you. Terms Apply
Learn more

Your purchase

Bruna Madruga - AAdvantage® #: N19****

New ticket (0012264211353)	$398.19
[$347.15 + Taxes & carrier-imposed fees $51.04]	
Total cost	**$398.19**

Your payment

AmericanExpress (ending 2011)	$398.19
Total paid	**$398.19**

Bag information

Checked Bag (Airport)	
1st bag	$40.00
2nd bag	$45.00

Checked Bag (Online*)	
1st bag	$35.00
2nd bag	$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 2 hours) before departure.

Carry-on bags (American Airlines operated flights)

Personal item	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

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NOTICE OF INCORPORATED TERMS OF CONTRACT

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Your trip confirmation (LAX - TLH)

1 message

American Airlines <no-reply@info.email.aa.com> Thu, Oct 2, 2025 at 8:57 PM
To: BO.BRUNA1997@gmail.com

American

Issued: October 3, 2025

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **LTALIV**

Sunday, October 19, 2025

LAX
Los Angeles
7:28 AM

AA 1952

CLT
Charlotte
3:15 PM

Seat: **32F**
Class: **Economy (L)**
Meals: **Food for purchase**

CLT
Charlotte
5:11 PM

AA 6061
Operated by Piedmont Airlines
as American Eagle

TLH
Tallahassee
6:56 PM

Seat: **14C**
Class: **Economy (L)**
Meals:

Thursday, October 23, 2025

TLH
Tallahassee
5:40 AM

AA 5325
Operated by PSA Airlines
as American Eagle

DFW
Dallas/Fort Worth
7:13 AM

Seat: **19F**
Class: **Economy (L)**
Meals:

DFW
Dallas/Fort Worth
8:15 AM

AA 1905

LAX
Los Angeles
9:32 AM

Seat: **34F**
Class: **Economy (L)**
Meals: **Food for purchase**

Manage your trip

Earn up to 70,000 bonus miles*
Find the Citi® / AAdvantage® card that's right for you. Terms Apply.
Learn more

Your purchase

Bruna Madruga - AAdvantage® #: N19****

New ticket (0012279834355) [$731.50 + Taxes & carrier-imposed fees $104.86]	$836.36
Total cost	**$836.36**

Your payment

AmericanExpress (ending 2011)	$836.36
Total paid	**$836.36**

Bag information

Checked Bag (Airport)	
1st bag	$40.00
2nd bag	$45.00

Checked Bag (Online*)	
1st bag	$35.00
2nd bag	$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

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Carry-on bags (American Airlines operated flights)

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Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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*Offers may vary over time and this offer may not be available in other places where the card is offered. Offer available if you apply here on the day that this email was sent unless an offer expiration date is provided

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November 12-14, 2025: JW Marriott Camelback Inn Resort & Spa Reservation Confirmation

1 message

Jason Brienen <jason@chironcapital.com> Mon, May 4, 2026 at 6:53 PM
To: "bo.bruna1997@gmail.com" <bo.bruna1997@gmail.com>

From: JW Marriott Camelback Inn Resort & Spa Team <info@cvent.com>
Sent: Thursday, October 9, 2025 4:54 PM
To: Jason Brienen <jason@chironcapital.com>
Subject: JW Marriott Camelback Inn Resort & Spa Reservation Confirmation

JW MARRIOTT
CAMELBACK INN SCOTTSDALE

Reservation Confirmation

Hello Jason,
We Look Forward To Welcoming You

Your Upcoming Event

Source50 Summits 2025

Nov 9, 2025 - Nov 16, 2025

JW Marriott Camelback Inn Resort & Spa

5402 East Lincoln Drive Scottsdale, AZ 85253 | 1-480-948-1700

Date booked	Acknowledgment number	Hotel confirmation number
Oct 9, 2025	#N3T2NW25	#72635619

Check-in	Checkout
Nov 12, 2025	Nov 14, 2025

Guest information Jason Brienen

5402 E LINCOLN DRIVE

SCOTTSDALE, AZ
85253

Room type	Group Run of House
Guests per room	1
Request	
Accessible room	No
Shared with	There are no other guests sharing this room

Cancelation policy
Cancellations made within 7 days of arrival will forfeit one night's room and tax.

Need to change something? Manage stay

Summary of Charges

Date	Guests	Status	Rate (USD)
Nov 12, 2025	1	Confirmed	359.00
Nov 13, 2025	1	Confirmed	359.00
		Total	718.00

Add-ons

Tax Disclosure Room Rates shown do not include 13.17% room tax and $30.00 Resort Fee. Additional Fee's may apply... $5.00 Nightly Housekeeping Fee. $14.00 One (1) Time Bellman Fee

Grand total (USD)	**882.56**

Plan Your Adventure

Follow the link to view the latest news about the beautiful JW Marriott Scottsdale Camelback Inn Resort & Spa.

» Explore Now

Cabanas & Reserved Seating

Your desert oasis awaits. Reserve your cabanas or lounge chairs today to soak up the sun at the Jackrabbit Pool.

.

»Reserve Now

Secure Your Early Arrival, Late Departure, or Both

Starting at $50.00+ tax, unlock the convenience and flexibility of early check-in, late check-out, or both, allowing you to tailor your stay experience.

» Reserve Now

Let This Booking Help With Your Next Booking

Join Marriott Bonvoy® to earn points toward free nights, exclusive member benefits, and more.

» Join Now

.

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Gmail B <bo.bruna1997@gmail.com>

Your Flight Confirmation Code JEJQKM

1 message

Frontier Airlines <flights@emails.flyfrontier.com> Sat, Nov 8, 2025 at 11:35 PM
Reply-To: Frontier Airlines <flights.email@flyfrontier.com>
To: bo.bruna1997@gmail.com

FRONTIER

PURCHASE CONFIRMATION

Thank you for your purchase with us!

Your flight confirmation code is: **JEJQKM**

You can check-in and retrieve your boarding pass 24 hours before your flight.

Use the Frontier mobile app to manage your booking

Download on the App Store GET IT ON Google Play

FLIGHTS

Subtotal: $199.96

DEPARTING FLIGHT 3644

Los Angeles (LAX) to Phoenix (PHX)

Depart: 11/12/2025 7:48 PM | Arrive: 11/12/2025 10:23 PM

Journey Duration: 1 hr 35 min

RETURNING FLIGHT 3303

Phoenix (PHX) to Los Angeles (LAX)

Depart: 11/15/2025 3:16 PM | Arrive: 11/15/2025 3:45 PM

Journey Duration: 1 hr 29 min

BOARDING ENDS 20 MIN BEFORE FLIGHT DEPARTURE.

PURCHASE SUMMARY

AMOUNT PAID: $233.96

PASSENGERS

1 - Bruna De Oliveira
Not a *FRONTIER Miles*[sm] Member? Sign Up!

BUNDLES

ACT QUICKLY AND SAVE!

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Buy Now And Save!

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Buy Extras Now & Save Later

Do you need Airport Agent Assitance, Priority Boarding, or Flexible Flight Options?
Buy Services Now

SEATS

Subtotal: $34.00

Outbound LAX to PHX

1 - Bruna De Oliveira

Seat: **$17.00** | Seat Number: 14F

Return PHX to LAX

1 - Bruna De Oliveira

Seat: **$17.00** | Seat Number: 15F

BAGS

Haven't purchased bags yet?

Buy your carry-on and checked bags after your initial flight purchase. Each passenger can bring one personal item no larger than larger than 14"H X 18"W X 8"D.

Buy Bags Now

PASSENGER OPTIONS & EXTRAS DETAIL

1 - Bruna De Oliveira

Outbound LAX to PHX

Standard Seat	$17.00

Return PHX to LAX

Standard Seat	$17.00

TAXES & CARRIER IMPOSED FEES

Outbound LAX to PHX

US Passenger Security Fee	$5.60
US Transportation Tax	$6.47
Carrier Interface Charge *Non-Refundable*	$23.00
Passenger Facility Charge	$4.50
US Domestic Flight Segment Tax	$5.20

Return PHX to LAX

US Passenger Security Fee	$5.60
US Transportation Tax	$2.14
Carrier Interface Charge *Non-Refundable*	$23.00
Passenger Facility Charge	$4.50
US Domestic Flight Segment Tax	$5.20

PURCHASE TOTAL

Airfare	$114.75
Options	$34.00
Taxes and Carrier-Imposed Fees	$85.21
Grand Total	**$233.96**

PAYMENT: AMERICAN EXPRESS

Total	**$233.96**
Payment Date	Nov 9, 2025
Payment Type	American Express

Approved XXXXXXXXXXX1005

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4545 Airport Way | Denver, CO 80239 | CNFRMPRODV1
11/08/25 09:35 PM

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Want more legroom? We have it! Premium seating is available on all our airplanes. Learn More.

You can add Checked and Carry-On Bag options, choose pre-assigned seats, and check the status of your flight on Frontier Airlines' mobile app: Android or iOS.

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Terms and Conditions:

IMPORTANT: By purchasing you have agreed to our contract of carriage.

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Elite Gold members are entitled to bring a free carry-on bag. Elite Platinum members are entitled to bring a free carry-on bag and a free first checked bag (including Ski/Golf bags) for everyone on their reservation. Elite Diamond Status members are entitled to bring a free carry-on bag and a free first checked bag (including Ski/Golf bags) in addition to a free second checked bag for everyone on their reservation. Elite Benefits

U.S. military service members onboard that present either a Common Access Card (CAC) with a uniformed services or academy affiliation or an Armed Forces of the United States Identification Card with an active duty, reserve, guard, or academy affiliation are entitled to bring one free personal item, one free carry-on bag and two free checked bags for accompanying spouse and children. Oversize and overweight baggage fees are waived for the first two free checked bags. Military Personnel

Personal Item: One included with your fare
Maximum size: 8"D x 18"W x 14"H including handles, wheels and straps
The size of your one included personal item will be checked during boarding. Items larger than the

allowed dimensions are subject to an additional charge.

Carry-On Bag: For price, see bag option prices below.
Maximum size: 10"D x 16"W x 24"H including handles, wheels and straps
Maximum weight: 35lbs
The size of your carry-on bag will be checked during boarding. Items larger than the allowed dimensions are subject to an additional charge.

Checked Bag: For price, see bag option prices below.
Maximum size: 62 linear inches (length + width + depth) including handles, wheels and straps; oversize bags subject to charge.
Maximum weight: 40lbs (18.1 kilograms)
Baggage weighing 100 or more pounds (45 kilograms) or exceeding 110 linear inches will not be accepted, with the exception of assistive devices.

Oversized Checked Baggage: $75 per bag, per direction (Non-Refundable)
Bags between 63-110 linear inches subject to charge. Bags in excess of 110 linear inches will not be accepted.

Overweight Checked Baggage: $75-$100 per bag, per direction (Non-Refundable)
Bags weighing 41-50 pounds will be charged $75 per bag, per direction. Bags weighing 51-100 pounds will be charged $100 per bag, per direction. Bags in excess of 100 pounds will not be accepted.

Bag option prices:

Purchase Location	Carry-On Bag	1st Checked Bag	2nd Checked Bag	>3+ Checked Bag
BEST VALUE! At booking on web/mobile	$59	$44	$59	$75
After booking and up to 24 hrs before departure on web/mobile	$69	$54	$59	$75
Customer Support Agent	$79	$79	$89	$99
Web/mobile check-in	$69	$54	$59	$75
Airport ticket counter or self-serve kiosk	$79	$79	$89	$99

Departure gate	$99	$99 for bags exceeding our size requirements	N/A	N/A

All prices are per passenger, per direction. A service agent charge of up to $25 per person per direction applies to all agent assisted transactions.

Seating

Charges for seating upgrades are charged per flight, including connecting flights in the itinerary.

Refunds

If you purchased your ticket at FlyFrontier.com or through our Reservations Department, you may request a full refund up to 24 hours after the time of purchase if the purchase was made 7 days (168 hours) or more prior to your flight's departure. This ticket may be canceled and refunded at the My Trips section on FlyFrontier.com.

Check-In Times

For most flights, you can check in on the Frontier app starting 24 hours before your flight's scheduled departure time. We recommend you arrive at least 2 hours before departure to ensure you are checked in and at the gate by the cutoff times. You must have your boarding pass printed and any baggage checked by the following cutoff times:

Domestic Flights: 60 minutes before departure
International Flights: 60 minutes before departure

Please be at the gate and ready to board no later than 45 minutes before departure.

Change Flight Fee (Per Person Per Direction)

Basic Fare/Standard Fare: 60+ Days Prior to Departure $0, 59 to 7 Days Prior to Departure $49, 6 Days or Less Prior to Departure $99 (Including Same Day).
Economy, Premium and Business: 60+ Days Prior to Departure through day of departure: $0
Bizfare: 60+ Days Prior to Departure through day of departure: $0
For full details, visit FlyFrontier.com.

Discount Den

If you purchased a Discount Den membership, you can find all details of your subscription on the Membership Terms and Conditions page.

Customer Relations

To contact Customer Relations, visit www.flyfrontier.com/customer-support/ or mail to: Attn: Customer Relations, Frontier Airlines, 4545 Airport Way, Denver, CO 80239

Passengers who are Elite loyalty members or customers that have either upcoming travel within 24 hours or recently completed travel within 24 hours can call us at 801-401-9000 for assistance.

Gmail B <bo.bruna1997@gmail.com>

Basketball game: You Got Tickets To Battle in the Bay: FSU vs Texas A&M

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 6:53 PM
To: bo.bruna1997@gmail.com

From: Ticketmaster <customer_support@email.ticketmaster.com>
Sent: Tuesday, November 4, 2025 6:07 PM
To: jasonpbrienen@gmail.com
Subject: You Got Tickets To Battle in the Bay: FSU vs Texas A&M

ticketmaster My Account

You Got the Tickets

Order # 9-56190/FLO

Battle in the Bay: FSU vs Texas A&M

Fri · Nov 28, 2025 · 7:00 PM

Benchmark International Arena — Tampa, Florida

Get Directions

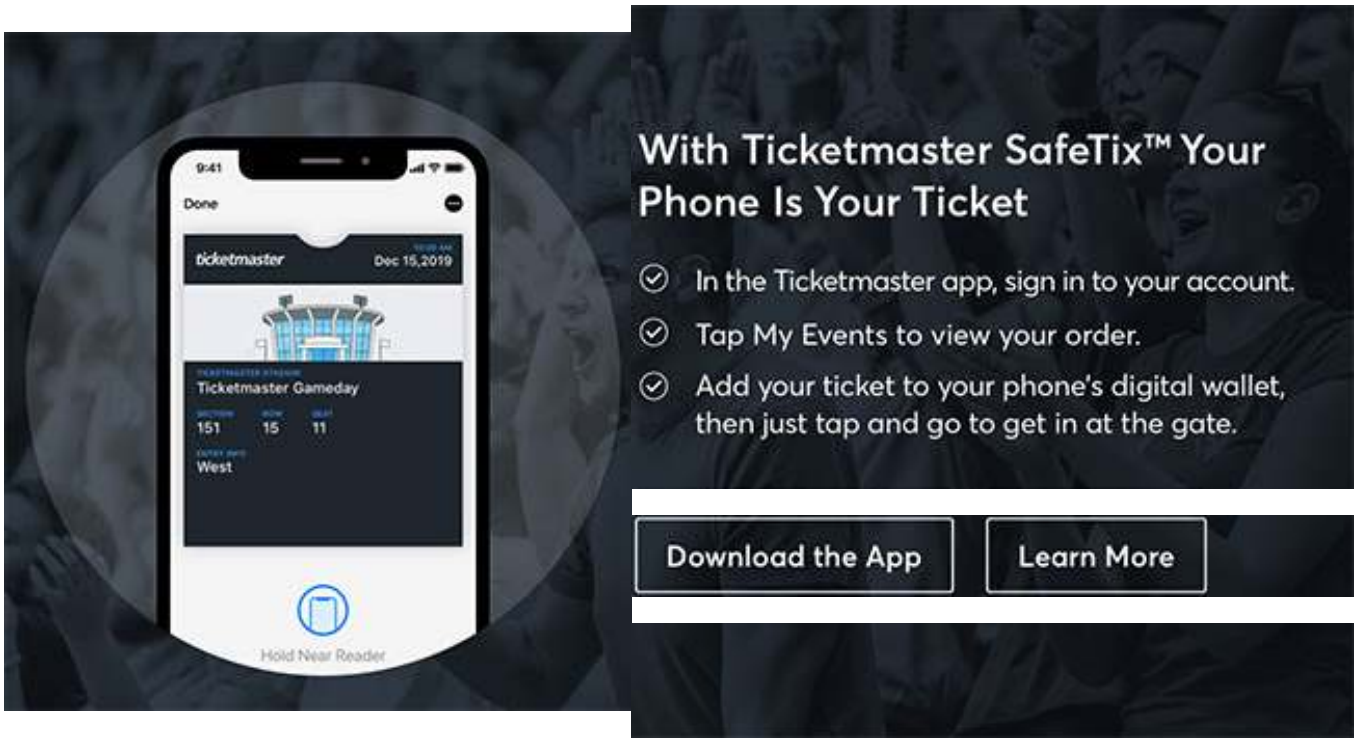
Sec 114, Row F, Seat 13 - 14

View Mobile Ticket

Transfer Tickets to Friends

Easily transfer your tickets on Ticketmaster.com or the app.

Manage My Tickets



Payment Summary

View Details

Payment Method

VISA — 7358

Total: $147.70

Mobile: To access your tickets for entry, you'll need to download the Ticketmaster App or add your tickets to your mobile wallet.

Things to Know

Send Tickets to Your Group Ahead of Time

Manage Your Account

For more information visit our Help Center

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Gmail B <bo.bruna1997@gmail.com>

Citywire RIA Scottsdale CIO Summit 2025 - Registration confirmation

2 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Thu, Dec 5, 2024 at 2:55 PM
To: bo.bruna1997@gmail.com

See you in Scottsdale! 😊

View in browser

SCOTTSDALE CIO SUMMIT 2025

Dear Jason,

Your registration has been confirmed for the **Citywire RIA Scottsdale CIO Summit 2025**.

Please save this email for future reference.

Event: **Citywire RIA Scottsdale CIO Summit 2025**.

Location: **Fairmont Scottsdale Princess Scottsdale**
Arizona (**Directions**)

Date: February **27 - 28** (**Save to calendar**)

We will be in touch nearer the time with regards to your agenda and any dietary requirements.

If you have any questions, please feel free to reply to this email.

We look forward to seeing you there.

Kind regards,

Arielle Shternfeld

Head of RIA - Audience Development

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Citywire Financial Publishers Ltd, 141 W 36th St, Floor 2, New York, NY, 10018, USA

Jason Brienen <jason@chironcapital.com> Mon, May 4, 2026 at 6:16 PM
To: "bo.bruna1997@gmail.com" <bo.bruna1997@gmail.com>

[Quoted text hidden]

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Gmail B <bo.bruna1997@gmail.com>

Woot! A new route. Jacksonville to San Juan.

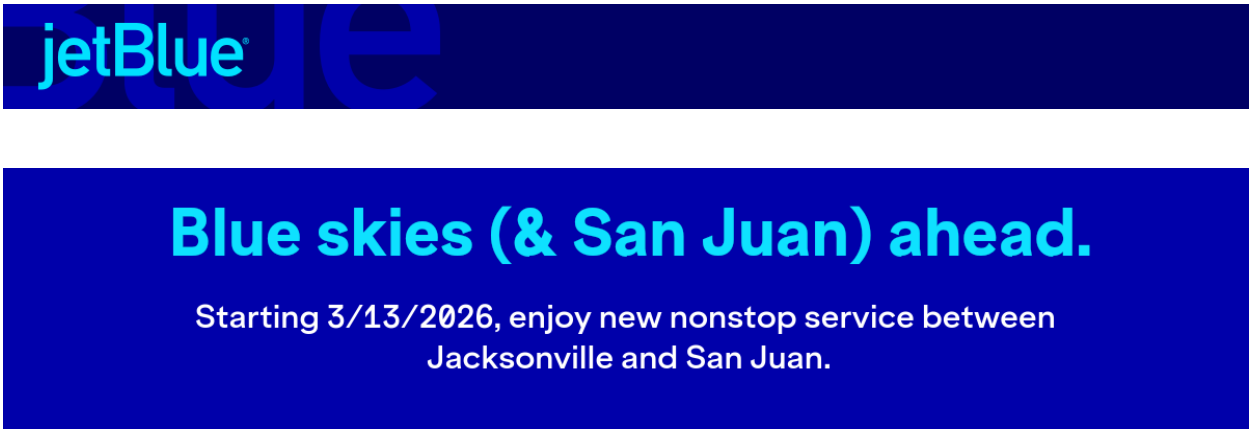
2 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Tue, Dec 9, 2025 at 3:11 PM
To: Luis E Garriga <luisgarr@aol.com>, bo.bruna1997@gmail.com

Let's go!

From: JetBlue <jetblueairways@marketing.jetblue.com>
Sent: Tuesday, December 9, 2025 10:51 AM
To: jasonpbrienen@gmail.com
Subject: Woot! A new route. Jacksonville to San Juan.

New year-round service starts 3/13/2026.



All things travel, all from JetBlue.

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jetBlue vacations
Packages

TRUEBLUE travel
Cars, stays & more

TRUEBLUE
Points & perks

jetBlueCard
Credit cards

To help protect your privacy, Microsoft Office prevented automatic download of this picture. To show this picture, use the Message Bar to enable external content.
Let's stay connected. Download the JetBlue app.

Preference Center | Help | Business Travel | Privacy | About JetBlue

Add to your address book to ensure delivery to your inbox.

This e-mail was sent to jasonpbrienen@gmail.com. To update your preferences or unsubscribe from future JetBlue emails please click here. We're sorry, but email messages sent in reply to this message will not be answered. If you have questions, please visit the Help section at jetblue.com. JetBlue Airways, 27-01 Queens Plaza North, Long Island City, NY 11101.

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corresponding booking window; after the corresponding booking window, only the first rebooking will be eligible under this policy, and will be subject to the fare rules and Contract of Carriage in effect at time of this rebooking. This policy applies through all booking channels. Group Bookings must be handled through 1-888-JETBLUE Option 2. Only the flight component of a JetBlue Vacations package is eligible under this policy. We recommend customers contact JetBlue to understand the cancel and change policies applicable to rental cars, hotels, and other travel product components of their bookings. Changes/cancellations must be made prior to scheduled departure (otherwise fare is forfeited). All flight reservations made one week or more prior to a flight's departure may be cancelled without penalty up to 24 hours after the reservation is made for full refund or JetBlue Travel Credit. View change/cancel fees information.

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image001.emz
4K

Bruna Oliveira <bo.bruna1997@gmail.com> Tue, Dec 9, 2025 at 3:22 PM
To: jasonpbrienen@gmail.com
Cc: Luis E Garriga <luisgarr@aol.com>

I'm so ready!

Bruna
[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

Metallica: Your tickets are ready - order# 557145508

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 6:16 PM
To: bo.bruna1997@gmail.com

From: StubHub <noreply@stubhub.com>
Sent: Thursday, March 20, 2025 3:27 PM
To: jasonpbrienen@gmail.com
Subject: Your tickets are ready - order# 557145508

StubHub

Sports **Concerts** **Theatre**

Dear Customer,

Your tickets are ready!

Your tickets have been made available on Ticketmaster.

1. Before retrieving your tickets, register or login to your Ticketmaster account and make note of which email address you use.
2. Click on the 'Accept ticket' button provided below.
3. Your tickets will then be available in your Ticketmaster app!

Helpful Information

- Do not print your tickets. Printed tickets or screenshots will not be accepted at the venue.
- You can always retrieve the ticket links from your StubHub Orders page.
- Add your tickets to your Apple Wallet or Google Pay if the option is available. If not, bookmark the mobile web page for easy access once you're at the event!

Order # 557145508

Sunday, June 08, 2025 | 18:00 (Event time subject to change)

Metallica - Sunday Only Pass (June 8, 2025)

Raymond James Stadium

4 Ticket(s) $755.40

Section: GA

Row:

Seat(s): 563 - 566

Accept ticket

Payment Info

Subtotal	$755.40
Tax	$0.00
Total fees*	$296.54
Vat	$0.00
Discount	- $0.00
Order Total	**$1,051.94**

*Includes all applicable service, delivery and transactional fees

Payment Method

VISA: **********7358

Related help topics

- How do I get my mobile transfer tickets I bought on StubHub?
- I bought mobile tickets on StubHub but haven't got the mobile ticket transfer email

---

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1209 Orange Street, Wilmington, DE, 19801

Gmail B <bo.bruna1997@gmail.com>

FW: ICYMI: 2025 NATIONAL CHAMPS! 🌟🌟🌟🌟🌟

4 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Tue, Dec 9, 2025 at 3:11 PM
To: bo.bruna1997@gmail.com

Do you want to go for 45 minutes?

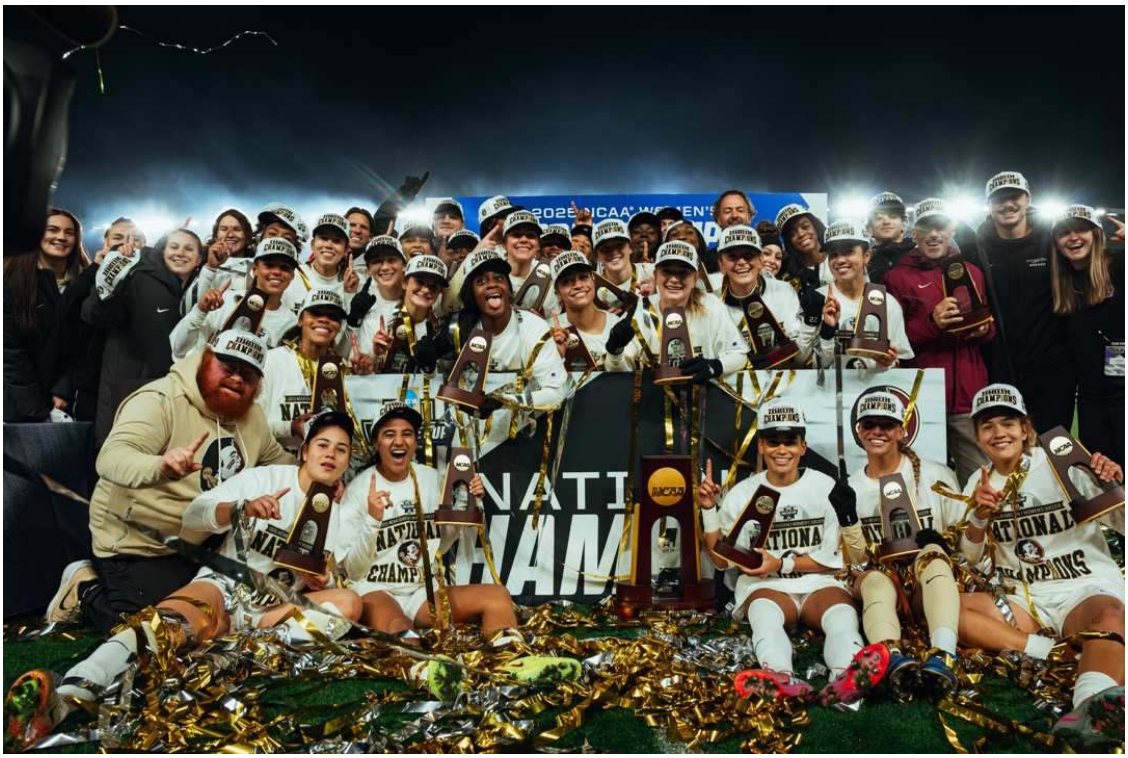
From: Florida State Soccer <updates@go.seminoles.com>
Sent: Tuesday, December 9, 2025 1:03 PM
To: jasonpbrienen@gmail.com
Subject: ICYMI: 2025 NATIONAL CHAMPS! 🌟🌟🌟🌟🌟

Use this link to view this message in a web browser.

YOUR NOLES ARE 2025 NATIONAL CHAMPIONS!

Last night, Florida State Women's Soccer topped Stanford to secure the **5th national title in program history,** cementing another unforgettable milestone for this powerhouse program.

And because championships are best celebrated together, we want YOU to join the party. See below for details!



Join Us For a Celebration!

Join us in the Dunlap Champions Club TONIGHT as we celebrate the 2025 Soccer National Championship! There will be light food and refreshments, a program featuring Coach Brian Pensky and

and refreshments, a program featuring Coach Brian Perkins and team, and many opportunities to socialize with other fans and meet the student-athletes.

2025 National Championship Celebration

Tuesday, December 9th | 5 PM

Dunlap Champions Club | 4th Floor West

5 PM - Spear Lighting

Immediately following spear lighting there will be a celebration in the Dunlap Champions Club!

Attire - Seminole Casual

Parking - Free parking will be available in the lot next to the Unconquered Statue

CLICK HERE TO RSVP

The team is expected to arrive back in Tallahassee at Million Air at 2 PM; fans wishing to welcome home the national champions may begin arriving at 1:30 PM.

Can’t make it in person? No problem

Join us from anywhere on game day! We'll be live-streaming the program

Join us from wherever you are! We'll be livestreaming the program so fans everywhere can watch and celebrate with us. Click the button below to access the livestream.

WATCH THE LIVESTREAM HERE

Honor the Champions!

Celebrate Florida State Soccer's 5th National Championship by making a contribution in the team's honor. Your support to the Coaches Club goes directly to the program, fueling the resources, training, and excellence that power future championship runs.

POWER THE FUTURE

SEMINOLE BOOSTERS

This message was sent to jasonpbrienen@gmail.com.

Edit which communications you would like to receive by clicking here.

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Seminole Athletic Ticket Office - PO Box 2195 Tallahassee, FL 32316 - 888-FSU-NOLE

Bruna Oliveira <bo.bruna1997@gmail.com> Tue, Dec 9, 2025 at 3:23 PM
To: jasonpbrienen@gmail.com

Yes babe… let's do something today!

[Quoted text hidden]

---

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Tue, Dec 9, 2025 at 3:36 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

Then maybe stop at Madison Social (which is near-bye) so you can see it.

I am feeling so good today compared to other "day 2" nightmares I've had for months. I think that sleep last night (this morning!) made all the difference. You must be my good luck charm! ❤

[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Tue, Dec 9, 2025 at 4:08 PM
To: jasonpbrienen@gmail.com

I agree!

Bruna
[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

FW: Travel choices for Source50 West Nov.12-14

1 message

Jason Brienen <jason@chironcapital.com> Mon, May 4, 2026 at 6:53 PM
To: "bo.bruna1997@gmail.com" <bo.bruna1997@gmail.com>

Reservation for Delta flight attached

From: Tyler Diehl <tyler@zapdogtravel.com>
Sent: Wednesday, October 22, 2025 11:29 AM
To: Jason Brienen <jason@chironcapital.com>; Alison Fallon <alifallon@source50.com>
Subject: RE: Travel choices for Source50 West Nov.12-14

Good morning, Jason

Alison gave me your flight choices. I've attached your confirmation, but you should also see the flights in your SkyMiles app.

Please let me know if you have any questions.

Best,

Tyler

Tyler Diehl |ZAPDOG TRAVEL

tyler@zapdogtravel.com

From: Jason Brienen <jason@chironcapital.com>
Sent: Wednesday, October 22, 2025 8:10 AM
To: Alison Fallon <alifallon@source50.com>
Cc: Tyler Diehl <tyler@zapdogtravel.com>

Subject: RE: Travel choices for Source50 West Nov.12-14

Good morning, Alison,

I am available today if you want to let me know when you might call so we can wrap this up.

Thank you,

Jason P. Brienen | Managing Director
Chiron Capital Management

261 Pinewood Dr| Tallahassee, FL 32303
New: (448) 230-2929 Cell • (850) 386-1939 Office
(561) 467-6766 Fax • (800) 775-1114 Toll-free

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Travel Reservation November 12 for JASON BRIENEN.pdf
34K

Gmail B <bo.bruna1997@gmail.com>

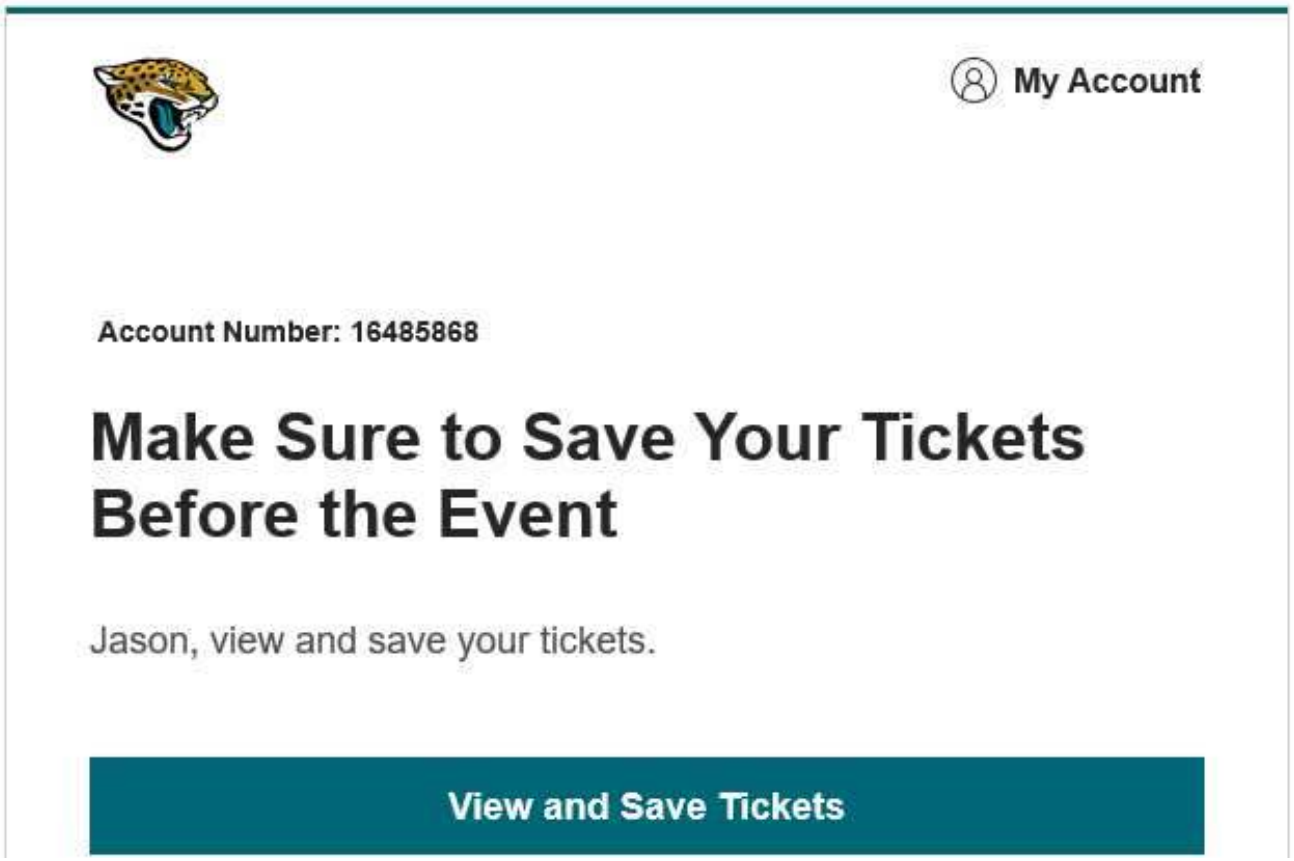
Jacksonville Jaguars: Jason, View and Save Your Tickets

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 6:53 PM
To: bo.bruna1997@gmail.com

From: Jacksonville Jaguars <noreply@ticketmaster.com>
Sent: Sunday, December 14, 2025 1:00 PM
To: Jason Brienen <jasonpbrienen@gmail.com>
Subject: Jason, View and Save Your Tickets

Your tickets are waiting for you



Heads up, this email is not your ticket.

How to Save Your Tickets

1 | Sign in to the Official Jaguars or Official Jaguars .

2 | View your ticket to save it to your phone so it's ready before the event.

3 | Using an iPhone or Android? Add your ticket to Apple Wallet or Google Wallet to enter faster and avoid slow or busy WiFi.

Transferred Tickets (2)

Jets vs. Jaguars

Sun, Dec 14, 2025 • 1:00 PM

EverBank Stadium | Jacksonville, FL

Section 130, Row Z, Seat 6

Section 130, Row Z, Seat 7

Gmail B <bo.bruna1997@gmail.com>

Fw: Your trip confirmation (TLH - RNO)

1 message

Jason Brienen <jasonpbrienen@gmail.com> Thu, Jan 15, 2026 at 7:38 PM
To: 🇧🇷 Bruna Oliveira 🇧🇷 <bo.bruna1997@gmail.com>

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

From: American Airlines <no-reply@info.email.aa.com>
Sent: Thursday, January 15, 2026 7:28:38 AM
To: JASONPBRIENEN@GMAIL.COM <JASONPBRIENEN@GMAIL.COM>
Subject: Your trip confirmation (TLH - RNO)

Issued: January 15, 2026

Your trip confirmation and receipt
You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **IILGZB**

Saturday, January 17, 2026

TLH
Tallahassee
7:27 AM

AA 4251
Operated by Envoy Air as American Eagle

DFW
Dallas/Fort Worth
9:13 AM

Seat: **13D, 13F**
Class: **Economy (G)**
Meals:

DFW
Dallas/Fort Worth
12:35 PM

AA 324

RNO
Reno
2:11 PM

Seat: **14A, 14B**
Class: **Economy (G)**
Meals: **Food for purchase**

Wednesday, January 21, 2026

RNO
Reno
12:02 PM

AA 1911

DFW
Dallas/Fort Worth
5:17 PM

Seat: **11A, 11B**
Class: **Economy (N)**
Meals: **Food for purchase**

DFW
Dallas/Fort Worth
7:10 PM

AA 4143
Operated by Envoy Air as American Eagle

TLH
Tallahassee
10:16 PM

Seat: **14D, 14F**
Class: **Economy (N)**
Meals:

Manage your trip

Your purchase

Jason Mr Brienen - AAdvantage® #: 5W7****

New ticket (0012306673640) [$570.42 + Taxes & carrier-imposed fees $93.18]	$663.60

Bruna Oliveira

New ticket (0012306673652) [$99.00 + Taxes & carrier-imposed fees $57.83]	$156.83

Total cost (all passengers)	**$820.43**

Your payment

MasterCard (ending 6775)	$820.43
Total paid	**$820.43**

Bag information

Checked Bag (Airport)	
1st bag	No charge
2nd bag	$45.00

Checked Bag (Online*)	
1st bag	No charge
2nd bag	$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 2 hours) before departure.

Carry-on bags (American Airlines operated flights)

Personal item	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

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You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our Airport Information page.

Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must

file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage link below.

Air transportation on American Airlines and the American Eagle carriers® is subject to American's conditions of carriage.

For more on Canada passenger protection regulations visit aa.com/CanadaPassengers.

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For all other questions about bookings or upcoming trips, visit our contact page. Contact American >

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Gmail B <bo.bruna1997@gmail.com>

FW: Order Confirmation

2 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, Jan 26, 2026 at 10:39 AM
To: bo.bruna1997@gmail.com

Love you. ❤

TAHOE IS Heavenly®

CONFIRMATION: 2092610001740

JASON, IT'S OFFICIAL

We received your order on January 18, 2026. Get ready for an unforgettable winter adventure at Heavenly! We're thrilled to welcome you to our resort. Here's everything you need to know to make the most of your experience.

HV Ski HD AM AD L1-2 -ADV $240.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

HV Ski 1D AD SS-Rental-Sport $71.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

HV 1D (15+) SS-Lift-Tkt $60.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

(RF)Lift Ticket Media w/ Photo $0.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

SUBTOTAL	**$371.00**
TOTAL (USD)	**$371.00**
Visa	**$371.00**

PURCHASED: January 18, 2026
CUSTOMER ID: 57339170

MY ACCOUNT

Jason Brienen

PARKING & RESERVATIONS

This winter, parking at the California Base Area lot will require reservations on weekends + peak periods. Click below to make your reservation.

Free parking is available on a first-come, first-serve basis at Stagecoach and Boulder Lodge lots.

RESERVE NOW

STAY IN THE KNOW

Want to hear the latest from your favorite resorts and be the first to know about offers, events, snow conditions and more?

PERSONALIZE MY INBOX

LOOKING FOR HELP? EMAIL CALL

Download the My Epic app:

Apple and the Apple Logo are registered trademarks of Apple Inc. App Store is a service mark of Apple Inc.

Google Play is a trademark of Google LLC.

PREFERENCES PRIVACY

Vail Resorts Management Company
390 Interlocken Crescent, Suite 1000, Broomfield, CO, 80021

B <bo.bruna1997@gmail.com> Mon, Jan 26, 2026 at 10:42 AM
To: jasonpbrienen@gmail.com

Thank you for everything babe and for making memories together ❤️

Bruna

[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

Fw: Your trip confirmation (TLH - RNO)

1 message

Jason Brienen <jasonpbrienen@gmail.com> Thu, Jan 15, 2026 at 7:38 PM
To: 🇧🇷 Bruna Oliveira 🇧🇷 <bo.bruna1997@gmail.com>

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

From: American Airlines <no-reply@info.email.aa.com>
Sent: Thursday, January 15, 2026 7:28:38 AM
To: JASONPBRIENEN@GMAIL.COM <JASONPBRIENEN@GMAIL.COM>
Subject: Your trip confirmation (TLH - RNO)

Issued: January 15, 2026

Your trip confirmation and receipt
You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **IILGZB**

Saturday, January 17, 2026

TLH
Tallahassee
7:27 AM

AA 4251
Operated by Envoy Air as American Eagle

DFW
Dallas/Fort Worth
9:13 AM

Seat: **13D, 13F**
Class: **Economy (G)**
Meals:

DFW
Dallas/Fort Worth
12:35 PM

AA 324

RNO
Reno
2:11 PM

Seat: **14A, 14B**
Class: **Economy (G)**
Meals: **Food for purchase**

Wednesday, January 21, 2026

RNO
Reno
12:02 PM

AA 1911

DFW
Dallas/Fort Worth
5:17 PM

Seat: **11A, 11B**
Class: **Economy (N)**
Meals: **Food for purchase**

DFW
Dallas/Fort Worth
7:10 PM

AA 4143
Operated by Envoy Air as American Eagle

TLH
Tallahassee
10:16 PM

Seat: **14D, 14F**
Class: **Economy (N)**
Meals:

Manage your trip

Your purchase

Jason Mr Brienen - AAdvantage® #: 5W7****

New ticket (0012306673640) [$570.42 + Taxes & carrier-imposed fees $93.18]	$663.60

Bruna Oliveira

New ticket (0012306673652) [$99.00 + Taxes & carrier-imposed fees $57.83]	$156.83
Total cost (all passengers)	**$820.43**

Your payment

MasterCard (ending 6775)	$820.43
Total paid	**$820.43**

Bag information

Checked Bag (Airport)	
1st bag	No charge
2nd bag	$45.00

Checked Bag (Online*)	
1st bag	No charge
2nd bag	$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 2 hours) before departure.

Carry-on bags (American Airlines operated flights)

Personal item	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

Book a hotel »

Book a car »

Buy trip insurance »

Vacations »

Contact us
Privacy policy

Download the American app

Download on the App Store GET IT ON Google Play

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You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our Airport Information page.

Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

NOTICE OF INCORPORATED TERMS OF CONTRACT

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file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

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For more on Canada passenger protection regulations visit aa.com/CanadaPassengers.

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Gmail B <bo.bruna1997@gmail.com>

Your reservation confirmation for The Loft - Tahoe

1 message

The Loft - Tahoe <no-reply@opentable.com> Sun, Jan 18, 2026 at 9:25 PM
To: bo.bruna1997@gmail.com

Reservation confirmed

The Loft - Tahoe

Table for 7 on Sunday, January 18, 2026 at 8:00 pm

Name: Bruna Madruga

Confirmation #: 39150

See menu | Get directions

1021 Heavenly Village Way
Suite 50
South Lake Tahoe, CA 96150
(530) 523-8024

What to know before you go

IMPORTANT DINING INFORMATION
We have a 15 minute grace period. Please call us if you are running later than 15 minutes after your reservation time.
We may contact you about this reservation, so please ensure your email and phone

number are up to date.
Your table will be reserved for 1 hour 30 minutes for parties of up to 4; 2 hours for parties of up to 6; and 2 hours 30 minutes for parties of 7+.

ADDITIONAL NOTES
The Loft's Magic & Comedy Theatre is home to Lake Tahoe's #1 rated show, Magic Fusion. This high-energy 75-minute show has won the coveted "Best Of Tahoe" award several years in a row. The headliners rotate every two weeks so the show is always fresh with new material. Enjoy the show before or after dinner. Please allow 1 ½ hours to dine prior to show time. Doors to the theatre open 15 minutes prior to show time. Please visit our website for show times and tickets. https://thelofttahoe.com

Gmail B <bo.bruna1997@gmail.com>

FW: Order Confirmation

2 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, Jan 26, 2026 at 10:39 AM
To: bo.bruna1997@gmail.com

Love you. ❤

CONFIRMATION: 2092610001740

JASON, IT'S OFFICIAL

We received your order on January 18, 2026. Get ready for an unforgettable winter adventure at Heavenly! We're thrilled to welcome you to our resort. Here's everything you need to know to make the most of your experience.

HV Ski HD AM AD L1-2 -ADV $240.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

HV Ski 1D AD SS-Rental-Sport $71.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

HV 1D (15+) SS-Lift-Tkt $60.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

(RF)Lift Ticket Media w/ Photo $0.00

Start Date/Arrival: January 19, 2026

Guest Name: Bruna De Oliveira

Quantity: 1

SUBTOTAL	**$371.00**
TOTAL (USD)	**$371.00**
Visa	**$371.00**

PURCHASED: January 18, 2026
CUSTOMER ID: 57339170

MY ACCOUNT

Jason Brienen

PARKING & RESERVATIONS

This winter, parking at the California Base Area lot will require reservations on weekends + peak periods. Click below to make your reservation.

Free parking is available on a first-come, first-serve basis at Stagecoach and Boulder Lodge lots.

RESERVE NOW

STAY IN THE KNOW

Want to hear the latest from your favorite resorts and be the first to know about offers, events, snow conditions and more?

PERSONALIZE MY INBOX

LOOKING FOR HELP? EMAIL CALL

Download the My Epic app:

Download on the App Store GET IT ON Google Play

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Google Play is a trademark of Google LLC.

PREFERENCES PRIVACY

Vail Resorts Management Company
390 Interlocken Crescent, Suite 1000, Broomfield, CO, 80021

B <bo.bruna1997@gmail.com> Mon, Jan 26, 2026 at 10:42 AM
To: jasonpbrienen@gmail.com

Thank you for everything babe and for making memories together ❤️

Bruna

[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

This is your receipt

1 message

Booking.com <noreply-payments@booking.com> Sat, Jan 31, 2026 at 8:47 AM
Reply-To: "Booking.com" <noreply-payments@booking.com>
To: bo.bruna1997@gmail.com

Booking.com

This is your receipt

Your details	
Name	Bruna De Oliveira
Address	.,
Email	bo.bruna1997@gmail.com
Date	Jan 31, 2026

Booking details	
Booking number	6493055961
Property name	Lovely Cozy Studio in Heart of Atlanta
Property address	42 Ormond Street Southeast

	Atlanta, United States of America GA 30315
Check-in	Thursday, February 12, 2026
Check-out	Wednesday, February 18, 2026
Amount paid on Jan 31, 2026	**US$555.58**

Your receipt is automatically generated

This is proof of your transaction – you can't use it to claim VAT.

Note: This isn't an invoice

A valid invoice for tax purposes can only be issued by the property

Booking.com

Oosterdokskade 163

1011 DL Amsterdam

The Netherlands

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When communicating with your booked accommodations through Booking.com, you're agreeing to the processing of the communications as set out in our Privacy Policy.

Gmail B <bo.bruna1997@gmail.com>

Fwd: Your trip confirmation (MCO - GIG)

3 messages

Jason Brienen <jasonpbrienen@gmail.com> Mon, Jan 26, 2026 at 1:02 AM
To: 🇧🇷 Bruna Oliveira 🇧🇷 <bo.bruna1997@gmail.com>

Jason P. Brienen
3421 Bannerman Rd
Suite 202, Building C
Tallahassee, FL 32312

---------- Forwarded message ---------
From: **American Airlines** <no-reply@info.email.aa.com>
Date: Sun, Jan 25, 2026, 10:09 PM
Subject: Your trip confirmation (MCO - GIG)
To: <JASONPBRIENEN@gmail.com>

Issued: January 26, 2026

Your trip confirmation and receipt
You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **GORSSO**

Thursday, March 12, 2026

MCO
Orlando
7:45 PM

AA 2881

MIA
Miami
9:07 PM

Seat: **15A**
Class: **Economy (V)**
Meals:

MIA
Miami
11:00 PM

AA 905

GIG
Rio de Janeiro
8:25 AM

Seat: **30D**
Class: **Economy (V)**
Meals: **Dinner , Breakfast**

⚠ Flight arrives Friday, March 13, 2026

Sunday, March 15, 2026

GIG
Rio de Janeiro
10:55 PM

AA 904

MIA
Miami
6:35 AM

Seat: **24C**
Class: **Economy (Q)**
Meals: **Dinner , Breakfast**

⚠ Flight arrives Monday, March 16, 2026

Monday, March 16, 2026

MIA
Miami
8:49 AM

AA 2832

MCO
Orlando
10:05 AM

Seat: **15F**
Class: **Economy (Q)**
Meals:

Manage your trip

Your purchase

Jason Brienen - AAdvantage® #: 5W7****

New ticket (0012310154475) $823.13
[$722.00 + Taxes & carrier-imposed fees $101.13]

Total cost	**$823.13**

Your payment

MasterCard (ending 6775)	$823.13
Total paid	**$823.13**

Bag information

Checked Bag (Airport)

1st bag	No charge
2nd bag	$100.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

Carry-on bags (American Airlines operated flights)

Personal item	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
Carry-on	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).

Book a hotel »

Book a car »

B <bo.bruna1997@gmail.com> Mon, Jan 26, 2026 at 10:12 AM
To: Jason Brienen <jasonpbrienen@gmail.com>

Yay!!!

Bruna
[Quoted text hidden]

B <bo.bruna1997@gmail.com> Mon, Jan 26, 2026 at 10:12 AM
To: Jason Brienen <jasonpbrienen@gmail.com>

You have the wrong address on your signature:

Jason P. Brienen
3421 Bannerman Rd
Suite 202, Building C
Tallahassee, FL 32312

Bruna

On Mon, Jan 26, 2026 at 1:02 AM Jason Brienen <jasonpbrienen@gmail.com> wrote:
[Quoted text hidden]

Gmail B <bo.bruna1997@gmail.com>

Rio hotel: Expedia travel confirmation - Fri, Mar 13 - (Itinerary # 72071996249904)

1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, May 4, 2026 at 7:19 PM
To: bo.bruna1997@gmail.com

From: Expedia.com <expedia@eg.expedia.com>
Sent: Tuesday, March 10, 2026 8:37 AM
To: Jasonpbrienen@gmail.com
Subject: Expedia travel confirmation - Fri, Mar 13 - (Itinerary # 72071996249904)

Expedia

All set, Jason. Your hotel is confirmed.

View full itinerary

Arena Copacabana Hotel

Expedia itinerary: 72071996249904

Traveler details

Adults, 2

Av Atlantica 2064 - Copacabana, Rio de Janeiro, RJ, 22040-010 Brazil

Check-in	Check-out
Fri, Mar 13	Sun, Mar 15
Check-in time starts at 2 PM	noon

VIP Enjoy VIP perks at check-in

20% off food and beverage (once per stay)

Accommodation details

Reserved for **Jason Brienen.**

You booked **1 room**.

Deluxe Room, Sea View

20% off food and beverage (once per stay)

Change or cancel booking

Travel confidently with the Expedia app

Manage your plans and make trip updates on the fly - wherever the journey takes you. Explore the app

You'll earn **$19.89 in OneKeyCash** after this trip. You're going places!

View rewards activity

Price Details

Collected by Expedia

2 nights x 1 room	$663.16
Taxes	$99.48
OneKeyCash applied	-$5.55

Total **$757.09**

Unless specified otherwise, rates are quoted in US dollars.

View your itinerary for room price details

View receipt

Plan more of your trip

Extend your stay at another property

Find stays

Travel with more peace of mind

Get reimbursed if you need to cancel your stay due to covered illness, delays, and more.

Protect your stay

This plan is available until 06:00pm UTC on Mar 12, 2026.

Important Information

Additional property fees
These fees and deposits only apply if they are not included in your selected room rate.

The price DOES NOT include any applicable property service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The property will assess these fees, charges, and surcharges upon check-out.

Rules and restrictions
For rules and restrictions please view your full itinerary.

Cancellations and changes

The room/unit type and rate selected are non-refundable. Should you change or cancel this reservation for any reason, your payment will not be refunded.
No refunds will be issued for late check-in or early check-out.
Stay extensions require a new reservation.

Guest charges and accommodation capacity
Base rate is for 2 guests.
Total maximum number of guests per room/unit is 3.
Maximum number of adults per room/unit is 2.
Maximum number of children per room/unit is 1.
This property considers guests aged 2 and under, at time of travel, to be children.
Availability of accommodation in the same property for extra guests is not guaranteed.

Check-in policies
Check-in time starts at 2 PM
Check-in time ends at midnight
Minimum check-in age is: 18

Special Instructions
Front desk staff will greet guests on arrival at the property. Information provided by the property may be translated using automated translation tools.

Late arrival instructions
If a late check-in is planned, contact this property directly for their late check-in policy.

Terms and conditions
Please save or print upon receiving this email to maintain a record of the terms and conditions that apply to you.
Terms and conditions

Where to find help

For special requests and questions about your reserved room or the property, contact Arena Copacabana Hotel.

Tel: 55 (21) 22449202, Fax: 55 (21) 20041506

If you need help managing this itinerary, contact Expedia.

Itinerary # 72071996249904
Expedia customer support

Get support anytime on the Expedia app with 24/7 access to virtual agents.

Manage your itinerary

Looking for something else?

- Free Cancellation on most rooms
- Flexibility for your next trip with the option to pay now or later

See deals

How helpful was this email?

Not Extremely

helpful helpful

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Expedia, Inc. 1111 Expedia Group Way West, Seattle WA 98119, USA.

Gmail B <bo.bruna1997@gmail.com>

Save the Date! Sanctuary Wealth's Investment Management Symposium 2026

3 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Mon, Nov 24, 2025 at 5:53 PM
To: bo.bruna1997@gmail.com

This is the annual gathering of the network of RIAs that I am a part of. Louisville is fun city. Will you join me? I would extend the trip through the weekend so we would have a couple of days to explore together. If you don't want to go, I will make it a shorter trip for me, and fly home as soon as the conference is over. Not until April so plenty of time to think about.

From: Sanctuary Events <events@sanctuarywealth.com>
Sent: Friday, November 21, 2025 1:17 PM
To: Jason Brienen <jason@chironcapital.com>
Subject: Save the Date! Sanctuary Wealth's Investment Management Symposium 2026

View in browser

SAVE THE DATE!

IMS2026

Investment Management Symposium

April 22 – 24, 2026 | Louisville, KY

Dust off your Derby hats and polish those lucky horseshoes, because the **Investment Management Symposium** is trotting into **Kentucky April 22–24** for our third annual gathering.

Join Sanctuary Wealth and our Strategic Partners as we gather in the heart of horse country to hear from top-tier speakers and explore trends and fresh innovations shaping the future of wealth management.

Mark your calendars. It's going to be one wild ride!

Formal registration launches soon!

Sanctuary Wealth, 1450 Brickell Avenue, Suite 2610, Miami, FL 33131, United States

Unsubscribe Manage preferences

Bruna Oliveira <bo.bruna1997@gmail.com> Mon, Nov 24, 2025 at 6:34 PM
To: jasonpbrienen@gmail.com

Count me in!

[Quoted text hidden]

Jason Brienen <jasonpbrienen@gmail.com> Mon, Nov 24, 2025 at 9:22 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

Great!

Jason P. Brienen

[Quoted text hidden]

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 07/24/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$4,404.74**
Minimum Payment Due	**$88.09**
Payment Due Date	**08/18/24**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 08/18/24, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	15 years	$12,283
$178	3 years	$6,406 *(Savings = $5,877)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section for any changes to your Account terms and any other communications.

We will debit your bank account for your payment of $4,404.74 on 08/08/24. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 08/06/24. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 08/18/24.

Delta SkyMiles®
Miles Earned this Period
7,744

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$23.99
Payments/Credits	-$206.47
New Charges	+$4,587.22
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$4,404.74**
Minimum Payment Due	**$88.09**
Credit Limit	$29,500.00
Available Credit	$25,095.26
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
08/18/24

New Balance
$4,404.74

AutoPay Amount
$4,404.74

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000440474000008809 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 07/24/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$23.99
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$182.48
Total Payments and Credits	**-$206.47**

Detail

*Indicates posting date

Payments			**Amount**
07/08/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$23.99

Credits			**Amount**
07/21/24	B DEOLIVEIRA MADRUGA	UNITED AIRLINES HOUSTON TX UNITED AIRLINES	-$182.48

From:	To:	Carrier:	Class:
TALLAHASSEE	TAMPA INTERNATIONA	UA	00

Ticket Number: 01624063495202
Date of Departure: 07/20
Passenger Name: DEOLIVEIRAMADRUGA/BRUNA
Document Type: SUPPORTED REFUND

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$2,920.91
B DEOLIVEIRA MADRUGA 0-32011	$1,666.31
Total New Charges	**$4,587.22**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
06/28/24	LYFT *RIDE THU 5PM 0000 855-865-9553	855-865-9553	CA		$47.78
06/28/24	LYFT *RIDE THU 6PM 0000 855-865-9553	855-865-9553	CA		$8.99
06/29/24	LYFT *RIDE THU 8PM 0000 855-865-9553	855-865-9553	CA		$8.60

Continued on reverse

Detail Continued

					Foreign Spend	Amount
07/07/24	DELTA AIR LINES DELTA AIR LINES		ATLANTA			$408.47
	From:	To:	Carrier:	Class:		
	LOS ANGELES INTERN	ORLANDO INTERNATIO	DL	S		
	Ticket Number: 00622498393646		Date of Departure: 07/13			
	Passenger Name: OLIVEIRA/BRUNA					
	Document Type: PASSENGER TICKET					
07/10/24	SAINT HELENA WINERY 707-967-9463		707-967-9463	CA		$286.86
07/11/24	SAINT HELENA WINERY 707-967-9463		707-967-9463	CA		$941.00
07/18/24	DELTA AIR LINES DELTA AIR LINES		ATLANTA			$1,219.21
	From:	To:	Carrier:	Class:		
	TAMPA INTERNATIONA	ATLANTA HARTSFIELD	DL	00		
		SAO PAULO GUARULHO	DL	00		
		LOS ANGELES INTERN	DL	00		
	Ticket Number: 0060211232578		Date of Departure: 07/20			
	Passenger Name: OLIVEIRA/BRUNA					
	Document Type: ADDITIONAL COLLECTION					

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

					Foreign Spend	Amount
07/19/24	UNITED AIRLINES UNITED AIRLINES		HOUSTON	TX		$182.48
	From:	To:	Carrier:	Class:		
	TALLAHASSEE	TAMPA INTERNATIONA	UA	00		
	Ticket Number: 01624063495202		Date of Departure: 07/20			
	Passenger Name: DEOLIVEIRAMADRUGA/BRUNA					
	Document Type: PASSENGER TICKET					
07/19/24	LATAM AIRLINES Latam Airlines		SANTIAGO	CH		$183.50
	From:	To:	Carrier:	Class:		
	SAO PAULO GUARULHO	FLORIANOPOLIS	LA	S		
	Ticket Number: 0452166219004		Date of Departure: 07/21			
	Passenger Name: DE OLIVEIRA MADRUGA/BRUNA					
	Document Type: PASSENGER TICKET					
07/20/24	STARBUCKS STORE 2351 FAST FOOD RESTAURANT		TALLAHASSEE	FL		$2.95
07/20/24	STARBUCKS STORE 2351 FAST FOOD RESTAURANT		TALLAHASSEE	FL		$6.86
07/20/24	SHELL SERVICE STATION 12828496005 AUTO FUEL DISPENSER		COLLEGE PARK	GA		$48.47
07/20/24	BUDGET RENT A CAR		TALLAHASSEE	FL		$276.52
		Location	Date			
	Rental:	TALLAHASSEE FL	24/07/20			
	Return:	COLLEGE PARK GA	24/07/20			
	Agreement Number: 759624666					
	Renter Name: DE OLIVEIRA,BRUNA					
07/21/24	LATAM AIRLINES Latam Airlines		SANTIAGO	CH		$77.00
	From:	To:	Carrier:	Class:		
	SAO PAULO GUARULHO	FLORIANOPOLIS	LA	S		
	Ticket Number: 0452166386312		Date of Departure: 07/22			
	Passenger Name: DE OLIVEIRA MADRUGA/BRUNA					
	Document Type: PASSENGER TICKET					
07/21/24	PARADA NOTA 10 FAST FOOD RESTAURANT		Gaspar	SC	65,50 Brazilian Reals	$11.86
07/21/24	MORTADELLA RISTORANTE RESTAURANT		BLUMENAU		234,85 Brazilian Reals	$42.54

Continued on next page

Detail Continued

				Foreign Spend	Amount
07/21/24	LOCALIZA RAC AAFOR1 AUTOMOBILE RENTAL	FLORIANOPOLIS	SC	3.698,30 Brazilian Reals	$669.92
07/22/24	POSTO DE COMBUSTIVEL GAS STATION	CURITIBANOS		216,04 Brazilian Reals	$39.13
07/22/24	ViaEconomia WHOLESALE CLUB	CURITIBANOS		214,99 Brazilian Reals	$38.94
07/22/24	SUPERMERCADO UNIDOS L GROCERY STORE	BLUMENAU		9,66 Brazilian Reals	$1.75
07/22/24	KelvinFarmaciaE DRUG STORE/PHARMACY	GASPAR		120,00 Brazilian Reals	$21.74
07/22/24	ZecaChavesECarimb AUTO PARTS/ACCESSORY	GASPAR		33,00 Brazilian Reals	$5.98
07/22/24	PADARIA E CONFEIT FAST FOOD RESTAURANT	GASPAR		100,50 Brazilian Reals	$18.20
07/22/24	DOIS/BERNARDI*REST RESTAURANT	APIUNA	BR	4,00 Brazilian Reals	$0.72
07/24/24	RUBIA LIZ DOS SAN PROFESSIONAL SERVICE	SAO JOSE DO C		29,80 Brazilian Reals	$5.36
07/24/24	MP*STUDIOEDUARDA COMPUTER NETWORK/INFO	OSASCO		39,99 Brazilian Reals	$7.20
07/24/24	MP*STUDIOEDUARDA COMPUTER NETWORK/INFO	OSASCO		140,00 Brazilian Reals	$25.19

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	04/12/2020		25.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.99% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	4,406	4,609
Total Bonus Miles Earned and Adjustments	3,338	3,338
Total Miles Earned	**7,744**	**7,947**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	3,254
2X Miles at Restaurants	84
Total	**3,338**

IMPORTANT NOTICES

Notice of Important Changes to Your Cardmember Agreement

We are making changes to your American Express Cardmember Agreement *(Agreement)* for the account referenced with this notice. We encourage you to read this notice, share it with Additional Card Members on your account, and file it for future reference. The detailed changes to your Agreement can be found after the below summary chart.

Effective September 24, 2024, we are increasing the Annual Percentage Rate *(APR)* for new purchases and new balance transfers, as described below.

We are making these changes based on your FICO® score.

Important Changes to Your Account Terms

The following is a summary of the changes that are being made to your account terms. For more information, please refer to the Detail of Changes to Your Cardmember Agreement that can be found on the following page.

These changes will impact your account as follows:

Purchases and balance transfers made on or after August 13, 2024: On **September 24, 2024**, the APR changes described below will apply to these transactions.

Transactions made before August 13, 2024: Current APRs will continue to apply to these transactions.

Revised Terms, as of September 24, 2024	
Annual Percentage Rate (APR) for Purchases	**27.99%** This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	**27.99%** for any balance transfer requests we may accept. This APR will vary with the market based on the Prime Rate.

Variable APRs will not exceed 29.99%

ID 13496

The APRs and Daily Periodic Rates *(DPRs)* are based on a Prime Rate and accurate as of the date of this communication. See *Determining the Prime Rate* in Part 2 of your Cardmember Agreement for more details on how we determine the Prime Rate. If the Prime Rate changes after the date of this communication, the APRs and DPRs will change accordingly.

If your Card Account did not include a balance transfer offer at the time you acquired it, there is an additional sentence in the APR for Balance Transfers row (in the change in terms notice we sent you) that states, "Balance transfers are not available".

See the following page(s) for the Detail of Changes to Your Cardmember Agreement

CMLENGDPRUS0014

Important Notices continued on next page.

IMPORTANT NOTICES continued

Detail of Changes to Your Cardmember Agreement

This notice amends your Agreement as described below. Any terms and conditions in the Agreement conflicting with these changes are completely replaced. Terms and conditions not changed by this notice continue to apply. If you have any questions, please call the number on the back of your Card.

Annual Percentage Rate for Purchases and Balance Transfers

Effective September 24, 2024, we are amending the *Rates and Fees Table* on page 1 of Part 1 of your Agreement as follows:

The Annual Percentage Rate *(APR)* for Purchases and APR for Balance Transfers are deleted and replaced with 27.99%. These APRs will vary with the market based on the Prime Rate.

In addition, on **September 24, 2024**, we are replacing the Margins, APRs and Daily Periodic Rate *(DPR)* for Purchases and Balance Transfers in the *Calculating APRs and DPRs* section of the *How Rates and Fees Work* table on page 2 of Part 1 of your Agreement with the following:

Calculating APRs and DPRs	Rate Description	Prime + Margin	APR	DPR
	Purchase	Prime + 19.49%	27.99%	0.0767%
	Balance Transfers	Prime + 19.49%	27.99%	0.0767%

Refer to the Interest Charge Calculation section of your billing statement to see your current APRs.

Reason(s) for Our Decision
We made this decision for the following reason(s):

- Your APRs for purchases and balance transfers are lower than the APRs on similar cards currently offered by American Express for consumers with similar FICO scores.
- Your FICO credit score as provided by Experian.

Information About Your FICO Score
We obtained your FICO score from Experian and used it in making our decision. Your FICO score is a number that reflects the information in your credit report. Your FICO score can change depending on how the information in your credit report changes. On July 20, 2024, your FICO score was 784. The FICO score ranges from 300 to 850. The following are the key factors that contributed to your FICO score:

- Number of accounts with delinquency
- Time since delinquency is too recent or unknown
- Too many inquiries last 12 months
- Ratio of balance to limit on bank revolving or other revolving accts too high
-

If you have any questions about your FICO score, please contact the credit agency listed on the following page.

FICO is a registered trademark of Fair Isaac Corporation in the United States and in other countries.

Important Notices continued on next page.

IMPORTANT NOTICES continued

Information About Your Consumer Rights

Your Right to Get Your Credit Report
Our decision was based in whole or in part on information obtained in a report from the consumer reporting agency identified below. Please know that the consumer reporting agency played no part in our decision and cannot supply you with the specific reasons for our decision. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. It can be obtained by contacting them directly. You also have a right to a free copy of your report from the consumer reporting agency if you request it within 60 days after you receive this notice. If you find that any information contained in the consumer report you receive is inaccurate or incomplete, you have the right to dispute the matter directly with the reporting agency.

Experian
701 Experian Parkway
PO Box 2002
Allen, TX 75013
8883973742
http://www.experian.com/help/

The creditor for this account is American Express National Bank.

Notice to U.S. Residents.
The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning American Express National Bank is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20552 (the "Bureau"). The federal agencies that administer compliance with this law concerning American Express Travel Related Services Company, Inc. are the Bureau (address above) and the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580.

If you have any questions, please call us at the number on the back of your Card. You can also write to us at American Express, P.O. Box 981535, El Paso, TX 79998-1535.

Important Notices continued on next page.

IMPORTANT NOTICES continued

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 08/23/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$5,255.16**
Minimum Payment Due	**$105.10**
Payment Due Date	**09/18/24**

To view your Delta SkyMiles® balance, visit delta.com

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 09/18/24, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	17 years	$15,013
$212	3 years	$7,643 *(Savings = $7,370)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $5,255.16 on 09/07/24. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 09/05/24. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 09/18/24.

Continued on page 3

Account Summary

Previous Balance	$4,404.74
Payments/Credits	-$4,639.83
New Charges	+$5,490.25
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$5,255.16**
Minimum Payment Due	**$105.10**
Credit Limit	$29,500.00
Available Credit	$24,244.84
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
09/18/24

New Balance
$5,255.16

AutoPay Amount
$5,255.16

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ . ____
Amount Enclosed

0000349992532488414 0005255160000010510 20 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 08/23/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

American Express® High Yield Savings Account
No monthly fees. No minimum opening deposit. 24/7 customer support. Help meet your savings goals with an American Express High Yield Savings Account. Terms apply. Member FDIC. Learn more by visiting **americanexpress.com/save**

Payments and Credits

Summary

	Total
Payments	-$4,492.83
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$147.00
Total Payments and Credits	**-$4,639.83**

Detail

*Indicates posting date

Payments			**Amount**
08/08/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$4,404.74
08/18/24*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$88.09
Credits			**Amount**
08/09/24	B DEOLIVEIRA MADRUGA	SOLIDCORE PASADENA 436845559716286 PASADENA CA INVOICE@SOLIDCORE.CO	-$147.00

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$383.00
B DEOLIVEIRA MADRUGA 0-32011	$5,107.25
Total New Charges	**$5,490.25**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
08/05/24	JASONHEALTH.COM +17029350035	HENDERSON	NV		$383.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
B DEOLIVEIRA MADRUGA Card Ending 0-32011					
07/24/24	LOJA BERLANDA HOUSEHOLD APPLIANCES	SAO JOSE DO CER	SC	99,90 Brazilian Reals	$17.89
07/26/24	CESAR NARCISO DO MISC PERSONAL SERVICE	GASPAR		17,00 Brazilian Reals	$3.02
07/26/24	BURGER KING FAST FOOD RESTAURANT	BLUMENAU		16,50 Brazilian Reals	$2.93
07/26/24	MERCADO MISSOES GROCERY STORE	GASPAR	BR	7,98 Brazilian Reals	$1.42
07/26/24	CASA DO PAO LANCHONETE RESTAURANT	RIO DO SUL	BR	13,50 Brazilian Reals	$2.40
07/26/24	Estacionamento PARKING LOT & GARAGE	BLUMENAU		11,00 Brazilian Reals	$1.96
07/27/24	SUPERMERCADOS ARCHER GROCERY STORE	GASPAR	SC	101,19 Brazilian Reals	$18.02
07/27/24	URBANSITTER +14156531340	SAN FRANCISCO	CA		$44.95
07/29/24	AUTO POSTO JULINHO GAS STATION	GASPAR		208,06 Brazilian Reals	$37.04
07/29/24	CIA DA SAUDE GASPAR MISC FOOD STORE	GASPAR	BR	100,00 Brazilian Reals	$17.76
07/29/24	PG*TON CASA MISTICA FREIGHT & MOVING	GASPAR	BR	28,80 Brazilian Reals	$5.11
07/29/24	SPECIAL PRESENTES CARD & SOUVENIR STORE	POMERODE	BR	76,00 Brazilian Reals	$13.49
07/29/24	KNEIPE SCHORNSTEIN RESTAURANT	POMERODE	BR	174,90 Brazilian Reals	$31.06
07/29/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.31
07/30/24	FARMACIA PRECO POPULAR DRUG STORE/PHARMACY	BLUMENAU		20,69 Brazilian Reals	$3.67
07/30/24	PADARIA E CONFEIT FAST FOOD RESTAURANT	GASPAR		44,50 Brazilian Reals	$7.90
07/30/24	DAS MERCADOS GROCERY STORE	Blumenau	SC	119,55 Brazilian Reals	$21.23
07/30/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.32
07/30/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.32
07/30/24	FARMACIA PRECO POPULAR DRUG STORE/PHARMACY	BLUMENAU		29,40 Brazilian Reals	$5.24
07/30/24	AROMA CAFE PROFESSIONAL SERVICE	BLUMENAU	SC	83,50 Brazilian Reals	$14.88
07/31/24	LATAM AIRLINES Latam Airlines From: FLORIANOPOLIS To: SAO PAULO GUARULHO Carrier: LA Class: B Ticket Number: 0452167685048 Date of Departure: 08/03 Passenger Name: DE OLIVEIRA MADRUGA/BRUNA Document Type: PASSENGER TICKET	SANTIAGO	CH		$472.20
07/31/24	DocePimenta BEAUTY/BARBER SHOP	GASPAR		30,00 Brazilian Reals	$5.35

Continued on next page

Detail Continued

				Foreign Spend	Amount
07/31/24	QuiDeliciaPadaria BAKERY	GASPAR		64,00 Brazilian Reals	$11.41
07/31/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.32
07/31/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.32
07/31/24	CIA DA SAUDE GASPAR MISC FOOD STORE	GASPAR	BR	19,80 Brazilian Reals	$3.53
07/31/24	DKHP LAVANDERIA LTDA DRY CLEANER	CURITIBA	BR	12,99 Brazilian Reals	$2.32
07/31/24	NONNO NICO RESTAURAN RESTAURANT	BLUMENAU	SC	125,40 Brazilian Reals	$22.36
08/01/24	GutesBrot FAST FOOD RESTAURANT	BLUMENAU		8,00 Brazilian Reals	$1.43
08/01/24	LAIS COSTA REICHERT BEAUTY/BARBER SHOP	GASPAR	SC	2.300,00 Brazilian Reals	$410.18
08/01/24	FANTASTIQUEMODAIN FAMILY CLOTHING	BLUMENAU		113,40 Brazilian Reals	$20.22
08/01/24	FARMACIA PRECO POPULAR DRUG STORE/PHARMACY	BLUMENAU		280,13 Brazilian Reals	$49.96
08/01/24	SUPERMERCADOS KOCH WHOLESALE CLUB	TIJUCAS		55,53 Brazilian Reals	$9.86
08/01/24	PAPELARIA BLUMENAU OFFICE SUPPLY STORE	BLUMENAU	BR	74,00 Brazilian Reals	$13.14
08/01/24	DICOLORE DRUGS	BLUMENAU	SC	239,40 Brazilian Reals	$42.51
08/01/24	M S INFO ELETRONICOS E VARIETY STORE	BLUMENAU	SC	88,00 Brazilian Reals	$15.62
08/01/24	L E S PRESENTES LTDA M VARIETY STORE	BLUMENAU	SC	20,00 Brazilian Reals	$3.55
08/01/24	GENE CLINICA MATERNO I DOCTOR & PHYSICIAN	GASPAR	BR	530,02 Brazilian Reals	$94.11
08/01/24	VILLA STORE DISCOUNT STORE	BLUMENAU		159,40 Brazilian Reals	$28.43
08/02/24	AndresCasalAlegre MISC PERSONAL SERVICE	GAROPABA		200,00 Brazilian Reals	$35.51
08/02/24	BIOLAB LABORATORI MEDICAL & DENTAL LAB	GAROPABA		595,79 Brazilian Reals	$105.78
08/02/24	PAES E CUCAS BAKERY	GAROPABA	BR	19,61 Brazilian Reals	$3.44
08/02/24	DALCOQUIO GAS STATION	ITAJAI	BR	178,61 Brazilian Reals	$31.31
08/02/24	DESCONTO FACIL DRUG STORE/PHARMACY	GAROPABA	BR	24,80 Brazilian Reals	$4.35
08/02/24	BELEZA PURA COSMIC BAR RESTAURANT	IMBITUBA	BR	112,20 Brazilian Reals	$19.67
08/02/24	SudareSushi RESTAURANT	PORTO ALEGRE		66,00 Brazilian Reals	$11.57
08/03/24	DUFRY LOJAS FRANCAS DUTY-FREE STORE	GUARULHOS			$36.00
08/03/24	BERLIN*CPQ BRASIL SA BAKERY	GUARULHOS		13,00 Brazilian Reals	$2.28

Continued on reverse

Detail Continued

				Foreign Spend	Amount
08/03/24	RAIA1732 DRUG STORE/PHARMACY	GUARULHOS		230,87 Brazilian Reals	$40.48
08/03/24	BURGER KING FAST FOOD RESTAURANT	GUARULHOS		34,90 Brazilian Reals	$6.12
08/03/24	RAIA1732 DRUG STORE/PHARMACY	GUARULHOS		104,52 Brazilian Reals	$18.32
08/03/24	ELLECE VAREJO DE ALIME MISC FOOD STORE	GUARULHOS		29,70 Brazilian Reals	$5.21
08/03/24	GasStationAbraao GAS STATION	FLORIANOPOLIS		169,42 Brazilian Reals	$29.70
08/03/24	HN HUDSON NEWS GUARULH DUTY-FREE STORE	GUARULHOS		17,80 Brazilian Reals	$3.12
08/03/24	LOCALIZA RAC AAFOR1 AUTOMOBILE RENTAL	FLORIANOPOLIS	SC	23,29 Brazilian Reals	$4.08
08/03/24	LAVEZZO CORPORACOES FAST FOOD RESTAURANT	FLORIANOPOLIS	BR	10,00 Brazilian Reals	$1.75
08/03/24	AEROMATE LANCHES LTDA RESTAURANT	GUARULHOS		9,00 Brazilian Reals	$1.58
08/03/24	LAVEZZO CORPORACOES FAST FOOD RESTAURANT	FLORIANOPOLIS	BR	22,00 Brazilian Reals	$3.86
08/03/24	AEROMATE LANCHES LTDA RESTAURANT	GUARULHOS		76,16 Brazilian Reals	$13.35
08/05/24	WAL-MART SUPERCENTER 5686 5686 DISCOUNT STORE	BURBANK	CA		$48.19
08/05/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$93.00
08/05/24	SHELL SERVICE STATION 57444471106 6267937720	PASADENA	CA		$12.00
08/06/24	DELTA AIR LINES DELTA AIR LINES From: LOS ANGELES INTERN To: ATLANTA HARTSFIELD TAMPA INTERNATIONA LOS ANGELES INTERN Carrier: DL DL DL Class: E E E Ticket Number: 00622576540165 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: PASSENGER TICKET	ATLANTA Date of Departure: 08/08			$576.45
08/06/24	TST* JAMBA JUICE - 0424 - 300520359 8188452418	BURBANK	CA		$11.74
08/06/24	WEST OAKS URGENT CARE 818-709-5700	WINNETKA	CA		$230.00
08/06/24	THE VITAMIN SHOPPE MISC FOOD STORE	PASADENA	CA		$87.06
08/06/24	EXXONMOBIL 9765 00227806 91604 400	NORTH HOLLYWO	CA		$30.17
08/06/24	SOLIDCORE PASADENA 436845559716286 INVOICE@SOLIDCORE.CO	PASADENA	CA		$187.00
08/07/24	LAZ PARKING M17603 0000 860-440-2000	PASADENA	CA		$8.00
08/07/24	CVS PHARMACY 8007467287 PHARMACIES	PASADENA	CA		$24.67
08/07/24	CVS PHARMACY 8007467287	PASADENA	CA		$4.49
08/07/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$7.44

Continued on next page

Detail Continued

				Foreign Spend	Amount
08/08/24	GOLD LINE PILATES +16263605999	PASADENA	CA		$60.00
08/08/24	LAX SMARTPARKING RES 084870022432892 3106462911	310-6462911	CA		$73.99
08/09/24	AMZ*PBK3RG1BB LAX NONSTOP XFZMI9KJ4 MISC FOOD STORE	EAST RUTHERFORD	NJ		$12.99
08/09/24	CLR*CLUBPILATES7275500100 727-550-0100	ST PETERSBURG	FL		$35.00
08/10/24	NORDSTROM 8002855800 DEPT. STORES	TAMPA	FL		$148.35
08/10/24	NORDSTROM 8002855800	TAMPA	FL		$99.00
08/10/24	CALZEDONIA CAP6 WOMEN'S ACCESSORIES	TAMPA	FL		$95.21
08/10/24	NORDSTROM 8002855800 DEPT. STORES	TAMPA	FL		$43.00
08/10/24	VEO* DEPOSIT +18558362256	SANTA MONICA	CA		$10.00
08/10/24	NORDSTROM 8002855800 DEPT. STORES	TAMPA	FL		$34.40
08/10/24	NORDSTROM 8002855800	TAMPA	FL		$11.21
08/10/24	CLR*CLUBPILATES7275500100 727-550-0100	ST PETERSBURG	FL		$35.00
08/10/24	FRISKY BUSINESS LLC 0000 727-914-0941	ST. PETERSBUR	FL		$36.34
08/10/24	NAIL ART & SPA 0001 727-999-1581	ST PETERSBURG	FL		$77.00
08/10/24	TAO SANCTUARY 739294150301328 643185470@QQ.COM	TAMPA	FL		$50.00
08/11/24	MCDONALD'S 6267441188	ALTADENA	CA		$9.40
08/12/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$48.51
08/12/24	ARCO #42205 ARCO42205001 0000000000	ALTADENA	CA		$61.80
08/12/24	GOLD LINE PILATES +16263605999	PASADENA	CA		$180.00
08/13/24	FOOT LOCKER - 07476 0747 172453 91105 0215NIKEWINTERACTRUNWHGD WHGD LCKR3PKCRWSCKWH	PASADENA	CA		$88.17
08/13/24	THE VITAMIN SHOPPE MISC FOOD STORE	PASADENA	CA		$106.32
08/13/24	CITY OF PASADENA 6267446454	PASADENA	CA		$1.00
08/13/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$24.84
08/14/24	MAGNOLIA ISLAND 0000 818-845-4821	BURBANK	CA		$32.37

Continued on reverse

Detail Continued

				Foreign Spend	Amount
08/15/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$16.52
08/15/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$57.00
08/15/24	82911 - CITY OF GLENDALE PARKI SPRK829 3122742000	GLENDALE	CA		$1.25
08/15/24	MACYS GLENDALE GALLER 000000502 8002896229	GLENDALE	CA		$97.00
08/15/24	GAP US 220 00000000000000000091210	GLENDALE	CA		$33.04
08/16/24	DICK'S SPORTING GOODS INC SPORTING GOODS STORE	CORAOPOLIS	PA		$67.14
08/16/24	82911 - CITY OF GLENDALE PARKI SPRK829 3122742000	GLENDALE	CA		$13.75
08/16/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$5.09
08/17/24	PAPILLE GUSTATIVE 0000 424-322-8040	SANTA MONICA	CA		$22.24
08/17/24	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$12.00
08/17/24	FOOD4LESS #0327 000000327 8884373496 GROCERY STORES	PASADENA	CA		$14.55
08/18/24	=5FCHURCH 818-633-8573	818-633-8573	CA		$12.00
08/18/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$57.71
08/18/24	SHELL SERVICE STATION 12691316017 2137482121	LOS ANGELES	CA		$60.06
08/18/24	RALPHS 8884373496 GROCERY STORES	LA CANADA FLINTRIDGE	CA		$9.84
08/22/24	ATHLETIC GARAGE 436845558635032 ATHLETICGARAGE@AOL.COM	PASADENA	CA		$18.54
08/22/24	PAYPAL *OHURUYOGASO OHURUYOGASO 4029357733	4029357733	CA		$27.18
08/22/24	PAYPAL *SWIMOUTLET 8006914065	8006914065	OH		$43.01

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on next page

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		25.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.99% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Delta Air Lines SkyMiles® - Total miles earned each billing period are transferred to your Delta Air Lines SkyMiles® account. For SkyMiles® account information, call Delta's Instant Info℠ at **1-800-325-3999**.

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Update to Fee Credit for Global Entry or TSA PreCheck®

Effective October 1, 2024, we are increasing the amount of the statement credit available to Delta SkyMiles® Platinum Card Members when they pay for the Global Entry application fee with their Cards. Delta SkyMiles® Platinum Card Members or Additional Card Members will be eligible to earn a $120 statement credit (increased from $100) every 4 years for the Global Entry application fee (to be increased from $100 to $120 on October 1, 2024) or up to $85 every 4.5 years for the TSA PreCheck® application fee (when applying through a TSA official enrollment provider). The charge for the application fee can be made by the Basic Card Member or any Additional Card Members on a single Card account, but no more than one credit across the account can be earned. Global Entry includes TSA PreCheck®. Additional terms apply, please visit **americanexpress.com/card-benefits/view-all/delta-platinum**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 09/23/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$4,245.38**
Minimum Payment Due	**$84.90**
Payment Due Date	**10/18/24**

To view your Delta SkyMiles® balance, visit delta.com

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 10/18/24, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	15 years	$11,613
$170	3 years	$6,136 *(Savings = $5,477)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $4,245.38 on 10/08/24. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 10/06/24. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 10/18/24.

Account Summary

Previous Balance	$5,255.16
Payments/Credits	-$5,255.16
New Charges	+$4,245.38
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$4,245.38**
Minimum Payment Due	**$84.90**
Credit Limit	$29,500.00
Available Credit	$25,254.62
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
10/18/24

New Balance
$4,245.38

AutoPay Amount
$4,245.38

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000424538000008490 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 09/23/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$5,255.16
Credits	$0.00
Total Payments and Credits	**-$5,255.16**

Detail

*Indicates posting date

Payments			Amount
09/07/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$5,255.16

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$2,245.95
B DEOLIVEIRA MADRUGA 0-32011	$1,999.43
Total New Charges	**$4,245.38**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
08/27/24	SAINT HELENA WINERY 707-967-9463	707-967-9463	CA		$1,223.00
09/06/24	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$1,022.95

From:	To:	Carrier:	Class:
TALLAHASSEE	ATLANTA HARTSFIELD	DL	L
	PORTLAND	DL	L
	ATLANTA HARTSFIELD	DL	Q
	TALLAHASSEE	DL	Q

Ticket Number: 00622653343012
Passenger Name: REID/MAKENNA PAULINE
Document Type: PASSENGER TICKET
Date of Departure: 09/13

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	Amount
08/23/24	ATHLETIC GARAGE 436845558635032 ATHLETICGARAGE@AOL.COM	PASADENA	CA		$18.54
08/23/24	ULTA COSMETIC STORE	PASADENA	CA		$10.14

Continued on reverse

Detail Continued

				Foreign Spend	Amount
08/23/24	CITY OF PASADENA 6267446454	PASADENA	CA		$1.25
08/23/24	CHIPOTLE 0929 0000 626-229-9173	PASADENA	CA		$12.84
08/24/24	TARGET 032938 09100032938 612-3044357	LA CANADA FLI	CA		$12.79
08/24/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$27.36
08/24/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$11.47
08/24/24	RALPHS 8884373496 GROCERY STORES	LA CANADA FLINTRIDGE	CA		$78.44
08/24/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$16.72
08/25/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$20.79
08/25/24	BUFFALO WILD WINGS 360-694-7855	PASADENA	CA		$20.64
08/26/24	DELIGHT PASTRY squareup.com/receipts	Pasadena	CA		$7.43
08/26/24	URBANE CAFE 15 0001 805-330-2230	PASADENA	CA		$17.18
08/26/24	CITY OF PASADENA 6267446454	PASADENA	CA		$1.00
08/26/24	CVS PHARMACY 8007467287 PHARMACIES	PASADENA	CA		$48.38
08/27/24	ARCO #42205 ARCO42205001 0000000000	ALTADENA	CA		$64.23
08/27/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$66.46
08/29/24	TST* ROBEKS - 449 - PASAD 300558524 6266950306	PASADENA,	CA		$15.49
08/29/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$3.99
08/29/24	MENDOCINO FARMS #22 0000 312-813-8282	PASADENA	CA		$18.91
08/30/24	LOCALIZA - MULTAS TRAN AUTOMOBILE RENTAL	BH		136,67 Brazilian Reals	$24.62
08/30/24	LADOT METER PARKING 100003597107129 90012	LOS ANGELES	CA		$0.75
08/31/24	JAENGSRIVONG NR GIZE LIFE 6262324812	Pasadena	CA		$11.58
08/31/24	WHOLEFDS GLN 10179 000010179 8185485248	GLENDALE	CA		$30.98
09/01/24	GRIFFINS OF KINSALE squareup.com/receipts	South Pasadena	CA		$12.92
09/01/24	PASADENA PARKING - PASEO 6267447463	PASADENA	CA		$12.00
09/02/24	TEMU.COM +18884958368	WILMINGTON	DE		$47.62
09/02/24	STARBUCKS STORE 2241 FAST FOOD RESTAURANT	NORTH HOLLYWO	CA		$11.50
09/02/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$11.35

Continued on next page

Detail Continued

				Foreign Spend	Amount
09/02/24	INTREPID WEB SERVICES 000000001 8883559927	LAS VEGAS	NV		$39.99
09/03/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$20.38
09/03/24	LADOT METER PARKING 100003598603141 90012	LOS ANGELES	CA		$4.00
09/03/24	HOOTS WINGS - PASADENA 643 N FAIR OAKS 6264858277	PASADENA	CA		$12.55
09/04/24	CE528DF4-C820-42ED-A692-704973C881E3 BEAUTY/BARBER SHOP	BURBANK	CA		$143.52
09/04/24	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$81.87
09/04/24	MAGNOLIA ISLAND 0000 818-845-4821	BURBANK	CA		$57.48
09/04/24	SHELL SERVICE STATION 57444586101 8187903836	LA CANADA FLINTRIDGE	CA		$63.42
09/05/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$19.62
09/05/24	GROCERY OUTLET OF ALTADE 0000000000167 6263142700	ALTADENA	CA		$10.44
09/05/24	LADOT METER PARKING 100003599990428 90012	LOS ANGELES	CA		$3.50
09/05/24	TERIYAKI TOKYO 00-08041807499 FAST FOOD RESTAURANT	BURBANK	CA		$19.79
09/06/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$8.46
09/06/24	LADOT METER PARKING 100003600823090 90012	LOS ANGELES	CA		$2.00
09/06/24	LADOT METER PARKING 100003600922804 90012	LOS ANGELES	CA		$2.00
09/06/24	ORGANO GOLD 00-08034781131 360-3830810	BLAINE	WA		$55.50
09/07/24	GOOGLE*GSUITE NUAVIVA.COM GOOGLE INC COMPUTER NETWORK/INFO	CC GOOGLE.COM			$126.00
09/07/24	STARBUCKS STORE 0521 FAST FOOD RESTAURANT	BURBANK	CA		$6.95
09/07/24	TARGET 014084 09100014084 612-3044357	LOS ANGELES	CA		$47.15
09/07/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		86,75 Brazilian Reals	$15.69
09/07/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		119,90 Brazilian Reals	$21.69
09/07/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		67,90 Brazilian Reals	$12.17
09/08/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$21.43
09/09/24	CVS PHARMACY 8007467287	PASADENA	CA		$41.86
09/10/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$16.38
09/10/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$5.75

Continued on reverse

Detail Continued

				Foreign Spend	Amount
09/10/24	TST* ROBEKS - 436 - NORTH 300557269 8187256165	NORTH HOLLYWO	CA		$14.39
09/10/24	LADOT METER PARKING 100003602830392 90012	LOS ANGELES	CA		$4.00
09/11/24	LADOT METER PARKING 100003603666190 90012	LOS ANGELES	CA		$2.00
09/11/24	LADOT METER PARKING 100003603739908 90012	LOS ANGELES	CA		$1.75
09/12/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$32.97
09/12/24	LADOT METER PARKING 100003604210416 90012	LOS ANGELES	CA		$4.00
09/12/24	LADOT METER PARKING 100003604363081 90012	LOS ANGELES	CA		$1.75
09/13/24	LADOT METER PARKING 100003605076694 90012	LOS ANGELES	CA		$2.00
09/13/24	SHELL SERVICE STATION 10007803009 8188401130	BURBANK	CA		$68.25
09/15/24	WHOLE FOODS MARKET 6263515994	PASADENA	CA		$83.20
09/17/24	VITAMINSHOPPE838 MISC FOOD STORE	STUDIO CITY	CA		$175.11
09/17/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$24.11
09/18/24	SUPER KING MARKET 6262969311	ALTADENA	CA		$7.37
09/18/24	MILANI GLAM STUDIO 818-509-8818	NORTH HOLLYWO	CA		$30.00
09/20/24	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$2.00
09/20/24	THE FAIRMONT MIRAMAR HTL Arrival Date Departure Date 09/20/24 09/20/24 00000000 LODGING	SANTA MONICA	CA		$11.80
09/21/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$13.85
09/23/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$13.92
09/23/24	H ROCK CHURCH 626-794-1199	PASADENA	CA		$10.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on next page

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		25.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.99% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Delta Air Lines SkyMiles® - Total miles earned each billing period are transferred to your Delta Air Lines SkyMiles® account. For SkyMiles® account information, call Delta's Instant Info℠ at **1-800-325-3999**.

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Update to Fee Credit for Global Entry or TSA PreCheck®

Effective October 1, 2024, we are increasing the amount of the statement credit available to Delta SkyMiles® Platinum Card Members when they pay for the Global Entry application fee with their Cards. Delta SkyMiles® Platinum Card Members or Additional Card Members will be eligible to earn a $120 statement credit (increased from $100) every 4 years for the Global Entry application fee (to be increased from $100 to $120 on October 1, 2024) or up to $85 every 4.5 years for the TSA PreCheck® application fee (when applying through a TSA official enrollment provider). The charge for the application fee can be made by the Basic Card Member or any Additional Card Members on a single Card account, but no more than one credit across the account can be earned. Global Entry includes TSA PreCheck®. Additional terms apply, please visit **americanexpress.com/card-benefits/view-all/delta-platinum**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 10/24/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,096.43**
Minimum Payment Due	**$61.92**
Payment Due Date	**11/18/24**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 11/18/24, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	12 years	$8,447
$128	3 years	$4,596 *(Savings = $3,851)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $3,096.43 on 11/08/24. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 11/06/24. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 11/18/24.

Delta SkyMiles®

Miles Earned this Period **5,201**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$4,245.38
Payments/Credits	-$4,245.38
New Charges	+$3,096.43
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$3,096.43**
Minimum Payment Due	**$61.92**
Credit Limit	$29,500.00
Available Credit	$26,403.57
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
11/18/24

New Balance
$3,096.43

AutoPay Amount
$3,096.43

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000309643000006192 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 10/24/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$4,245.38
Credits	$0.00
Total Payments and Credits	**-$4,245.38**

Detail

*Indicates posting date

Payments			**Amount**
10/08/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$4,245.38

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$71.54
B DEOLIVEIRA MADRUGA 0-32011	$3,024.89
Total New Charges	**$3,096.43**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
10/17/24	LYFT 200525458268508709 4104 2005254582685087098	855-280-0278	CA		$32.83
10/17/24	LYFT 200524922882122509 4104 2005249228821225074	855-280-0278	CA		$3.00
10/18/24	LYFT 200528201756094299 4104 2005282017560942968	855-280-0278	CA		$35.71

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	**Amount**
09/23/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		195,60 Brazilian Reals	$35.50
09/23/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		153,80 Brazilian Reals	$27.91
09/23/24	AMAZON.COM*2X14E6EW3 MERCHANDISE	AMZN.COM/BILL	WA		$115.15

Continued on reverse

Detail Continued

				Foreign Spend	Amount
09/23/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		174,40 Brazilian Reals	$31.65
09/25/24	EXXONMOBIL 9761 00209752 91206 400	GLENDALE	CA		$15.41
09/26/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$14.22
09/26/24	REGAL PASEO 0148 877-835-5734	PASADENA	CA		$15.30
09/26/24	REGAL PASEO 0148 877-835-5734	PASADENA	CA		$14.45
09/26/24	PASADENA PARKING - PASEO 6267447463	PASADENA	CA		$10.50
09/29/24	TARGET 612-3044357	NORTH HOLLYWOOD	CA		$73.33
10/01/24	GOOGLE*GSUITE NUAVIVA.COM GOOGLE INC BUSINESS SERVICE	CC GOOGLE.COM			$73.16
10/02/24	DELTA AIR LINES DELTA AIR LINES From: To: Carrier: Class: LOS ANGELES INTERN FT LAUDERDALE/HOLL DL H Ticket Number: 00622721263791 Date of Departure: 10/17 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: PASSENGER TICKET	ATLANTA			$388.48
10/02/24	DELTA AIR LINES DELTA AIR LINES From: To: Carrier: Class: TAMPA INTERNATIONA LOS ANGELES INTERN DL Q Ticket Number: 00622726458723 Date of Departure: 10/20 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: PASSENGER TICKET	ATLANTA			$404.48
10/02/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA		$15.75
10/02/24	00825 USA FITNESS 00825 USA FITNE 8183672100	SYLMAR	CA		$10.00
10/02/24	INTREPID WEB SERVICES 000000001 8883559927	LAS VEGAS	NV		$39.99
10/03/24	TARGET 612-3044357	NORTH HOLLYWOOD	CA		$49.28
10/03/24	INTREPID WEB SERVICES 000000001 8883559927	LAS VEGAS	NV		$31.29
10/05/24	WHOLE FOODS MARKET 6263515994	PASADENA	CA		$43.09
10/05/24	TST* REPUBLIC OF PIE AND 300602728 8183087990	NORTH HOLLYWO	CA		$6.57
10/05/24	RALPHS 8884373496 GROCERY STORES	LA CANADA FLINTRIDGE	CA		$42.16
10/05/24	RALPHS 8884373496 GROCERY STORES	LA CANADA FLINTRIDGE	CA		$14.54
10/07/24	MCDONALD'S F13902 000000000186485 6267445777	PASADENA	CA		$6.77
10/08/24	KUISHIMBO RESTAURANT 567000000812123 KUISHIMBOLA@GMAIL.COM	LOS ANGELES	CA		$3.23
10/08/24	WHOLE FOODS MARKET 6263515994	PASADENA	CA		$49.85

Continued on next page

Detail Continued

				Foreign Spend	Amount
10/08/24	WHOLE FOODS MARKET 6263515994	PASADENA	CA		$6.24
10/08/24	RALPHS GROCERY 8884373496 GROCERY STORES	LOS ANGELES	CA		$5.48
10/09/24	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$25.99
10/09/24	LADOT METER PARKING 100003620197035 90012	LOS ANGELES	CA		$1.00
10/09/24	TST* REPUBLIC OF PIE AND 300602728 8183087990	NORTH HOLLYWO	CA		$6.49
10/09/24	SHELL SERVICE STATION 13011457010 6268180876	PASADENA	CA		$2.95
10/10/24	ROSS DRESS FOR LESS 999-999-9999	PASADENA	CA		$40.78
10/10/24	LANDMARK PASADENA 293 000000071 6265142801	PASADENA	CA		$14.36
10/10/24	ORGANO GOLD 00-08034781131 360-3830810	BLAINE	WA		$46.99
10/11/24	DELTA AIR LINES DELTA AIR LINES From: To: LOS ANGELES INTERN TAMPA INTERNATIONA Ticket Number: 0062272126379 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: ADDITIONAL COLLECTION	ATLANTA Carrier: Class: DL 00 Date of Departure: 10/17			$1.00
10/11/24	UBATUBA ACAI PASADENA squareup.com/receipts	PASADENA	CA		$19.26
10/11/24	TEP 3 0000 323-868-5394	FIRESTONE PAR	CA		$2.07
10/11/24	TEP 3 0000 323-868-5394	FIRESTONE PAR	CA		$11.39
10/11/24	PRETTYLITTLETHING.COM 777-659-2329	777-659-2329	PA		$473.62
10/11/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$160.50
10/12/24	LADOT METER PARKING 100003622326036 90012	LOS ANGELES	CA		$1.00
10/12/24	SHELL SERVICE STATION 13011457010 6268180876	PASADENA	CA		$70.99
10/15/24	DELTA AIR LINES DELTA AIR LINES From: To: LOS ANGELES INTERN FT LAUDERDALE/HOLL Ticket Number: 0062274683069 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: ADDITIONAL COLLECTION	ATLANTA Carrier: Class: DL 00 Date of Departure: 10/17			$39.00
10/15/24	CVS PHARMACY 8007467287 PHARMACIES	PASADENA	CA		$18.98
10/16/24	TST* ROBEKS - 449 - PASAD 300558524 6266950306	PASADENA,	CA		$11.49
10/17/24	GUISADOS BEVERLY HILLS squareup.com/receipts	Beverly Hills	CA		$21.22

Continued on reverse

Detail Continued

				Foreign Spend	Amount
10/17/24	LAX SMARTPARKING RES 084870022432892 3106462911	310-6462911	CA		$50.99
10/17/24	VICTORIA'S SECRET #1644 1644 1017231333 90230 SPECIALTY RETAIL	CULVER CITY	CA		$60.58
10/18/24	OAKBERRY CULVER CITY squareup.com/receipts	Culver City	CA		$17.94
10/18/24	Uber Trip OOYVIZNR 33019	help.uber.com	CA		$23.99
10/18/24	CURIO DIPLOMAT CANTEEN CURIO DIPLOMAT 954-602-6000	HOLLYWOOD	FL		$80.94
10/20/24	TEMU.COM TEMU.COM	TEMU.COM	DE		$33.43
10/21/24	DELTA AIR LINES DELTA AIR LINES Ticket Number: 00642264942561 Passenger Name: DEOLIVEIRA/BRUNAMADRUGA Document Type: EXCESS BAGGAGE	ATLANTA			$35.00
10/21/24	AMAZON.COM*C33HT0T23 MERCHANDISE	AMZN.COM/BILL	WA		$86.38
10/21/24	TEMU.COM TEMU.COM	TEMU.COM	DE		$77.20
10/23/24	WHOLEFDS PRR#10695 000010695 1234567891	PORTER RANCH	CA		$7.38
10/23/24	WHOLE FOODS MARKET 6262042266	PASADENA	CA		$38.20

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		27.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.99% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,093	17,284
Total Bonus Miles Earned and Adjustments	2,108	9,804
Total Miles Earned	**5,201**	**27,088**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	1,734
2X Miles at Restaurants	168
2X Miles at U.S. Supermarkets	206
Total	**2,108**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

Update to Fee Credit for Global Entry or TSA PreCheck®

Effective October 1, 2024, we are increasing the amount of the statement credit available to Delta SkyMiles® Platinum Card Members when they pay for the Global Entry application fee with their Cards. Delta SkyMiles® Platinum Card Members or Additional Card Members will be eligible to earn a $120 statement credit (increased from $100) every 4 years for the Global Entry application fee (to be increased from $100 to $120 on October 1, 2024) or up to $85 every 4.5 years for the TSA PreCheck® application fee (when applying through a TSA official enrollment provider). The charge for the application fee can be made by the Basic Card Member or any Additional Card Members on a single Card account, but no more than one credit across the account can be earned. Global Entry includes TSA PreCheck®. Additional terms apply, please visit **americanexpress.com/card-benefits/view-all/delta-platinum**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 11/22/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,467.69**
Minimum Payment Due	**$69.35**
Payment Due Date	**12/18/24**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 12/18/24, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	13 years	$9,619
$142	3 years	$5,130 *(Savings = $4,489)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $3,467.69 on 12/07/24. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 12/05/24. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 12/18/24.

Continued on page 3

Delta SkyMiles®

Miles Earned this Period **3,961**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,096.43
Payments/Credits	-$3,885.01
New Charges	+$4,256.27
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$3,467.69**
Minimum Payment Due	**$69.35**
Credit Limit	$29,500.00
Available Credit	$26,032.31
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
12/18/24

New Balance
$3,467.69

AutoPay Amount
$3,467.69

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000346769000006935 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

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Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

What To Do If You Think You Find A Mistake On Your Statement

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American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 11/22/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

American Express® High Yield Savings Account
No monthly fees. No minimum opening deposit. 24/7 customer support. Help meet your savings goals with an American Express High Yield Savings Account. Terms apply. Member FDIC. Learn more by visiting **americanexpress.com/save**

Payments and Credits

Summary

	Total
Payments	-$3,096.43
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$788.58
Total Payments and Credits	**-$3,885.01**

Detail

*Indicates posting date

Payments			**Amount**
11/08/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$3,096.43
Credits			**Amount**
11/11/24	B DEOLIVEIRA MADRUGA	OPENPHONE SAN FRANCISCO CA +18557466304	-$180.00
11/18/24	B DEOLIVEIRA MADRUGA	PRETTYLITTLETHING.COM 777-659-2329 PA 777-659-2329	-$376.12
11/19/24	B DEOLIVEIRA MADRUGA	IKEA.COM BALTIMORE MD 888-434-4532	-$232.46

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$110.81
B DEOLIVEIRA MADRUGA 0-32011	$4,145.46
Total New Charges	**$4,256.27**

Continued on reverse

Detail

JASON P BRIENEN
Card Ending 0-31005

				Amount
11/01/24	LYFT 20108988671402802941 04 2010898867140280272	855-280-0278	CA	$49.12
11/12/24	LYFT 20148281115571827941 04 2014828111557182752	855-280-0278	CA	$16.83
11/12/24	LYFT 20149659889164079941 04 2014965988916407950	855-280-0278	CA	$25.19
11/16/24	LYFT 20160415774656879941 04 2016041577465687982	855-280-0278	CA	$19.67

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Amount
10/25/24	BOOKING.COM* 1IPU26PME Arrival Date Departure Date 10/25/24 10/25/24 00000000 LODGING	LOS ANGELES	CA	$152.66
10/26/24	EXER WESTWOOD WESTWOOD B 0033 833-401-4311	WESTWOOD	CA	$167.08
10/26/24	SHELL SERVICE STATION 10008021007 3232931750	LOS ANGELES	CA	$58.57
10/27/24	UBATUBA ACAI KOREATOWN squareup.com/receipts	Los Angeles	CA	$23.70
10/27/24	CVS PHARMACY 8007467287	LOS ANGELES	CA	$17.82
10/27/24	TEMU.COM TEMU.COM	TEMU.COM	DE	$55.27
10/28/24	RIOZONAS ACAI squareup.com/receipts	North Hollywood	CA	$29.91
10/28/24	WHOLE FOODS MARKET 6263515994	PASADENA	CA	$54.86
10/29/24	TEMU.COM TEMU.COM	TEMU.COM	DE	$65.25
10/29/24	SUBWAY 13005 23728 FAST FOOD RESTAURANT	COMPTON	CA	$8.20
10/30/24	RIOZONAS ACAI squareup.com/receipts	West Hollywood	CA	$20.48
10/30/24	RIOZONAS ACAI squareup.com/receipts	West Hollywood	CA	$6.62
10/30/24	UBATUBA ACAI SANTA MONICA squareup.com/receipts	Santa Monica	CA	$12.65
10/30/24	NYX=NAYAX VENDING 65 650000012861780 4106663800	HUNT VALLEY	MD	$2.00
10/30/24	THE HOME DEPOT #6037 626-517-4600	PASADENA	CA	$30.20
10/30/24	SHELL SERVICE STATION 12686791018 4243430068	LOS ANGELES	CA	$5.99
10/31/24	SHELL SERVICE STATION 12372405006 8182406134	GLENDALE	CA	$64.21
11/01/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$60.68

Continued on next page

Detail Continued

				Amount
11/01/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$232.09
11/01/24	STARBUCKS STORE 0659 FAST FOOD RESTAURANT	PASADENA	CA	$12.90
11/01/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$275.65
11/01/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$99.96
11/02/24	STARBUCKS STORE 0959 FAST FOOD RESTAURANT	N HOLLYWOOD	CA	$17.35
11/03/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$270.76
11/03/24	OPENPHONE +18557466304	SAN FRANCISCO	CA	$180.00
11/03/24	DIAMOND INN MOTEL 965898900121209 PRAGNESHPATEL6588@GMAIL.C	NORTH HILLS	CA	$100.00
11/04/24	INTREPID WEB SERVICES 888-355-9927	8883559927	NV	$39.99
11/04/24	LADOT METER PARKING 100003635594036 90012	LOS ANGELES	CA	$0.25
11/05/24	ALL VALLEY AUTO GLASS 0000 818-913-1680	SYLMAR	CA	$258.90
11/07/24	QQ NAILS & SPA 436845559747562 QUIHUYNH0404@YAHOO.COM	LOS ANGELES	CA	$87.00
11/08/24	AMAZON.COM*W23Q80XA3 MERCHANDISE	AMZN.COM/BILL	WA	$76.55
11/08/24	RALPHS 8884373496 GROCERY STORES	NORTH HOLLYWOOD	CA	$57.50
11/11/24	0820 USA FITNESS N HILLS 0820 USA FITN 8183366322	SYLMAR	CA	$35.99
11/11/24	MARSHALLS 206023 01701 DISCOUNT STORES	LOS ANGELES	CA	$134.73
11/11/24	SHELL SERVICE STATION 10008015009 3234692560	LOS ANGELES	CA	$74.26
11/11/24	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA	$22.99
11/12/24	TFC CREDIT CORPORATION 925-498-2500	SAN RAMON	CA	$200.00
11/13/24	RIOZONAS ACAI GOODS/SERVICES	West Hollywood	CA	$16.32
11/13/24	RIOZONAS ACAI GOODS/SERVICES	West Hollywood	CA	$7.63
11/14/24	SP HAPPY V +19545931826	MIRAMAR	FL	$102.58
11/14/24	SPROUTS FARMERS MARKET # 0000000000218 9999999999	LOS ANGELES	CA	$78.09
11/15/24	EXXONMOBIL 9759 00188745 90069 400	WEST HOLLYWOO	CA	$21.89
11/16/24	GUISADOS BEVERLY HILLS GOODS/SERVICES	Beverly HIlls	CA	$5.65
11/17/24	TRADER JOE S #173 000000173 6265993700	WEST HOLLYWOO	CA	$14.99

Continued on reverse

Detail Continued

				Amount
11/18/24	AMAZON.COM*LU36L8ID3 MERCHANDISE	AMZN.COM/BILL	WA	$43.95
11/18/24	IKEA.COM 466324606 21236 FURNITURE/LAMP/LIGHTING	BALTIMORE	MD	$232.46
11/19/24	INTREPID WEB SERVICES 888-355-9927	8883559927	NV	$50.04
11/19/24	IKEA.COM 466345684 21236 FURNITURE/LAMP/LIGHTING	BALTIMORE	MD	$248.85
11/19/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$98.39
11/19/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$42.34
11/19/24	RALPHS 8884373496	LOS ANGELES	CA	$2.29
11/20/24	EXER WESTWOOD WESTWOOD B 0033 833-401-4311	WESTWOOD	CA	$166.97

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 29

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		27.24% (v)	$0.00	$0.00

Continued on next page

Interest Charge Calculation Continued

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Cash Advances	04/12/2020		29.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,470	20,754
Total Bonus Miles Earned and Adjustments	491	10,295
Total Miles Earned	**3,961**	**31,049**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles on purchases made directly at Hotels	200
2X Miles at Restaurants	83
2X Miles at U.S. Supermarkets	208
Total	**491**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 12/24/24
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$2,893.43**
Minimum Payment Due	**$57.86**
Payment Due Date	**01/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 01/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	12 years	$7,655
$118	3 years	$4,266 *(Savings = $3,389)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section to find your Renewal Notice on your Membership, which renews next month, and to find any other communications.

We will debit your bank account for your payment of $2,893.43 on 01/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 01/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 01/18/25.

Delta SkyMiles®

Miles Earned this Period **3,438**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,467.69
Payments/Credits	-$3,467.69
New Charges	+$2,893.43
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$2,893.43**
Minimum Payment Due	**$57.86**
Credit Limit	$29,500.00
Available Credit	$26,606.57
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
01/18/25

New Balance
$2,893.43

AutoPay Amount
$2,893.43

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

0000349992532488414 0002893430000005786 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 12/24/24

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$3,467.69
Credits	$0.00
Total Payments and Credits	**-$3,467.69**

Detail

*Indicates posting date

Payments			**Amount**
12/07/24*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$3,467.69

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$185.32
B DEOLIVEIRA MADRUGA 0-32011	$2,708.11
Total New Charges	**$2,893.43**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
12/02/24	LYFT 202243375001871799 4104 202243375001871795 2	855-280-0278	CA		$8.62
12/02/24	LYFT 202246143901578339 4104 202246143901578333 2	855-280-0278	CA		$3.25
12/02/24	LYFT 202246562993557129 4104 202246562993557121 0	855-280-0278	CA		$8.93
12/02/24	LYFT 202241770186974249 4104 202241770186974245 0	855-280-0278	CA		$35.69
12/02/24	LYFT 202243113468886769 4104 202243113468886769 2	855-280-0278	CA		$3.75
12/03/24	LYFT 202248806949985379 4104 202248806949985378 8	855-280-0278	CA		$6.99

Continued on reverse

Detail Continued

				Foreign Spend	Amount
12/03/24	LYFT 202276956396079259 4104 202276956396079259 8	855-280-0278	CA		$25.24
12/03/24	LYFT 202279673960091089 4104 202279673960091080 4	855-280-0278	CA		$32.82
12/04/24	LYFT 202308340522808969 4104 202308340522808961 4	855-280-0278	CA		$20.99
12/05/24	LYFT 202309245847656059 4104 202309245847656057 8	855-280-0278	CA		$22.70
12/11/24	LYFT 202567269100359459 4104 202567269100359452 0	855-280-0278	CA		$16.34

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	Amount
11/22/24	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
11/22/24	EXXONMOBIL 9763 323-465-3800	LOS ANGELES	CA		$65.20
11/22/24	RALPHS 8884373496 GROCERY STORES	LOS ANGELES	CA		$70.15
11/23/24	HONK PARKING PARKING	WILMINGTON	DE		$17.50
11/24/24	HOTMART BV*ESCOLA MULHER MAGNTICA DIAM DIGITAL GOODS: APPS	WILMINGTON	DE		$63.87
11/25/24	AMAZON.COM*EF5TS7GR3 MERCHANDISE	AMZN.COM/BILL	WA		$87.81
11/25/24	LADOT METER PARKING 100003647223217 90012	LOS ANGELES	CA		$0.50
11/25/24	BLVD *HYDRATION ROOM ST 000007313 8183081017	STUDIO CITY	CA		$147.00
11/26/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$25.17
11/26/24	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$28.47
11/26/24	RALPHS 8884373496 GROCERY STORES	LOS ANGELES	CA		$114.51
11/28/24	RIOZONAS ACAI squareup.com/receipts	West Hollywood	CA		$4.96
11/28/24	CVS PHARMACY 8007467287 PHARMACIES	LOS ANGELES	CA		$27.87
11/29/24	HOTMART BV*CHICCLUB2 DIGITAL GOODS: APPS	WILMINGTON	DE		$127.00
11/29/24	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$60.60
12/01/24	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$59.00
12/03/24	RALPHS 8884373496 GROCERY STORES	LOS ANGELES	CA		$27.44

Continued on next page

Detail Continued

				Foreign Spend	Amount
12/04/24	RALPHS 8884373496	SOUTH PASADENA	CA		$5.28
12/04/24	GROUPON, INC. MISC PERSONAL SERVICE	CHICAGO			$16.00
12/04/24	RALPHS 8884373496 GROCERY STORES	LOS ANGELES	CA		$22.02
12/05/24	LADOT METER PARKING 100003651892854 90012	LOS ANGELES	CA		$1.00
12/05/24	SHELL SERVICE STATION 10008015009 3234692560	LOS ANGELES	CA		$64.18
12/07/24	GOODCHOP 19292034850	NEW YORK	NY		$158.99
12/07/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		452,93 Brazilian Reals	$75.71
12/07/24	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$35.69
12/07/24	AMAZON MARKETPLACE DEPARTMENT STORE	SAO PAULO		65,39 Brazilian Reals	$10.93
12/09/24	CLASSPASS* MISSED CLAS +18777554279	MISSOULA	MT		$17.00
12/09/24	AMAZON.COM*ZR0PD8IK0 MERCHANDISE	AMZN.COM/BILL	WA		$48.28
12/09/24	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$25.99
12/09/24	NM ONLINE 888-888-4757 CATALOG SHOWROOM	IRVING			$219.00
12/10/24	ZARA USA 3844 038443208970212499 1204	GLENDALE	CA		$123.14
12/10/24	GLENDALE #112 TRIPOS 000000112 3106830940	GLENDALE	CA		$88.13
12/15/24	Uber Trip 2VJXABI5 92314	help.uber.com	CA		$8.98
12/15/24	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$28.56
12/15/24	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$52.84
12/16/24	LADOT PARKING PARKING LOT & GARAGE	LOS ANGELES	CA		$3.00
12/16/24	EXXONMOBIL 9759 00152801 90069 400	WEST HOLLYWOO	CA		$25.15
12/16/24	EXXONMOBIL 9759 323-656-5643	WEST HOLLYWOO	CA		$72.64
12/16/24	VICTORIA'S SECRET 1187 1187 1216162822 90028 0100	HOLLYWOOD	CA		$79.88
12/17/24	VICTORIA'S SECRET 1187 1187 1217135538 90028 0100	HOLLYWOOD	CA		$54.70
12/19/24	INTREPID WEB SERVICES 888-355-9927	8883559927	NV		$69.99

Continued on reverse

Detail Continued

				Foreign Spend	Amount
12/19/24	AMAZON.COM*Z94IT3NY0 MERCHANDISE	AMZN.COM/BILL	WA		$48.55
12/20/24	THE PRESCRIPTION CENTER 65000001281865 3102747113	BEVERLY HILLS	CA		$3.33
12/20/24	RALPHS 8884373496 GROCERY STORES	LOS ANGELES	CA		$42.34
12/21/24	WHOLE FOODS MARKET 3105764707	SANTA MONICA	CA		$27.25
12/23/24	TARGET 027755 09100027755 612-3044357	LOS ANGELES	CA		$13.65
12/23/24	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
12/23/24	60893 - BEVERLY CENTER CPRK608931 CPRK 3122742000	LOS ANGELES	CA		$2.00
12/23/24	WHOLEFDS BVH 10022 000010022 3102743360	BEVERLY HILLS	CA		$38.86

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	$250.00
Total Interest in 2024	$0.00

Interest Charge Calculation

Days in Billing Period: 32

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00

Continued on next page

Interest Charge Calculation Continued

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,896	23,650
Total Bonus Miles Earned and Adjustments	542	10,837
Total Miles Earned	**3,438**	**34,487**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at U.S. Supermarkets	542
Total	**542**

IMPORTANT NOTICES

Renewal Notice

Your Account renews next month. The following terms will be in effect when your Account renews, unless we tell you otherwise. **Please refer to Page 2 for more information about your Account, including How We Calculate Your Balance, Paying Interest, and Foreign Currency Charges.**

Annual Membership Fee: The annual membership fee for your Account is $350.00. When you receive the statement in which the annual fee is billed, you can avoid paying the annual fee by calling the Customer Care phone number found on your statement to cancel your Account. You must call within 30 days of the Closing Date of the billing statement on which that fee appears.

Plan Fee (Fixed Finance Charge): The Plan It feature will be in effect when your Account renews unless we tell you otherwise. Your Plan Fee will be a monthly fee of up to 1.33% of each purchase placed in a plan based on the plan duration, the APR that would otherwise apply to the purchase, and other factors. If you have active plans, further details can be found in the Plan It section.

APR Information: The Annual Percentage Rates *(APRs)* for each billing period may vary based on the Prime Rate. We use the Prime Rate published in the rates section of *The Wall Street Journal* on the Closing Date of the billing period. *The Wall Street Journal* may not publish the Prime Rate on that day. If it does not, we will use the Prime Rate from the previous day it was published.

The Penalty APR may apply to your Account if you make one or more late payments or if your payment is returned. We may also consider your creditworthiness in determining whether or not to apply the penalty APR to your Account. If the Penalty APR is applied, it will apply for at least 6 months. We will review your Account every 6 months after the Penalty APR is applied. The Penalty APR will continue to apply until you have made timely payments with no returned payments during the 6 months being reviewed.

Please refer to the **Interest Charge Calculation** section within this billing statement for the APRs that apply to this account as of the Closing Date of this statement.

Important Notices continued on next page.

IMPORTANT NOTICES continued

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 01/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$1,030.94**
Minimum Payment Due	**$40.00**
Payment Due Date	**02/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 02/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	3 years	$1,566

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $1,030.94 on 02/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 02/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 02/18/25.

Delta SkyMiles®

Miles Earned this Period **860**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$2,893.43
Payments/Credits	-$2,893.43
New Charges	+$680.94
Fees	+$350.00
Interest Charged	+$0.00
New Balance	**$1,030.94**
Minimum Payment Due	**$40.00**
Credit Limit	$29,500.00
Available Credit	$28,469.06
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
02/18/25

New Balance
$1,030.94

AutoPay Amount
$1,030.94

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000103094000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 01/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$2,893.43
Credits	$0.00
Total Payments and Credits	**-$2,893.43**

Detail

*Indicates posting date

Payments			**Amount**
01/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,893.43

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$13.99
B DEOLIVEIRA MADRUGA 0-32011	$666.95
Total New Charges	**$680.94**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Amount
12/26/24	LYFT 203090424608053699410 4 2030904246080536940	855-280-0278	CA	$13.99

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Amount
01/01/25	GOOGLE*GSUITE NUAVIVA.COM GOOGLE INC BUSINESS SERVICE	CC GOOGLE.COM		$12.00
01/04/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$10.94
01/04/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$197.04
01/05/25	CLASSPASS* LATE CANCEL +18777554279	MISSOULA	MT	$9.00
01/05/25	CLASSPASS* LATE CANCEL +18777554279	MISSOULA	MT	$14.00
01/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA	$25.99

Continued on reverse

Detail Continued

				Amount
01/18/25	GOODCHOP 9292034850	NEW YORK	NY	$178.99
01/19/25	INTREPID WEB SERVICES 888-355-9927	8883559927	NV	$69.99
01/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT	$149.00

Fees

			Amount
01/24/25	JASON P BRIENEN	ANNUAL MEMBERSHIP FEE	$350.00
Total Fees for this Period			**$350.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	681	667
Total Bonus Miles Earned and Adjustments	179	179
Total Miles Earned	**860**	**846**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at U.S. Supermarkets	179
Total	**179**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

ShopRunner Card Benefit Removal

Effective March 31, 2025, ShopRunner membership will no longer be a Card benefit. Card Members currently enrolled through American Express will continue to receive their complimentary ShopRunner membership for the remainder of their ShopRunner membership year and two years thereafter, subject to ShopRunner's policies and terms and conditions.

Information about the American Express Auto Purchasing Program

Effective April 28, 2025, the American Express Auto Purchasing Program will be decommissioned and no longer available as a benefit for Card Members. Any offers, including any upfront price offers, available through the American Express Auto Purchasing Program will expire on their stated end date.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 02/21/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$2,494.74**
Minimum Payment Due	**$49.89**
Payment Due Date	**03/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 03/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	10 years	$6,340
$102	3 years	$3,678 *(Savings = $2,662)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $2,494.74 on 03/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 03/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 03/18/25.

Delta SkyMiles®

Miles Earned this Period **2,494**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$1,030.94
Payments/Credits	-$1,030.94
New Charges	+$2,494.74
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$2,494.74**
Minimum Payment Due	**$49.89**
Credit Limit	$29,500.00
Available Credit	$27,005.26
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
03/18/25

New Balance
$2,494.74

AutoPay Amount
$2,494.74

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000249474000004989 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 02/21/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$1,030.94
Credits	$0.00
Total Payments and Credits	**-$1,030.94**

Detail

*Indicates posting date

Payments			**Amount**
02/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$830.94
01/28/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$200.00

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$1,012.00
B DEOLIVEIRA MADRUGA 0-32011	$1,482.74
Total New Charges	**$2,494.74**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Amount
02/05/25	SAINT HELENA WINERY 707-967-9463	707-967-9463	CA	$1,012.00

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Amount
01/25/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$35.02
01/25/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$559.21
01/25/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$153.29
01/25/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA	$59.00
01/28/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	$85.18
01/28/25	IKEA BURBANK 0000 888-888-4534	BURBANK	CA	$60.58

Continued on reverse

Detail Continued

				Amount
02/07/25	CLASSPASS* MISSED CLAS +18777554279	MISSOULA	MT	$17.00
02/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA	$25.99
02/10/25	Southwest Airlines SOUTHWEST AIRLINES (MASTE	DALLAS	TX	$246.97

From:	To:	Carrier:	Class:
BURBANK	PHOENIX SKY HARBOR	WN	U
	BURBANK	WN	A

Ticket Number: 5262309182107 Date of Departure: 02/27
Passenger Name: DE OLIVEIRA MADRUGA/BRUNA
Document Type: PASSENGER TICKET

02/18/25	Southwest Airlines SOUTHWEST AIRLINES (MASTE	DALLAS	TX	$12.69

From:	To:	Carrier:	Class:
BURBANK	LAS VEGAS MCCARRAN	WN	U
	PHOENIX SKY HARBOR	WN	U
	BURBANK	WN	A

Ticket Number: 5262312302638 Date of Departure: 02/27
Passenger Name: DE OLIVEIRA MADRUGA/BRUNA
Document Type: PASSENGER TICKET

02/19/25	AMERICAN AIRLINES American Airlines	800-433-7300	TX	$9.34

From:	To:	Carrier:	Class:
LOS ANGELES INTERN	PHOENIX SKY HARBOR	AA	B

Ticket Number: 0010620299336 Date of Departure: 02/28
Passenger Name: MADRUGA/BRUNA
Document Type: PREFERRED SEAT UPGRADE

02/19/25	AMERICAN AIRLINES American Airlines	800-433-7300	TX	$148.48

From:	To:	Carrier:	Class:
LOS ANGELES INTERN	PHOENIX SKY HARBOR	AA	B

Ticket Number: 0012216010912 Date of Departure: 02/28
Passenger Name: MADRUGA/BRUNA
Document Type: PASSENGER TICKET

02/19/25	INTREPID WEB SERVICES 888-355-9927	8883559927	NV	$69.99

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

Continued on next page

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 28

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,494	3,161
Total Bonus Miles Earned and Adjustments	0	179
Total Miles Earned	**2,494**	**3,340**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

ShopRunner Card Benefit Removal

Effective March 31, 2025, ShopRunner membership will no longer be a Card benefit. Card Members currently enrolled through American Express will continue to receive their complimentary ShopRunner membership for the remainder of their ShopRunner membership year and two years thereafter, subject to ShopRunner's policies and terms and conditions.

Information about the American Express Auto Purchasing Program

Effective April 28, 2025, the American Express Auto Purchasing Program will be decommissioned and no longer available as a benefit for Card Members. Any offers, including any upfront price offers, available through the American Express Auto Purchasing Program will expire on their stated end date.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 03/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,498.99**
Minimum Payment Due	**$69.97**
Payment Due Date	**04/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 04/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	13 years	$9,653
$143	3 years	$5,158 *(Savings = $4,495)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $3,498.99 on 04/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 04/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 04/18/25.

Delta SkyMiles®

Miles Earned this Period **5,133**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$2,494.74
Payments/Credits	-$2,590.57
New Charges	+$3,594.82
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$3,498.99**
Minimum Payment Due	**$69.97**
Credit Limit	$29,500.00
Available Credit	$26,001.01
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
04/18/25

New Balance
$3,498.99

AutoPay Amount
$3,498.99

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000349899000006997 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

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- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
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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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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- Save time

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Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 03/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$2,494.74
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$95.83
Total Payments and Credits	**-$2,590.57**

Detail

*Indicates posting date

Payments			**Amount**
03/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,009.74
02/22/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$215.00
03/06/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$270.00
Credits			**Amount**
03/18/25	B DEOLIVEIRA MADRUGA	AMAZON MARKETPLACE NA PA AMZN.COM/BILL WA MERCHANDISE	-$41.59
03/18/25	B DEOLIVEIRA MADRUGA	AMAZON MARKETPLACE NA PA AMZN.COM/BILL WA MERCHANDISE	-$43.30
03/18/25	B DEOLIVEIRA MADRUGA	AMAZON MARKETPLACE NA PA AMZN.COM/BILL WA MERCHANDISE	-$10.94

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$168.75
B DEOLIVEIRA MADRUGA 0-32011	$3,426.07
Total New Charges	**$3,594.82**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
02/26/25	LYFT 20542837792911464941 04 20542837792911464 40	855-280-0278	CA		$35.95

Continued on reverse

Detail Continued

				Foreign Spend	Amount
02/26/25	LYFT 205426070410938649410 4 2054260704109386468	855-280-0278	CA		$32.80
02/27/25	LYFT 2054712550760564194104 205471255076056419 2	855-280-0278	CA		$7.97
02/27/25	LYFT 2054356733509477694104 205435673350947765 6	855-280-0278	CA		$46.72
02/28/25	LYFT 2054748870710606794104 205474887071060672 4	855-280-0278	CA		$10.31
03/01/25	AMERICAN AIRLINES American Airlines From: To: Carrier: Class: PHOENIX SKY HARBOR DALLAS/FORT WORTH AA Q TALLAHASSEE AA Q Ticket Number: 0014455110071 Date of Departure: 03/01 Passenger Name: JASON MR BRIENEN Document Type: EXCESS BAGGAGE	800-433-7300	TX		$35.00

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	Amount
02/22/25	IPIC* LOS ANGELES +15618863232	BOCA RATON	FL		$25.90
02/22/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$25.94
02/22/25	CANVA* I04435-48322361 +17372853388	CAMDEN	DE		$41.50
02/22/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$119.75
02/22/25	10850 WILSHIRE GARAGE 00H2 860-527-2378	LOS ANGELES	CA		$3.30
02/22/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$72.98
02/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
02/23/25	MEDTERRA 622000000000216 JAY@MEDTERRACBD.COM	IRVINE	CA		$66.11
02/24/25	LADOT METER PARKING 100003692521051 90012	LOS ANGELES	CA		$1.00
02/28/25	Southwest Airlines SOUTHWEST AIRLINES (MASTE From: To: Carrier: Class: LOS ANGELES INTERN PHOENIX SKY HARBOR WN W Ticket Number: 5262316418520 Date of Departure: 02/28 Passenger Name: DE OLIVEIRA MADRUGA/BRUNA Document Type: PASSENGER TICKET	DALLAS	TX		$108.30
02/28/25	Uber Trip 5WZP5NIM 91505	help.uber.com	CA		$36.17
02/28/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
03/01/25	Uber Trip 53STFKE6 90045	help.uber.com	CA		$96.91
03/01/25	Uber Trip ZAGPSQMR 85255	help.uber.com	CA		$86.95

Continued on next page

Detail Continued

				Foreign Spend	Amount
03/01/25	HUDSON ST1494 1494 301222849 91505 NEWS DEALERS/NEWSSTANDS	BURBANK	CA		$7.00
03/02/25	SP+AFF* STANLEY - A PM +18554233729	SAN FRANCISCO	CA		$22.64
03/02/25	Uber Trip L5PHEGTH 85034	help.uber.com	CA		$52.97
03/02/25	Uber Trip EQ26CF5C 90028	help.uber.com	CA		$47.97
03/02/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$43.30
03/02/25	PARADIES-PHX, LLC MISC/SPECIALTY RETAIL	ATLANTA	GA		$14.17
03/02/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$52.53
03/04/25	SEV LASER* SEV LASER-8 +14256540445	BURBANK	CA		$79.00
03/04/25	SPROUTS FARMERS MARKET # 0000000000218 9999999999	LOS ANGELES	CA		$54.42
03/04/25	LADOT METER PARKING 100003697236821 90012	LOS ANGELES	CA		$0.75
03/04/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$0.75
03/04/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$0.75
03/04/25	EXXONMOBIL 9764 323-469-2384	LOS ANGELES	CA		$50.00
03/05/25	Amazon Prime SUBSCRIPTION	Amazon.com	WA		$15.14
03/05/25	GUY CITRIN NATUROPATHIC D 00-080354592 323-2506926	BEVERLY HILLS	CA		$447.02
03/07/25	STARBUCKS STORE 2260 FAST FOOD RESTAURANT	LOS ANGELES	CA		$12.40
03/07/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$69.50
03/07/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$5.68
03/08/25	GUISADOS BEVERLY HILLS squareup.com/receipts	Beverly Hills	CA		$16.94
03/08/25	LADOT METER PARKING 000000000000000090012	LOS ANGELES	CA		$1.30
03/09/25	TRADER JOE S #173 000000173 6265993700	WEST HOLLYWOO	CA		$7.08
03/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$29.99
03/10/25	THE HEALTH LEADER CO GOODS/SERVICES	OCEAN GROVE	AU	5.00 Australian Dollars	$3.16
03/10/25	THE HEALTH LEADER CO +61409561741	OCEAN GROVE	AU	5.00 Australian Dollars	$3.16
03/11/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$22.75
03/12/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$7.72

Continued on reverse

Detail Continued

				Foreign Spend	Amount
03/13/25	ROSS DRESS FOR LESS 999-999-9999	SHERMAN OAKS	CA		$235.31
03/15/25	MICKEY HARGITAY PLANTS 0000 323-467-8044	LOS ANGELES	CA		$32.73
03/18/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$11.76
03/18/25	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA		$16.20
03/19/25	CLASSPASS* TOP_UP +18777554279	MISSOULA	MT		$37.50
03/19/25	INTREPID WEB SERVICES 888-355-9927	8883559927	NV		$69.99
03/20/25	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$746.36

From:	To:	Carrier:	Class:
LOS ANGELES INTERN	ATLANTA HARTSFIELD	DL	U
	TALLAHASSEE	DL	U
	ATLANTA HARTSFIELD	DL	U
	LOS ANGELES INTERN	DL	U

Ticket Number: 00623152865495
Date of Departure: 03/27
Passenger Name: DE OLIVEIRA/BRUNA MADRUGA
Document Type: PASSENGER TICKET

03/21/25	CVS/PHARMACY #09624 000009624 8007467287	HOLLYWOOD	CA		$72.69
03/21/25	LA FITNESS 949-255-8100	LOS ANGELES	CA		$104.98
03/22/25	JACK IN THE BOX FAST FOOD RESTAURANT	LOS ANGELES	CA		$8.52
03/22/25	ITALKI HK LIMITED 8778877815	TSIMSHATSUI	HK		$19.13
03/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

Continued on next page

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,501	6,662
Total Bonus Miles Earned and Adjustments	1,632	1,811
Total Miles Earned	**5,133**	**8,473**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	1,492
2X Miles at Restaurants	38
2X Miles at U.S. Supermarkets	102
Total	**1,632**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

ShopRunner Card Benefit Removal

Effective March 31, 2025, ShopRunner membership will no longer be a Card benefit. Card Members currently enrolled through American Express will continue to receive their complimentary ShopRunner membership for the remainder of their ShopRunner membership year and two years thereafter, subject to ShopRunner's policies and terms and conditions.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 04/23/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$1,152.35**
Minimum Payment Due	**$40.00**
Payment Due Date	**05/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 05/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	4 years	$1,890
$47	3 years	$1,699 *(Savings = $191)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $1,152.35 on 05/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 05/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 05/18/25.

Delta SkyMiles®

Miles Earned this Period **3,060**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,498.99
Payments/Credits	-$4,888.23
New Charges	+$2,541.59
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$1,152.35**
Minimum Payment Due	**$40.00**
Credit Limit	$29,500.00
Available Credit	$28,347.65
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
05/18/25

New Balance
$1,152.35

AutoPay Amount
$1,152.35

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000115235000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 04/23/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$4,888.23
Credits	$0.00
Total Payments and Credits	**-$4,888.23**

Detail

*Indicates posting date

Payments			**Amount**
04/03/25*	JASON P BRIENEN	ONLINE PAYMENT - THANK YOU	-$4,888.23

New Charges

Summary

	Total
B DEOLIVEIRA MADRUGA 0-32011	$2,541.59
Total New Charges	**$2,541.59**

Detail

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	Amount
03/24/25	LADOT METER PARKING 100003708522501 90012	LOS ANGELES	CA		$2.50
03/24/25	LADOT METER PARKING 100003708666394 90012	LOS ANGELES	CA		$0.50
03/24/25	LADOT METER PARKING 100003708654000 90012	LOS ANGELES	CA		$1.00
03/27/25	AIRPORT COURTHOUSE AMBU392701 AMBU 4076810101	LOS ANGELES	CA		$10.00
03/28/25	Uber Trip EL6AXD3W 90045	help.uber.com	CA		$86.96
03/28/25	TST* LAX - T3 - CAVA 300675705 4242606016	LOS ANGELES	CA		$22.83
03/28/25	TST* LAX - T3 - CAVA 300675705 4242606016	LOS ANGELES	CA		$6.46
03/28/25	SEPHORA COSMETIC STORE	TALLAHASSEE	FL		$82.78
03/28/25	DILLARDS 243 GOVERNO DEPARTMENT STORE	TALLAHASSEE	FL		$175.23
03/28/25	DILLARDS 243 GOVERNO DEPARTMENT STORE	TALLAHASSEE	FL		$313.90

Continued on reverse

Detail Continued

				Foreign Spend	Amount
03/28/25	DILLARDS 243 GOVERNO DEPARTMENT STORE	TALLAHASSEE	FL		$95.68
03/28/25	DILLARDS 243 GOVERNO DEPARTMENT STORE	TALLAHASSEE	FL		$38.70
03/28/25	TROPICAL SMOOTHIE CAFE FL 105 TROPICAL 850-869-0302	TALLAHASSEE	FL		$26.66
03/29/25	UBER EATS ZONGOX4L 94103	help.uber.com	CA		$27.84
03/29/25	UBER EATS MHCTXWXM 94103	help.uber.com	CA		$19.04
03/29/25	Uber Trip F5T3EW3X 32303	help.uber.com	CA		$46.93
03/29/25	TROPICAL SMOOTHIE CAFE FL 105 TROPICAL 850-869-0302	TALLAHASSEE	FL		$22.22
03/29/25	FSP*SOLEIL 7 HAIR SALON 000037570 8507270482	TALLAHASSEE	FL		$90.00
03/29/25	ALLURE NAILS & SPA SALON 0848700223657 8507655175	TALLAHASSEE	FL		$51.00
03/30/25	DUNKIN #362745 3627 866-578-7355	TALLAHASSEE	FL		$4.18
03/30/25	SHELLIS NEWS ST2240 2240 330204549 30354 NEWS DEALERS/NEWSSTANDS	ATLANTA	GA		$10.15
03/31/25	Uber Trip 2M4CXTQJ 90028	help.uber.com	CA		$132.91
03/31/25	SPROUTS +18882467822	SAN FRANCISCO	CA		$91.56
03/31/25	LADOT METER PARKING 100003712382364 90012	LOS ANGELES	CA		$1.00
03/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
04/01/25	GOOGLE ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$9.21
04/03/25	SQSP* INV176376666 +16465803456	NEW YORK	NY		$25.00
04/04/25	LA FITNESS *ANNUALFEE 949-255-7200	949-255-8100	CA		$59.00
04/04/25	MICKEYS ITALIAN DELI AND 2172011001489 MICKEY@BELLAVITAHOSP.COM	310-3762330	CA		$5.45
04/04/25	LADOT METER PARKING 100003714860627 90012	LOS ANGELES	CA		$0.25
04/04/25	CLASSPASS* MISSED CLAS +18777554279	MISSOULA	MT		$17.00
04/06/25	GELSON'S MARKETS #114 000000000206602 3234647316	HOLLYWOOD	CA		$14.26
04/06/25	EXXONMOBIL 9764 323-463-6266	LOS ANGELES	CA		$66.42
04/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$29.99
04/10/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$33.57
04/10/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$87.36
04/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$7.71

Continued on next page

Detail Continued

				Foreign Spend	Amount
04/14/25	GOODWILL STORE #0060 166 90027	LOS ANGELES	CA		$90.45
04/15/25	WEHO PARKING METERS 0037 877-630-6638	WEST HOLLYWOO	CA		$3.25
04/16/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$32.75
04/16/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$24.13
04/16/25	HOTEL BURBANK PARKING 00-08039384410 PARKING LOT & GARAGE	BURBANK	CA		$12.85
04/16/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$43.23
04/17/25	FEDEX OFFICE CVRKKBTW7459 90028	LOS ANGELES	CA		$2.90
04/17/25	FEDEX OFFICE 002202504170354309002 8 BW 1S Copy/Print Lint Roller 70 Sheets Notebook 4 Subject White Garden Floral L File Accrd Alpha 1Ct	LOS ANGELES	CA		$33.37
04/17/25	FARMERS MARKET PARKING 084870022329507 3239302286	LOS ANGELES	CA		$3.50
04/18/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$114.17
04/19/25	INTREPID WEB SERVICES 888-355-9927	8883559927	NV		$69.99
04/19/25	GOODWILL STORE #0032 59 90034	LOS ANGELES	CA		$35.96
04/19/25	GOODWILL STORE #0033 72 90036	LOS ANGELES	CA		$29.85
04/20/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$120.95
04/21/25	LA FITNESS 949-255-8100	949-255-8100	CA		$39.99
04/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on reverse

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,542	9,204
Total Bonus Miles Earned and Adjustments	518	2,329
Total Miles Earned	**3,060**	**11,533**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at Restaurants	134
2X Miles at U.S. Supermarkets	384
Total	**518**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 05/23/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,057.89**
Minimum Payment Due	**$61.15**
Payment Due Date	**06/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 06/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	12 years	$8,198
$125	3 years	$4,508 *(Savings = $3,690)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $3,057.89 on 06/07/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 06/05/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 06/18/25.

Please note, your credit limit is $33,900.00 and your cash limit is $5,000.00.

Delta SkyMiles®
Miles Earned this Period **7,513**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$1,152.35
Payments/Credits	-$4,486.97
New Charges	+$6,392.51
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$3,057.89**
Minimum Payment Due	**$61.15**
Credit Limit	$33,900.00
Available Credit	$30,842.11
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
06/18/25

New Balance
$3,057.89

AutoPay Amount
$3,057.89

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000305789000006115 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 05/23/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$4,352.35
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$134.62
Total Payments and Credits	**-$4,486.97**

Detail

*Indicates posting date

Payments			**Amount**
05/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$1,152.35
05/10/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$200.00
05/17/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$3,000.00
Credits			**Amount**
05/21/25	B DEOLIVEIRA MADRUGA	REI #183 BURBANK BURBANK CA 00000000000000000091504	-$134.62

New Charges

Summary

	Total
B DEOLIVEIRA MADRUGA 0-32011	$6,392.51
Total New Charges	**$6,392.51**

Detail

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	Amount
04/25/25	REI #183 BURBANK 00000000000000000091504	BURBANK	CA		$199.68
04/25/25	SEPHORA BURBANK EMPI COSMETIC STORE	BURBANK	CA		$146.96
04/26/25	TARGET 033597 09100033597 612-3044357	LOS ANGELES	CA		$128.29
04/26/25	REI #183 BURBANK 00000000000000000091504	BURBANK	CA		$11.68
04/26/25	LAZ PARKING M17154 0000 858-587-8888	LOS ANGELES	CA		$5.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
04/27/25	ALASKA AIRLINES ALASKA AIRLINES From: To: BURBANK SEATTLE-TACOMA INT Ticket Number: 0274419448948 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	SEATTLE Carrier: Class: AS 00 Date of Departure: 04/27	WA		$45.00
04/27/25	ALASKA AIRLINES ALASKA AIRLINES From: To: BURBANK SEATTLE-TACOMA INT Ticket Number: 0274419448947 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	SEATTLE Carrier: Class: AS 00 Date of Departure: 04/27	WA		$35.00
04/30/25	TST* SKAGWAY BREWING COMP 00094749 RESTAURANT	SKAGWAY	AK		$6.48
04/30/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
05/01/25	GOOGLE *GSUITE_NUAVIVA DIGITAL GOODS: APPS	CC@GOOGLE.COM	CA		$16.80
05/03/25	SQSP* INV180528378 +16465803456	NEW YORK	NY		$25.00
05/04/25	ALASKA AIRLINES ALASKA AIRLINES From: To: SEATTLE-TACOMA INT BURBANK Ticket Number: 0272104498326 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	SEATTLE Carrier: Class: AS X Date of Departure: 05/04	WA		$80.00
05/04/25	ALASKA AIRLINES ALASKA AIRLINES From: To: SEATTLE-TACOMA INT BURBANK Ticket Number: 0272104498364 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	SEATTLE Carrier: Class: AS X Date of Departure: 05/04	WA		$50.00
05/04/25	NORWEGIAN ENCORE TRANSPORTATION SERVICES	MIAMI	FL		$416.86
05/05/25	Uber Trip JOLTDN7G 90028	help.uber.com	CA		$51.76
05/05/25	SPROUTS FARMERS MARKET # 0000000000218 9999999999	LOS ANGELES	CA		$181.45
05/05/25	TRADER JOE S #173 000000173 6265993700	WEST HOLLYWOO	CA		$21.86
05/06/25	PAVILIONS #2739 2739 800-898-4027	WEST HOLLYWOO	CA		$7.37
05/07/25	QUEST DIAGNOSTICS LAB TESTING	800-758-6047	CA		$51.18
05/08/25	QUEST DIAGNOSTICS LAB TESTING	800-758-6047	CA		$19.52
05/09/25	IPIC* WESTWOOD +13103077003	LOS ANGELES	CA		$27.25
05/09/25	IPIC* LOS ANGELES +15618863232	BOCA RATON	FL		$25.90
05/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$29.99
05/09/25	VITALITY INTEGRATIVE M 424-278-4325	SHERMAN OAKS	CA		$398.00

Continued on next page

Detail Continued

				Foreign Spend	Amount
05/10/25	4835 VAN NUYS GARAGE 0225 860-527-2378	SHERMAN OAKS	CA		$15.75
05/10/25	EXXONMOBIL 9765 310-451-2355	SANTA MONICA	CA		$69.17
05/10/25	EXXONMOBIL 9765 00270012 90401 400	SANTA MONICA	CA		$23.44
05/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$7.95
05/11/25	LAZY ACRES 28 310-233-4745	LOS ANGELES	CA		$33.82
05/11/25	CHEVROLET OF CULVER CI +18338354662	CULVER CITY	CA		$3,090.00
05/12/25	SP BLUEPRINT.BRYANJOHN +13238942606	LOS ANGELES	CA		$46.42
05/12/25	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$51.00
05/12/25	CALIFORNIA CANDLE SUPPLY 0433 626-609-8373	GLENDORA	CA		$32.75
05/12/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$10.18
05/13/25	EXER VIRTUAL CARE 0041 424-220-6042	CALABASAS	CA		$77.38
05/16/25	MICHAELS STORES 1377 ARTIST SUPPLY & CRAFT	LA BREA	CA		$24.13
05/16/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$99.92
05/16/25	COFFEE BEAN & TEA FAST FOOD RESTAURANT	WEST HOLLYWOO	CA		$10.70
05/16/25	DOLLAR GIANT 145000000895235 KILELEE@GMAIL.COM	LOS ANGELES	CA		$36.45
05/16/25	VILLAGE ON CANON PARKING 0848700224446 3102714383	BEVERLY HILLS	CA		$3.50
05/17/25	ABM HOLLYWOOD SUNSET 0000 323-848-8960	WEST HOLLYWOO	CA		$2.00
05/19/25	DELTA AIR LINES DELTA AIR LINES From: LOS ANGELES INTERN To: TAMPA INTERNATIONA ATLANTA HARTSFIELD LOS ANGELES INTERN Carrier: DL DL DL Class: E E E Ticket Number: 00623322526256 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: PASSENGER TICKET Date of Departure: 06/06	ATLANTA			$433.66
05/19/25	5F CHURCH 323-335-4079	NORTH HOLLYWO	CA		$15.00
05/19/25	LADOT METER PARKING 100003741030630 90012	LOS ANGELES	CA		$1.00
05/20/25	WAL-MART SUPERCENTER 5686 5686 DISCOUNT STORE	BURBANK	CA		$3.94
05/20/25	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA		$16.63
05/20/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$58.32

Continued on reverse

Detail Continued

				Foreign Spend	Amount
05/20/25	NYX=8336322778 ELECTRIFY 6500000124049 4106663800	HUNT VALLEY	MD		$25.47
05/20/25	82910 - CITY OF GLENDALE PARKI SPRK829 3122742000	GLENDALE	CA		$1.85
05/20/25	BLVD *NAKEDMD GLENDALE 000006323 9494387188 BEAUTY & BARBER	GLENDALE	CA		$93.00
05/20/25	PCAM GLENDALE MEMORIAL 0000 562-862-2118	GLENDALE	CA		$4.00
05/21/25	LA FITNESS 949-255-8100	949-255-8100	CA		$39.99
05/21/25	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA		$6.33
05/21/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$19.73
05/22/25	ROVER.COM* PET SVCS. +18884537889	SEATTLE	WA		$35.00
05/22/25	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$3.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	6,257	15,461
Total Bonus Miles Earned and Adjustments	1,256	3,585
Total Miles Earned	**7,513**	**19,046**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	868
2X Miles at Restaurants	44
2X Miles at U.S. Supermarkets	344
Total	**1,256**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 06/23/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$2,355.33**
Minimum Payment Due	**$47.10**
Payment Due Date	**07/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 07/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	10 years	$5,881
$96	3 years	$3,472 *(Savings = $2,409)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $2,355.33 on 07/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 07/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 07/18/25.

Delta SkyMiles®

Miles Earned this Period **3,043**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,057.89
Payments/Credits	-$3,057.89
New Charges	+$2,355.33
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$2,355.33**
Minimum Payment Due	**$47.10**
Credit Limit	$33,900.00
Available Credit	$31,544.67
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
07/18/25

New Balance
$2,355.33

AutoPay Amount
$2,355.33

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000235533000004710 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 06/23/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$3,057.89
Credits	$0.00
Total Payments and Credits	**-$3,057.89**

Detail

*Indicates posting date

Payments			**Amount**
06/07/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,596.74
05/26/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$61.15
06/01/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$400.00

New Charges

Summary

	Total
B DEOLIVEIRA MADRUGA 0-32011	$2,355.33
Total New Charges	**$2,355.33**

Detail

B DEOLIVEIRA MADRUGA
Card Ending 0-32011

				Foreign Spend	**Amount**
05/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
05/26/25	AMAZON.COM*NZ24J4RJ0 MERCHANDISE	AMZN.COM/BILL	WA		$88.67
05/27/25	AMAZON TIPS*NN7V53LZ0 MERCHANDISE	AMZN.COM/BILL	WA		$7.00
05/28/25	BT*POWERFLEX SYSTEMS 8334797359	LOS ALTOS	CA		$10.00
05/28/25	EVGATEWAY +19499452000	IRVINE	CA		$20.00
05/28/25	NYX=8336322778 ELECTRIFY 6500000124049 4106663800	HUNT VALLEY	MD		$25.85
05/29/25	TST* PRINCE STREET PIZZA 300650138 6267224506	PASADENA	CA		$16.71
05/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
06/01/25	GOOGLE*GSUITE_NUAVIVA.COM ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$16.80
06/01/25	BULK APOTHECARY 104660115 90028	STREETSBORO	OH		$131.01
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$71.73
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$41.68
06/01/25	SP APOTHECARY FOODS +16505691093	PORTLAND	OR		$20.38
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$7.63
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$18.42
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$7.66
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$33.35
06/01/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$31.50
06/02/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$4.38
06/03/25	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA		$12.99
06/03/25	BLVD *NAKEDMD BURBANK 000006718 9494387188 MED/HEALTH SERV	NEPWORT BEACH	CA		$149.97
06/03/25	SQSP* INV184666767 +16465803456	NEW YORK	NY		$25.00
06/05/25	STARBUCKS STORE 0546 FAST FOOD RESTAURANT	LOS ANGELES	CA		$11.90
06/06/25	LAX SMARTPARKING RES 084870022449018 3106462911	310-6462911	CA		$78.99
06/06/25	PARADIES-TPA 2014, LLC MISC/SPECIALTY RETAIL	ATLANTA	GA		$24.75
06/07/25	Uber Trip NIDMGD5K 33602	help.uber.com	CA		$28.86
06/07/25	Uber Trip UMJGPKCU 90045	help.uber.com	CA		$16.72
06/07/25	CASTING NETWORKS INC. 8720577 90010	213-201-8100	CA		$29.99
06/09/25	FIX PHONE - INTERNATIONAL PLAZA MALL squareup.com/receipts	TAMPA	FL		$50.06
06/09/25	SEPHORA COSMETIC STORE	TAMPA	FL		$110.73
06/09/25	TST* BLIND TIGER CAFE - N 00122598 BAKERY	TAMPA	FL		$3.22
06/09/25	AMC WEST SHORE 14 913-213-2160	TAMPA	FL		$12.03
06/09/25	TPA 6124 Illy 20304 33607 NESTLE PURE LIFE 16OZ WATER	Tampa	FL		$3.69
06/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$29.99
06/09/25	THE B12 STORE 00-08038451293 DRUG STORE/PHARMACY	TAMPA	FL		$75.00

Continued on next page

Detail Continued

				Foreign Spend	Amount
06/09/25	PARADIES-ATLANTA, LLC MISC/SPECIALTY RETAIL	ATLANTA	GA		$7.61
06/10/25	Uber Trip AZOXRERM 33609	help.uber.com	CA		$8.98
06/10/25	Uber Trip 6WZBXJ24 33607	help.uber.com	CA		$10.95
06/10/25	GELSON'S MARKETS #114 000000000206602 3234647316	HOLLYWOOD	CA		$63.92
06/10/25	60893 - BEVERLY CENTER CPRK6089351CPRK 3122742000	LOS ANGELES	CA		$2.00
06/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.11
06/11/25	TST* DIALOG CAFE 00076781 RESTAURANT	WEST HOLLYWOOD	CA		$6.52
06/12/25	BT*EVGO 8774943833	LOS ANGELES	CA		$22.33
06/12/25	USH PARKING RC 0000 800-864-8377	UNIVERSAL CIT	CA		$35.00
06/13/25	TST* BEACHES TROPICANA 300568909 3239768911	WEST HOLLYWOO	CA		$21.79
06/13/25	BT*EVGO SERVICES LLC 8774943833	LOS ANGELES	CA		$3.44
06/13/25	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$2.50
06/13/25	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$1.25
06/13/25	SANTA MONICA PUBLIC BIKE 00-0803115347 VARIETY STORE	SANTA MONICA	CA		$20.60
06/13/25	PACIFIC PARK COFFEE 084870052325432 SAUGENSTEIN@PACPARK.COM	SANTA MONICA	CA		$8.51
06/14/25	Uber Trip 2JV2XYMN 90028	help.uber.com	CA		$10.77
06/14/25	BT*EVGO SERVICES LLC 8774943833	LOS ANGELES	CA		$6.88
06/14/25	STARBUCKS STORE 2970 FAST FOOD RESTAURANT	CULVER CITY	CA		$10.00
06/14/25	CHIPOTLE 3011 3011 303-595-4000	CULVER CITY	CA		$15.58
06/14/25	P3 LAX SMARTPARKING 084870022430917 3106462911	LOS ANGELES	CA		$16.00
06/15/25	SPROUTS FARMERS MARKET # 0000000000218 9999999999	LOS ANGELES	CA		$234.28
06/15/25	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$15.00
06/15/25	CHIPOTLE 2944 2944 303-595-4000	LOS ANGELES	CA		$16.35
06/17/25	EXER VIRTUAL CARE 0041 424-220-6042	CALABASAS	CA		$42.47
06/19/25	RALPHS #0293 000000293 8884373496 GROCERY STORES	WEST HOLLYWOO	CA		$59.14
06/21/25	LA FITNESS 949-255-8100	949-255-8100	CA		$39.99

Continued on reverse

Detail Continued

				Foreign Spend	Amount
06/21/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$18.72
06/22/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$12.30
06/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
06/23/25	SPROUTS +18882467822	SAN FRANCISCO	CA		$99.68

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,359	17,820
Total Bonus Miles Earned and Adjustments	684	4,269
Total Miles Earned	**3,043**	**22,089**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at Restaurants	107
2X Miles at U.S. Supermarkets	577
Total	**684**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 07/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$2,510.96**
Minimum Payment Due	**$50.21**
Payment Due Date	**08/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 08/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	11 years	$6,394
$103	3 years	$3,702 *(Savings = $2,692)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $2,510.96 on 08/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 08/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 08/18/25.

Delta SkyMiles®

Miles Earned this Period **3,005**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$2,355.33
Payments/Credits	-$2,355.33
New Charges	+$2,510.96
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$2,510.96**
Minimum Payment Due	**$50.21**
Credit Limit	$33,900.00
Available Credit	$31,389.04
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
08/18/25

New Balance
$2,510.96

AutoPay Amount
$2,510.96

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000251096000005021 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

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Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

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You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 07/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$2,355.33
Credits	$0.00
Total Payments and Credits	**-$2,355.33**

Detail

*Indicates posting date

Payments			**Amount**
07/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,355.33

New Charges

Summary

	Total
B DEOLIVEIRA MADRUGA 0-32011	$2,510.96
Total New Charges	**$2,510.96**

Detail

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,000

				Foreign Spend	**Amount**
06/23/25	THE HOME DEPOT #6616 800-654-0688	LOS ANGELES	CA		$14.25
06/23/25	THE HOME DEPOT #6616 800-654-0688	LOS ANGELES	CA		$56.06
06/24/25	CLASSPASS* MISSED CLAS +18777554279	MISSOULA	MT		$31.00
06/24/25	AUTOZONE #5432 000005432 8002886966	LOS ANGELES	CA		$27.22
06/24/25	UNION 76 09477209 UNION 76	LOS ANGELES	CA		$80.33
06/24/25	CVS/PHARMACY #09624 000009624 8007467287	HOLLYWOOD	CA		$6.38
06/24/25	CVS/PHARMACY #09624 000009624 8007467287	HOLLYWOOD	CA		$23.23
06/26/25	LAZY ACRES 28 310-233-4745	LOS ANGELES	CA		$12.48
06/27/25	THE HOME DEPOT #6616 800-654-0688	LOS ANGELES	CA		$90.03

Continued on reverse

Detail Continued

				Foreign Spend	Amount
06/28/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$63.70
06/29/25	VONS #2266 2266 800-898-4027	PACIFIC PALIS	CA		$14.77
06/30/25	STARBUCKS STORE 0564 FAST FOOD RESTAURANT	NORTH HOLLYWOOD	CA		$6.95
06/30/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
07/01/25	GOOGLE*GSUITE_NUAVIVA.COM ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$16.80
07/01/25	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$74.99
07/01/25	CLASSPASS* ADD ON PACK +18777554279	MISSOULA	MT		$61.00
07/01/25	EXXONMOBIL 9759 323-254-1544	HIGHLAND PARK	CA		$78.27
07/01/25	OPEN PATH +18002682833	ASHEVILLE	NC		$65.00
07/02/25	TST* MOVITA JUICE BAR - N 00099806 RESTAURANT	LOS ANGELES	CA		$10.99
07/02/25	BLVD *NAKEDMD BURBANK 000006718 9494387188	NEPWORT BEACH	CA		$99.00
07/03/25	SQSP* INV188660810 +16465803456	NEW YORK	NY		$25.00
07/04/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$19.27
07/04/25	SP SILKSILKY +13522343894	BOULDER	CO		$54.71
07/04/25	SP BARBARAONEILLMISTYM +16512125208	BALDWIN	WI		$35.99
07/04/25	SPROUTS FARMERS MARKET # 0000000002186 9999999999	Los Angeles	CA		$143.84
07/04/25	ETSY, INC. MISC APPAREL STORE	BROOKLYN	NY		$24.72
07/04/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$31.31
07/04/25	WIX.COM 1186749125 +14154494724	SAN FRANCISCO	CA		$174.00
07/05/25	ROSS STORE 999-999-9999	GLENDALE	CA		$118.66
07/05/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$101.55
07/07/25	EXXONMOBIL 9761 323-939-5209	LOS ANGELES	CA		$54.79
07/07/25	CASTING NETWORKS INC. 8839532 90010	213-201-8100	CA		$29.99
07/08/25	TST* LUTIE CAFE 300722836 4247770360	WEST HOLLYWOO	CA		$8.40
07/09/25	ABC*825-SPEAKEASY FITNESS 626-388-0487	SYLMAR	CA		$29.99
07/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.13
07/11/25	CLASSPASS* LATE CANCEL +18777554279	MISSOULA	MT		$9.00

Continued on next page

Detail Continued

				Foreign Spend	Amount
07/17/25	BH* BETTERHELP +18886889296	MOUNTAIN VIEW	CA		$80.00
07/17/25	THE HOME DEPOT #6616 800-654-0688	LOS ANGELES	CA		$41.83
07/19/25	TST* MARCO POLO 00004017 RESTAURANT	LOS ANGELES	CA		$6.48
07/20/25	SMART AND FINAL 735 735 310-202-0120	LOS ANGELES	CA		$58.17
07/21/25	LA FITNESS 949-255-8100	949-255-8100	CA		$39.99
07/22/25	WHOLEFDS FFX 10177 000010177 3239646800	LOS ANGELES	CA		$4.90
07/23/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
07/23/25	TST* LUTIE CAFE 300722836 4247770360	WEST HOLLYWOO	CA		$12.60
07/23/25	WHOLEFDS GLN 10179 000010179 8185485248	GLENDALE	CA		$151.86
07/23/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$50.00
07/23/25	ENTERPRISE 031631 01810031631 Location / Date Rental: MARINA DEL REY CA 25/07/23 Return: MARINA DEL REY CA 25/07/23 Agreement Number: 8LN5JP Renter Name: NULL	MARINA DEL RE	CA		$25.00
07/24/25	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$169.33

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

Continued on reverse

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,510	20,330
Total Bonus Miles Earned and Adjustments	495	4,764
Total Miles Earned	**3,005**	**25,094**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at Restaurants	45
2X Miles at U.S. Supermarkets	450
Total	**495**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 08/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$2,200.69**
Minimum Payment Due	**$44.01**
Payment Due Date	**09/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 09/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	9 years	$5,370
$90	3 years	$3,244 *(Savings = $2,126)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $2,200.69 on 09/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 09/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 09/18/25.

Delta SkyMiles®

Miles Earned this Period **3,509**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$2,510.96
Payments/Credits	-$2,510.96
New Charges	+$2,200.69
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$2,200.69**
Minimum Payment Due	**$44.01**
Credit Limit	$33,900.00
Available Credit	$31,699.31
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
09/18/25

New Balance
$2,200.69

AutoPay Amount
$2,200.69

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

0000349992532488414 0002200690000004401 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 08/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$2,510.96
Credits	$0.00
Total Payments and Credits	**-$2,510.96**

Detail

*Indicates posting date

Payments			Amount
08/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,510.96

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$377.72
B DEOLIVEIRA MADRUGA 0-32011	$1,822.97
Total New Charges	**$2,200.69**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
08/01/25	LYFT 21122029708388555941 04 211220297083885596	855-280-0278	CA		$18.75
08/21/25	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$358.97

From:	To:	Carrier:	Class:
TALLAHASSEE	ATLANTA HARTSFIELD	DL	00
	TALLAHASSEE	DL	00

Ticket Number: 0060725912519
Date of Departure: 09/19
Passenger Name: BRIENEN/JASON PHILLIP
Document Type: ADDITIONAL COLLECTION

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,800

				Foreign Spend	Amount
07/25/25	BH* BETTERHELP +18886889296	MOUNTAIN VIEW	CA		$80.00
07/26/25	VEGAN FOOD* VEGAN FOOD +18887072469	GLENDALE	CA		$20.65

Continued on reverse

Detail Continued

				Foreign Spend	Amount
07/28/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$99.44
07/29/25	CLASSPASS* MISSED CLAS +18777554279	MISSOULA	MT		$17.00
07/30/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$316.83
07/31/25	COLOUR NAILS SPA BEAUTY/BARBER SHOP	LOS ANGELES	CA		$54.00
07/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
08/01/25	CLASSPASS* LATE CANCEL +18777554279	MISSOULA	MT		$14.00
08/01/25	GOOGLE*GSUITE_NUAVIVA.COM ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$16.80
08/01/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
08/01/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
08/01/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
08/01/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$12.12
08/04/25	LADOT METER PARKING 100003785370420 90012	LOS ANGELES	CA		$0.50
08/06/25	AMERICAN AIRLINES American Airlines From: To: Carrier: Class: LOS ANGELES INTERN ORLANDO INTERNATIO AA B Ticket Number: 0010632490543 Date of Departure: 08/25 Passenger Name: MADRUGA/BRUNA Document Type: PREFERRED SEAT UPGRADE	800-433-7300	TX		$26.69
08/06/25	AMERICAN AIRLINES American Airlines From: To: Carrier: Class: TALLAHASSEE DALLAS/FORT WORTH AA V LOS ANGELES INTERN AA V Ticket Number: 0012264211353 Date of Departure: 08/29 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	800-433-7300	TX		$398.19
08/06/25	AMERICAN AIRLINES American Airlines From: To: Carrier: Class: LOS ANGELES INTERN ORLANDO INTERNATIO AA B Ticket Number: 0012264205992 Date of Departure: 08/25 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	800-433-7300	TX		$98.48
08/06/25	CLASSPASS* LATE CANCEL +18777554279	MISSOULA	MT		$14.00
08/06/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$12.45
08/07/25	GARDENIA PIZZERIA DELI 73977265333008 GARDENIAMARKET@GMAIL.COM	LA CRESCENTA	CA		$20.46
08/08/25	JOCONDE PASTRY squareup.com/receipts	GLENDALE	CA		$4.25
08/08/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$43.29
08/08/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$15.34

Continued on next page

Detail Continued

				Foreign Spend	Amount
08/08/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$3.25
08/09/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$0.99
08/09/25	PANINI PIZZERIA & ITALI 0000 310-995-4398	WEST HOLLYWOO	CA		$10.89
08/09/25	WHOLEFDS SHW 10038 000010038 8183823700	SHERMAN OAKS	CA		$14.93
08/09/25	ABM HOLLYWOOD SUNSET 0000 323-848-8960	WEST HOLLYWOO	CA		$2.00
08/09/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$4.75
08/09/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$1.75
08/10/25	TARGET 612-3044357	PASADENA	CA		$6.05
08/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.29
08/11/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$12.15
08/11/25	TST* DIALOG CAFE 00076781 RESTAURANT	WEST HOLLYWOOD	CA		$18.57
08/11/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$2.00
08/12/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$44.88
08/12/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$29.02
08/12/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$138.12
08/12/25	ABM HOLLYWOOD SUNSET 0000 323-848-8960	WEST HOLLYWOO	CA		$2.00
08/13/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$11.00
08/14/25	CVS PHARMACY 8007467287 PHARMACIES	BEVERLY HILLS	CA		$13.02
08/14/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$3.50
08/15/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$55.24
08/15/25	GOOGLE*ADS2288628082 GOOGLE INC ADVERTISING SERVICE	CC GOOGLE.COM			$10.00
08/15/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
08/15/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$5.75
08/16/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$10.63
08/16/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$7.00
08/17/25	CITY OF SANTA MONICA PARKING LOT & GARAGE	SANTA MONICA	CA		$2.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
08/17/25	PERRY'S CAFE AND RENTALS 9305798402058 AMANDA@PERRYSCAFE.COM	SANTA MONICA	CA		$14.00
08/18/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
08/18/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$0.75
08/21/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$10.00
08/22/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$10.00
08/23/25	STARBUCKS STORE 0575 FAST FOOD RESTAURANT	BEVERLY HILLS	CA		$5.95

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.99% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	2,201	22,531
Total Bonus Miles Earned and Adjustments	1,308	6,072
Total Miles Earned	**3,509**	**28,603**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at U.S. Supermarkets	513
3X Miles at Delta	718
2X Miles at Restaurants	77
Total	**1,308**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 09/23/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,180.84**
Minimum Payment Due	**$63.61**
Payment Due Date	**10/18/25**

To view your Delta SkyMiles® balance, visit delta.com

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 10/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	12 years	$8,541
$130	3 years	$4,673 *(Savings = $3,868)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $3,180.84 on 10/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 10/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 10/18/25.

Account Summary

Previous Balance	$2,200.69
Payments/Credits	-$2,200.69
New Charges	+$3,180.84
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$3,180.84**
Minimum Payment Due	**$63.61**
Credit Limit	$33,900.00
Available Credit	$30,719.16
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
10/18/25

New Balance
$3,180.84

AutoPay Amount
$3,180.84

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ . ____
Amount Enclosed

0000349992532488414 0003180840000006361 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 09/23/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$2,200.69
Credits	$0.00
Total Payments and Credits	**-$2,200.69**

Detail

*Indicates posting date

Payments			Amount
09/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$2,200.69

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$1,348.19
B DEOLIVEIRA MADRUGA 0-32011	$1,832.65
Total New Charges	**$3,180.84**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
08/27/25	ST HELENA WINERY ST HELENA WINER LIQUOR STORE	ST HELENA	CA		$1,304.00
09/03/25	ALLIANZ TRAVEL INS 8772524264	866-884-3556	VA		$28.00
09/04/25	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$11.20

From:	To:	Carrier:	Class:
TALLAHASSEE	ATLANTA HARTSFIELD	DL	00
	LOUISVILLE STANDIF	DL	00
	ATLANTA HARTSFIELD	DL	00
	TALLAHASSEE	DL	00

Ticket Number: 0060874944812
Date of Departure: 09/11
Passenger Name: BRIENEN/JASON PHILLIP
Document Type: ADDITIONAL COLLECTION

09/04/25	DELTA AIR LINES DELTA AIR LINES Ticket Number: 00641366798962 Passenger Name: BRIENEN/JASONPHILLIP Document Type: MISCELLANEOUS TAX(S)/FEE(S)	ATLANTA			$4.99

Continued on reverse

Detail Continued

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,800

				Foreign Spend	Amount
08/24/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
08/26/25	CLASSPASS* MONTHLY +18777554279	MISSOULA	MT		$149.00
08/29/25	DFW CHILI'S C-35 100114 75261	DALLAS	TX		$10.66
08/29/25	WILLIAMS-SONOMA CATALOG HOME FURNISH	800-541-1262	CA		$61.85
08/30/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$92.74
08/30/25	SP ALMENERA +31612345123	ARNHEM	GE		$59.95
08/30/25	Uber Trip IBEASMA5 91214	help.uber.com	CA		$107.94
08/30/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$82.09
08/30/25	QUEEN B NAIL&HAIR SALO BEAUTY/BARBER SHOP	WEST HOLLYWOOD	CA		$135.70
08/30/25	STARBUCKS STORE 0575 FAST FOOD RESTAURANT	BEVERLY HILLS	CA		$14.20
08/30/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$12.89
08/30/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA		$6.00
08/31/25	TST* BOSSA NOVA -PLAZA WE 300639869 3106575070	WEST HOLLYWOO	CA		$26.08
08/31/25	W Hollywood 57795 90028 La Marca Prosecco GLS	Los Angeles	CA		$24.76
08/31/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$25.32
08/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
09/01/25	GOOGLE *GSUITE_NUAVIVA COMPUTER PROGRAMMING	CC@GOOGLE.COM	CA		$16.80
09/01/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
09/01/25	GOOGLE*ADS2288628082 GOOGLE INC ADVERTISING SERVICE	CC GOOGLE.COM			$22.23
09/03/25	THE HOME DEPOT 800-654-0688	LOS ANGELES	CA		$26.81
09/03/25	ROSS DRESS FOR LESS 415-790-4400	LOS ANGELES	CA		$35.05
09/03/25	FARMERS MARKET PARKING 084870022329507 3239302286	LOS ANGELES	CA		$10.50
09/06/25	BUBBA GUMP LONG BEACH 0318 90117 90802 RESTAURANT	LONG BEACH	CA		$26.48
09/07/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$80.69
09/07/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$12.59

Continued on next page

Detail Continued

				Foreign Spend	Amount
09/07/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
09/08/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$5.99
09/08/25	GOOGLE *ADS2288628082 ADVERTISING SERVICE	CC@GOOGLE.COM	CA		$50.00
09/08/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
09/08/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
09/08/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
09/08/25	BEVERLIZ CAFE 0000 310-201-0012	BEVERLY HILLS	CA		$5.50
09/09/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$0.99
09/09/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$14.99
09/10/25	WHOLEFDS GLN 10179 000010179 8185485248	GLENDALE	CA		$26.47
09/10/25	RALPHS GROCERY 8884373496	LOS ANGELES	CA		$5.95
09/10/25	RALPHS GROCERY 8884373496	LOS ANGELES	CA		$5.98
09/11/25	FACEBK* FACEBK *9NMS59V6Q2 ADVERTISING SERVICE	SAO PAULO		11,31 Brazilian Reals	$2.09
09/11/25	FACEBK* FACEBK *AYSM79V6Q2 ADVERTISING SERVICE	SAO PAULO		12,02 Brazilian Reals	$2.23
09/11/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.32
09/12/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
09/12/25	FACEBK* FACEBK *RX4DCZC6Q2 ADVERTISING SERVICE	SAO PAULO		13,01 Brazilian Reals	$2.46
09/13/25	FACEBK* FACEBK *ZMNUB2M6Q2 ADVERTISING SERVICE	SAO PAULO		15,07 Brazilian Reals	$2.82
09/13/25	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33
09/13/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$153.55
09/14/25	FACEBK* FACEBK *VLUPE9V6Q2 ADVERTISING SERVICE	SAO PAULO		17,09 Brazilian Reals	$3.19
09/15/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
09/18/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$13.68
09/18/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00
09/18/25	STAPLES 00180 00180000264289 91604 TR BP BSNESS CARD HOLDER WHITE WINDEX ORIGINAL GLASS 23OZ.	STUDIO CITY	CA		$18.08

Continued on reverse

Detail Continued

				Foreign Spend	Amount
09/20/25	SHAKE SHACK squareup.com/receipts	West Hollywood	CA		$16.83
09/20/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$88.56
09/21/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA		$35.99
09/21/25	STARBUCKS STORE 1189 FAST FOOD RESTAURANT	GLENDALE	CA		$8.90
09/21/25	SALAD BAR 0000 323-933-3204	LOS ANGELES	CA		$31.63
09/22/25	TST* DIALOG CAFE 00076781 RESTAURANT	WEST HOLLYWOOD	CA		$19.79
09/22/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR		$25.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.74% (v)	$0.00	$0.00

Continued on next page

Interest Charge Calculation Continued

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Cash Advances	04/12/2020		29.24% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Delta Air Lines SkyMiles® - Total miles earned each billing period are transferred to your Delta Air Lines SkyMiles® account. For SkyMiles® account information, call Delta's Instant Info℠ at **1-800-325-3999**.

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 10/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-800-257-0770
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$959.24**
Minimum Payment Due	**$40.00**
Payment Due Date	**11/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 11/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	3 years	$1,392

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section for any changes to your Account terms and any other communications.

We will debit your bank account for your payment of $959.24 on 11/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 11/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 11/18/25.

Delta SkyMiles®

Miles Earned this Period **1,912**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,180.84
Payments/Credits	-$4,002.79
New Charges	+$1,781.19
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$959.24**
Minimum Payment Due	**$40.00**
Credit Limit	$33,900.00
Available Credit	$32,940.76
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
11/18/25

New Balance
$959.24

AutoPay Amount
$959.24

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000095924000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Platinum

JASON P BRIENEN
Closing Date 10/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-800-257-0770**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-800-257-0770**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-800-257-0770**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$4,002.79
Credits	$0.00
Total Payments and Credits	**-$4,002.79**

Detail

*Indicates posting date

Payments			**Amount**
10/02/25*	JASON P BRIENEN	MOBILE PAYMENT - THANK YOU	-$4,002.79

New Charges

Summary

	Total
B DEOLIVEIRA MADRUGA 0-32011	$1,781.19
Total New Charges	**$1,781.19**

Detail

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,200

				Amount
09/23/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA	$4.99
09/23/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA	$5.99
09/24/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA	$59.99
09/24/25	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT	$149.00
09/25/25	STARBUCKS STORE 1199 FAST FOOD RESTAURANT	LOS ANGELES	CA	$11.90
09/25/25	PAVILIONS 800-898-4027	BEVERLY HILLS	CA	$43.84
09/26/25	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA	$24.99
09/26/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA	$33.19
09/26/25	FACEBK *6Y3HD3DMS2 ADVERTISING SERVICE	MENLO PARK		$2.00

Continued on reverse

Detail Continued

				Amount
09/27/25	FACEBK *W54W63VLS2 ADVERTISING	650-543-7818	CA	$5.00
09/27/25	FACEBK *CVXCQ3MLS2 ADVERTISING SERVICE	MENLO PARK		$3.00
09/27/25	FACEBK *S5XN23HMS2 ADVERTISING SERVICE	MENLO PARK		$4.00
09/27/25	URTH CAFFE 004 - BEVER 0927010000250 90212 FOOD AND/OR BEVERAGE	BEVERLY HILLS	CA	$4.50
09/27/25	PAYRANGE MOBILE 0000 855-856-6398	PORTLAND	OR	$25.00
09/28/25	FACEBK *CY9H93VLS2 ADVERTISING SERVICE	MENLO PARK		$8.00
09/28/25	FACEBK *3T2S935MS2 ADVERTISING SERVICE	MENLO PARK		$7.00
09/28/25	FACEBK *TW89P39MS2 ADVERTISING SERVICE	MENLO PARK		$6.00
09/28/25	COSM LA F&B 068880021955962 186954091091 90303	INGLEWOOD	CA	$19.53
09/29/25	TST* CORK & BATTER - INGL 300601929 4247025237	INGLEWOOD	CA	$16.95
09/29/25	FACEBK *UZ3E64RLS2 ADVERTISING SERVICE	MENLO PARK		$9.00
09/29/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA	$10.00
09/29/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA	$10.00
09/29/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA	$10.00
09/30/25	FACEBK *CKHAY3MLS2 GOODS/SERVICES	MENLO PARK		$10.00
09/30/25	FACEBK *DH47F3MMS2 ADVERTISING SERVICE	MENLO PARK		$11.00
09/30/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA	$20.00
09/30/25	CITY OF B H PARKING METER CITY OF B H 310-285-2459	BEVERLY HILLS	CA	$2.00
10/01/25	GOOGLE *ADS2288628082 ADVERTISING SERVICE	CC@GOOGLE.COM	CA	$273.28
10/01/25	GOOGLE *GSUITE_NUAVIVA DIGITAL GOODS: APPS	CC@GOOGLE.COM	CA	$16.80
10/01/25	FACEBK *TVWYF3VLS2 ADVERTISING SERVICE	MENLO PARK		$15.00
10/01/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA	$15.39
10/01/25	CVS PHARMACY 8007467287	LOS ANGELES	CA	$6.48
10/01/25	CVS PHARMACY 8007467287	LOS ANGELES	CA	$86.01
10/01/25	FACEBK *PNZ6T3DMS2 ADVERTISING SERVICE	MENLO PARK		$15.00

Continued on next page

Detail Continued

					Amount
10/03/25	AMERICAN AIRLINES		800-433-7300	TX	$836.36
	American Airlines				
	From:	To:	Carrier:	Class:	
	LOS ANGELES INTERN	CHARLOTTE	AA	L	
		TALLAHASSEE	AA	L	
		DALLAS/FORT WORTH	AA	L	
		LOS ANGELES INTERN	AA	L	
	Ticket Number: 0012279834355		Date of Departure: 10/19		
	Passenger Name: MADRUGA/BRUNA				
	Document Type: PASSENGER TICKET				

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$350.00
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		26.74% (v)	$0.00	$0.00
Cash Advances	04/12/2020		29.24% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

DELTA SKYMILES

	Current Period	Year to Date
Miles Earned for Eligible Purchases	1,781	27,495
Total Bonus Miles Earned and Adjustments	131	6,859
Total Miles Earned	**1,912**	**34,354**

Bonus Miles Earned and Adjustments

	Current Period
2X Miles at Restaurants	54
2X Miles at U.S. Supermarkets	77
Total	**131**

IMPORTANT NOTICES

Notice of Important Changes to Your Card Member Agreement

We are making changes to your American Express Card Member Agreement *(Agreement)* for the Account referenced with this notice. We encourage you to read this notice, share it with Additional Card Members on your Account, and file it for future reference. Any terms and conditions in the Agreement conflicting with these changes are completely replaced. Please visit **www.americanexpress.com** or call the number on the back of your Card to request a copy of the updated Agreement or if you have any questions.

Summary of Changes, Effective October 8, 2025	
Penalty APR and When it Applies	We are clarifying the *Penalty APR and When it Applies* section on page 1 of Part 1 of the Agreement. In addition, we are moving any relevant information from the section *Penalty APR for new transactions* to this section.
Penalty APR for new transactions	We are deleting the *Penalty APR for new transactions* section from page 2 of Part 1 and moving any relevant information from this section to the *Penalty APR and When it Applies* section on page 1 of Part 1 of the Agreement.
Words we use in the Agreement	We are renaming the section *Words we use in the Agreement* to *Definitions* and modifying some defined terms in Part 2 of the Agreement including, but not limited to: (a) updating the definition of "Basic or Primary Card Member"; and (b) adding a definition of "Closing Date".
Other changes	We are reorganizing and simplifying existing language in your Card Member Agreement. These changes do not affect the way your Account works.

ID 13664

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Important Notices continued on next page.

IMPORTANT NOTICES continued

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Cardmember Agreement

To access the most up to date version of your Cardmember Agreement, please log in to your Account at **www.americanexpress.com**.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 11/23/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$3,649.59**
Minimum Payment Due	**$72.99**
Payment Due Date	**12/18/25**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 12/18/25, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	13 years	$9,509
$145	3 years	$5,221 *(Savings = $4,288)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section for any changes to your Account terms and any other communications.

We will debit your bank account for your payment of $3,649.59 on 12/08/25. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 12/06/25. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 12/18/25.

Delta SkyMiles®

Miles Earned this Period **5,657**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$959.24
Payments/Credits	-$1,779.17
New Charges	+$4,348.41
Fees	+$121.11
Interest Charged	+$0.00
New Balance	**$3,649.59**
Minimum Payment Due	**$72.99**
Credit Limit	$33,900.00
Available Credit	$30,250.41
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
12/18/25

New Balance
$3,649.59

AutoPay Amount
$3,649.59

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000364959000007299 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

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Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

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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.

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Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 11/23/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$1,779.17
Credits	$0.00
Total Payments and Credits	**-$1,779.17**

Detail

*Indicates posting date

Payments			Amount
11/02/25*	JASON P BRIENEN	MOBILE PAYMENT - THANK YOU	-$1,779.17

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$2,547.70
B DEOLIVEIRA MADRUGA 0-32011	$1,800.71
Total New Charges	**$4,348.41**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
11/09/25	FRONTIER AIRLINES AIRLINES FRONTIER	DENVER	CO		$233.96
	From: / To: / Carrier: / Class:				
	LOS ANGELES INTERN / PHOENIX SKY HARBOR / F9 / L				
	LOS ANGELES INTERN / F9 / G				
	Ticket Number: JEJQKM	Date of Departure: 11/12			
	Passenger Name: DEOLIVEIRA/BRUNA				
	Document Type: PASSENGER TICKET				
11/11/25	NORDSTROM DIRECT 1007449072 52404 DEPT. STORES	http://shop.nordstrom	WA		$82.88
11/11/25	NORDSTROM DIRECT 1007449072 52404 DEPT. STORES	http://shop.nordstrom	WA		$44.20
11/11/25	NORDSTROM DIRECT 1007449072 52404 DEPT. STORES	http://shop.nordstrom	WA		$383.93
11/11/25	NORDSTROM DIRECT 1007449072 52404 DEPT. STORES	http://shop.nordstrom	WA		$75.14

Continued on reverse

Detail Continued

				Foreign Spend	Amount
11/12/25	LAX SMARTPARKING RES 084870022449018 3106462911	310-6462911	CA		$56.99
11/13/25	Uber Trip 4OHWQ6VW 85253	help.uber.com	CA		$31.26
11/14/25	LYFT +18552800278	855-280-0278	CA		$20.69
11/15/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$61.00
11/16/25	Uber Trip 4KVJFXHA 85034	help.uber.com	CA		$28.12
11/16/25	JW Marriott Scottsdale Camelba Arrival Date Departure Date 11/12/25 11/15/25 00000000 LODGING	Scottsdale	AZ		$1,189.54
11/18/25	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$14.00
11/19/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$61.00
11/21/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$43.10
11/22/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$15.14
11/22/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$16.18
11/22/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$109.57
11/22/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$26.00
11/23/25	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT		$55.00

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,800

				Foreign Spend	Amount
10/26/25	TST* MADRES BRUNCH - MON 00262544 RESTAURANT	WHITTIER	CA		$39.12
10/26/25	FACEBK *2NBMC7ZLS2 ADVERTISING SERVICE	MENLO PARK			$14.15
10/26/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
10/26/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
10/26/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
10/26/25	CRESCENTA VALLEY CAR WAS 818-248-3931	LA CRESCENTA	CA		$41.19
10/26/25	CLASSPASS* TOP_UP +16087057234	MISSOULA	MT		$60.00
10/27/25	BEVERLY WILSHIRE AES +14244535340	LOS ANGELES	CA		$250.00
10/27/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.38
10/27/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$62.65

Continued on next page

Detail Continued

				Foreign Spend	Amount
10/27/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$62.77
10/27/25	RALPHS 8884373496 GROCERY STORES	LA CRESCENTA	CA		$88.09
10/29/25	VONS #2598 2598 800-898-4027	LA CRESCENTA	CA		$83.45
10/31/25	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33
10/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
11/01/25	GOOGLE*GSUITE_NUAVIVA.COM ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$16.80
11/01/25	EXXONMOBIL 951-273-1175	LA CRESCENTA	CA		$3.04
11/01/25	GOOGLE*ADS2288628082 GOOGLE INC ADVERTISING SERVICE	CC GOOGLE.COM			$240.27
11/02/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$94.37
11/02/25	FUTUREME.ORG PREMIUM +16197772107	NEWARK	DE		$9.00
11/04/25	DELTA AIR LINES DELTA AIR LINES From: LOS ANGELES INTERN To: TAMPA INTERNATIONA TALLAHASSEE ATLANTA HARTSFIELD LOS ANGELES INTERN Carrier: DL DL DL DL Class: E 00 E E Ticket Number: 00623778006294 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: PASSENGER TICKET Date of Departure: 11/30	ATLANTA			$452.67
11/04/25	FACEBK* FACEBK *7KS7P556Q2 ADVERTISING SERVICE	SAO PAULO		19,08 Brazilian Reals	$3.57
11/05/25	FACEBK* FACEBK *A8A52AZ5Q2 ADVERTISING SERVICE	SAO PAULO		22,02 Brazilian Reals	$4.11
11/05/25	SPROUTS FARMERS MKT#261 00000000095773 4808148016	LA CANADA Flintridge	CA		$98.65
11/08/25	HOTMART BV EDUCATIONAL SERVICE	WILMINGTON	DE		$63.87
11/10/25	ELECTRIFY AMERICA 650000011498071 8336322778	RESTON	VA		$10.00
11/13/25	FACEBK* FACEBK *2R8SG656Q2 ADVERTISING SERVICE	SAO PAULO		6,49 Brazilian Reals	$1.23

Fees

			Amount
11/12/25	B DEOLIVEIRA MADRUGA	ANNUAL MEMBERSHIP FEE	$121.11
Total Fees for this Period			**$121.11**

Continued on reverse

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$471.11
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.74% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.99% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	4,348	31,843
Total Bonus Miles Earned and Adjustments	1,309	8,168
Total Miles Earned	**5,657**	**40,011**

Bonus Miles Earned and Adjustments

	Current Period
Bonus Miles at U.S. Supermarkets	364
3X Miles at Delta	906
Bonus Miles at Restaurants	39
Total	**1,309**

IMPORTANT NOTICES

We decreased your Annual Percentage Rate (APR)

We recently reviewed the interest rates on your account, and we are pleased to let you know that we have lowered the rate(s) described below. The new interest rate(s) is **effective beginning on 10/25/25**.

Annual Percentage Rates	Prime + Margin	APR
Purchases	Prime + 17.74%	**24.74%**

For information on the *"Go To"* APR on promotional balances or additional information on other balances, please refer to the Interest Charge Calculation section of the billing statement.

Important Notices continued on next page.

IMPORTANT NOTICES continued

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Update to The Centurion® Lounge

There will be an addition of a small-format lounge concept, "Sidecar by The Centurion Lounge", opening in the Harry Reid International Airport in Las Vegas (expected in 2026). To enter, Delta SkyMiles® Reserve Basic and Reserve Additional Card Members must arrive within 90 minutes of a same-day Delta-marketed or Delta-operated departing flight (including layovers) and present their eligible American Express Card, a boarding pass showing a confirmed reservation for same-day departing travel, and a government-issued I.D. Please visit **thecenturionlounge.com** for more information about Sidecar by The Centurion Lounge.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 12/24/25
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$476.88**
Minimum Payment Due	**$40.00**
Payment Due Date	**01/18/26**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 01/18/26, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	14 months	$552

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section to find your Renewal Notice on your Membership, which renews next month, and to find any other communications.

We will debit your bank account for your payment of $476.88 on 01/08/26. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 01/06/26. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 01/18/26.

Delta SkyMiles®

Miles Earned this Period **39,159**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$3,649.59
Payments/Credits	-$7,219.94
New Charges	+$4,047.23
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$476.88**
Minimum Payment Due	**$40.00**
Credit Limit	$33,900.00
Available Credit	$33,423.12
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
01/18/26

New Balance
$476.88

AutoPay Amount
$476.88

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000047688000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 12/24/25

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$6,416.30
Credits	
JASON P BRIENEN 0-31005	-$803.64
Total Payments and Credits	**-$7,219.94**

Detail

*Indicates posting date

Payments			**Amount**
12/08/25*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$3,649.59
12/18/25*	JASON P BRIENEN	MOBILE PAYMENT - THANK YOU	-$2,416.71
12/15/25*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$350.00
Credits			**Amount**
12/09/25	JASON P BRIENEN	K4S9:0022 300.00 credit HIMS, INC.	-$300.00
12/22/25	JASON P BRIENEN	NORDSTROM DIRECT http://shop.nordstromWA SHOP.NORDSTROM.COM	-$503.64

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$1,541.08
B DEOLIVEIRA MADRUGA 0-32011	$2,506.15
Total New Charges	**$4,047.23**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
11/24/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$16.06

Continued on reverse

Detail Continued

				Foreign Spend	Amount
11/25/25	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$273.69
	From: / To: / Carrier: / Class: LOS ANGELES INTERN / ATLANTA HARTSFIELD / DL / 00 TAMPA INTERNATIONA / DL / 00 TALLAHASSEE / DL / 00 ATLANTA HARTSFIELD / DL / 00				
	Ticket Number: 0062377800629 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: ADDITIONAL COLLECTION	Date of Departure: 11/27			
11/26/25	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$9.00
11/28/25	Uber Trip XQ4QVZFN 90045	help.uber.com	CA		$106.93
12/02/25	PUBLIX GIFTCARD 628629 INFO@STOREDVALUE.COM	INTERNET	TN		$150.00
12/15/25	NORDSTROM DIRECT 1016616967 52404 DEPT. STORES	http://shop.nordstrom	WA		$503.64
12/15/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$61.00
12/16/25	Uber Trip GXKLTMJK 91214	help.uber.com	CA		$93.95
12/17/25	FANCY BEAUTY CORP fancybeautymedspa@gmail.c	ENCINO	CA		$60.00
12/18/25	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$9.00
12/18/25	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$14.00
12/22/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$17.81
12/22/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$171.00
12/24/25	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT		$55.00

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $2,500

				Foreign Spend	Amount
11/24/25	WHOLEFDS FFX 10177 000010177 3239646800	LOS ANGELES	CA		$29.86
11/24/25	CVS PHARMACY 8007467287 PHARMACIES	GLENDALE	CA		$16.23
11/25/25	BLVD *NAKEDMD BEVERLY H 000006324 9494387188 BEAUTY & BARBER	BEVERLY HILLS	CA		$527.16
11/25/25	EXER VIRTUAL CARE 424-220-6042	CALABASAS	CA		$42.47
11/27/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.39
11/28/25	DELTA AIR LINES DELTA AIR LINES Ticket Number: 00642535218345 Passenger Name: DE OLIVEIRA/BRUNA MADRUGA Document Type: EXCESS BAGGAGE	ATLANTA			$35.00
11/28/25	TST* JAMBA JUICE - 104805 300560738 4247025622	LOS ANGELES	CA		$20.83

Continued on next page

Detail Continued

				Foreign Spend	Amount
11/28/25	CRAIGSLIST.ORG CLASSIFIEDS	415-399-5200	CA		$5.00
11/28/25	HBF & PARTNERS @ ATL, LLC FAST FOOD RESTAURANT	ATLANTA	GA		$9.54
11/29/25	DYSON DIRECT INC ELECTRONICS STORE	CHICAGO	IL		$322.49
11/30/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
12/01/25	GOOGLE*GSUITE_NUAVIVA.COM ADVERTISING SERVICE	MOUNTAIN VIEW	CA		$16.80
12/02/25	ABC*P 00962 PLANET FITNES 000000962 6035376669	TALLAHASSEE	FL		$49.88
12/03/25	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$431.49
12/04/25	USA CELL FIX INC 646-886-1965	TALLAHASSEE	FL		$61.02
12/09/25	HIMS, INC. DRUG STORE/PHARMACY	SAN FRANCISCO	CA		$147.00
12/11/25	PPL*WWW.PEOPLEFINDERS.COM 523618 CUSTOMERCARE@PEOPLEFINDER	(800)718-8997	CA		$0.95
12/14/25	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$48.33
12/19/25	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$48.33
12/22/25	AMERICAN AIRLINES American Airlines From: To: Carrier: Class: LOS ANGELES INTERN CHARLOTTE AA M TALLAHASSEE AA M Ticket Number: 0012299658348 Date of Departure: 12/29 Passenger Name: MADRUGA/BRUNA Document Type: PASSENGER TICKET	800-433-7300	TX		$528.19
12/22/25	WALGREENS NONE 90035 PHARMACIES	LOS ANGELES	CA		$14.35
12/23/25	CVS/PHARMACY #09624 000009624 8007467287	HOLLYWOOD	CA		$17.49
12/23/25	CVS/PHARMACY #09624 000009624 8007467287 PHARMACIES	HOLLYWOOD	CA		$15.35
12/23/25	ZARA USA 2075 020750745622519399100 7	ARCADIA	CA		$90.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on reverse

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$471.11
Total Interest in 2025	$0.00

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,541	35,384
Total Bonus Miles Earned and Adjustments	35,618	43,786
Total Miles Earned	**39,159**	**79,170**

Bonus Miles Earned and Adjustments

	Current Period
Welcome Bonus	35,000
3X Miles at Delta	618
Total	**35,618**

IMPORTANT NOTICES

Renewal Notice

Your Account renews next month. The following terms will be in effect when your Account renews, unless we tell you otherwise. **Please refer to Page 2 for more information about your Account, including How We Calculate Your Balance, Paying Interest, and Foreign Currency Charges.**

Annual Membership Fee: The annual membership fee for your Account is $650.00. When you receive the statement in which the annual fee is billed, you can avoid paying the annual fee by calling the Customer Care phone number found on your statement to cancel your Account. You must call within 30 days of the Closing Date of the billing statement on which that fee appears.

Plan Fee (Fixed Finance Charge): The Plan It feature will be in effect when your Account renews unless we tell you otherwise. Your Plan Fee will be a monthly fee of up to 1.33% of each purchase placed in a plan based on the plan duration, the APR that would otherwise apply to the purchase, and other factors. If you have active plans, further details can be found in the Plan It section.

APR Information: The Annual Percentage Rates *(APRs)* for each billing period may vary based on the Prime Rate. We use the Prime Rate published in the rates section of *The Wall Street Journal* on the Closing Date of the billing period. *The Wall Street Journal* may not publish the Prime Rate on that day. If it does not, we will use the Prime Rate from the previous day it was published.

The Penalty APR may apply to your Account if you make one or more late payments or if your payment is returned. We may also consider your creditworthiness in determining whether or not to apply the penalty APR to your Account. If the Penalty APR is applied, it will apply for at least 6 months. We will review your Account every 6 months after the Penalty APR is applied. The Penalty APR will continue to apply until you have made timely payments with no returned payments during the 6 months being reviewed.

Please refer to the **Interest Charge Calculation** section within this billing statement for the APRs that apply to this account as of the Closing Date of this statement.

Important Notices continued on next page.

IMPORTANT NOTICES continued

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 01/23/26
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$6,932.62**
Minimum Payment Due	**$138.65**
Payment Due Date	**02/18/26**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 02/18/26, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	19 years	$19,550
$275	3 years	$9,883 *(Savings = $9,667)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $6,932.62 on 02/07/26. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 02/05/26. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 02/18/26.

Delta SkyMiles®

Miles Earned this Period **6,403**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$476.88
Payments/Credits	-$726.88
New Charges	+$6,491.89
Fees	+$690.73
Interest Charged	+$0.00
New Balance	**$6,932.62**
Minimum Payment Due	**$138.65**
Credit Limit	$33,900.00
Available Credit	$26,967.38
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
02/18/26

New Balance
$6,932.62

AutoPay Amount
$6,932.62

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000693262000013865 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 01/23/26

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$614.77
Credits	
JASON P BRIENEN 0-31005	-$22.11
B DEOLIVEIRA MADRUGA 0-32011	-$90.00
Total Payments and Credits	**-$726.88**

Detail

*Indicates posting date

Payments			**Amount**
01/08/26*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$364.77
01/15/26*	B DEOLIVEIRA MADRUGA	MOBILE PAYMENT - THANK YOU	-$250.00
Credits			**Amount**
12/31/25*	JASON P BRIENEN	CR ADJ - ANNUAL MEMBERSHIP FEE	-$22.11
12/29/25	B DEOLIVEIRA MADRUGA	ZARA USA 2075 ARCADIA CA 02075094183091432910O7	-$90.00

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$4,273.45
B DEOLIVEIRA MADRUGA 0-32011	$2,218.44
Total New Charges	**$6,491.89**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
12/26/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$116.00
12/26/25	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$116.00
12/27/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$6.35
12/28/25	Uber Trip KBITY6KC 90404	help.uber.com	CA		$23.95

Continued on reverse

Detail Continued

				Foreign Spend	Amount
12/28/25	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$7.07
12/29/25	Uber Trip Y54UYRD5 90064	help.uber.com	CA		$18.80
12/29/25	Uber Trip 7BPTRDIF 90291	help.uber.com	CA		$84.96
12/30/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$7.50
12/31/25	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$82.58
01/03/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$42.99
01/04/26	Uber Trip XNQ75N6C 32301	help.uber.com	CA		$9.94
01/04/26	Uber Trip BP5UCK2X 32303	help.uber.com	CA		$8.94
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$122.48
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$20.40
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$66.65
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$85.98
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$102.28
01/08/26	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$116.00
01/09/26	CTLP*DBS VENDING FLORI 850-245-0672	TALLAHASSEE	FL		$2.90
01/09/26	CTLP*DBS VENDING FLORI 850-245-0672	TALLAHASSEE	FL		$2.90
01/09/26	SP SNOWEARS +18057464435	LOS ANGELES	CA		$219.00
01/10/26	GIFTSHOPMALLORYSQUAREPALM 000005067 7737627077	KISSIMMEE	FL		$8.60
01/11/26	STEAK 'N SHAKE 8777856745	OCALA	FL		$27.68
01/11/26	FIT850 +18889181909	TALLAHASSEE	FL		$179.00
01/12/26	Gaylord Palms Resort & Convent Arrival Date Departure Date 01/09/26 01/11/26 00000000 LODGING	Kissimmee	FL		$659.16
01/12/26	HABANAS BOARDWALK 041399801456663 ERICKURRA74@GMAIL.COM	TALLAHASSEE	FL		$42.71
01/13/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$297.71
01/13/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$70.90
01/14/26	TST* GROUND OPS ROASTERY 00222410 RESTAURANT	TALLAHASSEE	FL		$16.84
01/14/26	WAWA 5445 0000544 610-358-8000	TALLAHASSEE	FL		$50.72

Continued on next page

Detail Continued

			Foreign Spend	Amount
01/17/26	American Airlines American Airlines Inc From: TALLAHASSEE / To: DALLAS/FORT WORTH / RENO Carrier: AA / AA — Class: G / G Ticket Number: 0010280996603 Passenger Name: OLIVEIRA/BRUNA Document Type: EXCESS BAGGAGE	FORT WORTH	TX	$45.00
01/17/26	ATLANTIS OYSTER/SUSHI 634255 89570 RESTAURANT	RENO	NV	$139.70
01/17/26	RALEYS FOODS 800-925-9989	GARDNERVILLE	NV	$140.14
01/17/26	DUNKIN #362745 362745 866-578-7355	TALLAHASSEE	FL	$13.20
01/17/26	LUCKY MARKET 180458180053074 CHANDAN.MEHTA76@GMAIL.COM	GARDNERVILLE	NV	$46.15
01/18/26	STAGECOACH - SLICE OF HEAVEN 8640991 89449 RESTAURANT	STATELINE	NV	$26.85
01/18/26	Uber Trip 4ACC47OF 89449	help.uber.com	CA	$5.15
01/18/26	TST* THE LOFT 300566516 5305238024	SOUTH LAKE TA	CA	$110.00
01/18/26	HEAVENLY SPORTS 775-586-2343	STATELINE	NV	$215.49
01/19/26	BOULDER LODGE 8903710 96150 RESTAURANT	SO LAKE TAHOE	CA	$8.00
01/19/26	DD *DOORDASH KALANIS +16506819470	SAN FRANCISCO	CA	$222.75
01/19/26	HEAVENLY SPORTS 775-586-2343	STATELINE	NV	$87.80
01/19/26	HEAVENLY LIFT TKTS/SKI PA 888-838-0495	888-838-0495	CA	$244.00
01/20/26	HEAVENLY LIFT TKTS/SKI PA 888-838-0495	888-838-0495	CA	$223.00
01/21/26	AMERICAN AIRLINES American Airlines From: RENO / To: DALLAS/FORT WORTH / TALLAHASSEE Carrier: AA / AA — Class: N / N Ticket Number: 0010281138838 Passenger Name: BRUNA OLIVEIRA Document Type: EXCESS BAGGAGE	800-433-7300	TX	$40.00
01/21/26	2604310 - PEETS C 46913 RESTAURANT	RENO	NV	$14.23
01/21/26	COT INTL AIRPORT PARKING COT INTL AIRP 300 S ADAMS STREET	FLORIDA	FL	$75.00

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $2,500

			Foreign Spend	Amount
12/27/25	BT*LANDMARK WORLDWIDE NEW ERA LLC 9254130399	DANVILLE	CA	$200.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
12/27/25	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.13
12/27/25	PUBLIC STORAGE 00309 SELF-STORAGE	800-567-0759	CA		$76.89
12/28/25	DESUAR HOLLYWOOD SPA +13233714556	LOS ANGELES	CA		$140.00
12/28/25	WHOLEFDS HOL 10109 000010109 3238484200	WEST HOLLYWOO	CA		$81.80
12/29/25	American Airlines American Airlines Inc From: To: Carrier: Class: LOS ANGELES INTERN CHARLOTTE AA M TALLAHASSEE AA M Ticket Number: 0010280237468 Passenger Name: MADRUGA/BRUNA Document Type: EXCESS BAGGAGE Date of Departure: 12/29	FORT WORTH	TX		$85.00
12/29/25	FIT850 +18889181909	TALLAHASSEE	FL		$99.00
12/29/25	CVS PHARMACY 8007467287	TALLAHASSEE	FL		$27.12
12/29/25	HBOOKSELLER ST985 985 1229030401 90746 BOOKS/SUPPLIES/GIFTS	CARSON	CA		$34.32
12/30/25	LUXE NAIL SPA 00-08033178750 BEAUTY/BARBER SHOP	TALLAHASSEE	FL		$92.70
12/30/25	SP ELEVARE KOREAN BEAU 3074007805	CASPER	WY		$45.95
12/31/25	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
01/01/26	FIT850 +18889181909	TALLAHASSEE	FL		$15.00
01/01/26	GOOGLE*WORKSPACE NUAVIVA.COM GOOGLE IN COMPUTER PROGRAMMING	CC GOOGLE.COM			$16.80
01/01/26	PLUSHCARE 855-559-2285 +18555592285	SAN FRANCISCO	CA		$33.70
01/02/26	LULULEMON TALLAHASSE 269 32303	TALLAHASSEE	FL		$264.45
01/02/26	PUBLIC STORAGE 00309 SELF-STORAGE	800-567-0759	CA		$5.20
01/02/26	FIT850 +18889181909	TALLAHASSEE	FL		$15.00
01/03/26	EB *WAX AMP RELAX CAND 13992499233 94105	SAN FRANCISCO	CA		$30.66
01/03/26	KMG MEDICAL GROUP +18003216879	NEW YORK	NY		$49.00
01/03/26	RISING OM YOGA 936200017335894 BRITTANI@RISINGOMYOGA.COM	TALLAHASSEE	FL		$16.00
01/04/26	RO HEALTH +18887988686	NEW YORK	NY		$45.00
01/04/26	RO HEALTH +18887988686	NEW YORK	NY		$199.00
01/04/26	DYSON DIRECT INC +31202401680 / support@ad	CHICAGO	IL		$85.98
01/05/26	AMAZING LASH TALLY +18509995957	TALLAHASSEE	FL		$108.14

Continued on next page

Detail Continued

				Foreign Spend	Amount
01/06/26	FIT850 +18889181909	TALLAHASSEE	FL		$15.00
01/06/26	RISING OM YOGA 936200017335894 BRITTANI@RISINGOMYOGA.COM	TALLAHASSEE	FL		$16.00
01/08/26	BOOKSY +12067353553	CHICAGO	IL		$18.00
01/10/26	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33
01/11/26	Gaylord Palms Resort & Convent 14675 34746	Kissimmee	FL		$10.42
01/13/26	NUTRITION * HOLISTICNU +19095577950	LOS ANGELES	CA		$50.73
01/15/26	HOTMART BV 000 / mahmoud.elbeleidy@h	WILMINGTON	DE		$82.00
01/15/26	MADISON SOCIAL 850-894-6276	TALLAHASSEE	FL		$14.04
01/16/26	BEAUTYMAKERS LASHES BRO 8502807722	Tallahassee	FL		$102.35
01/16/26	TST* THE BRASS TAP - MIDT 300539776 8503206300	TALLAHASSEE	FL		$13.75
01/17/26	TAILWIND TLH 545500001248228 ACCOUNTING@TAILWINDCONCES	910-3439881	FL		$15.96
01/21/26	THE PARADIES SHOPS LLC 4043447905 / Debbie.murph	ATLANTA	GA		$18.45
01/21/26	THE PARADIES SHOPS LLC 4043447905 / Debbie.murph	ATLANTA	GA		$7.57
01/22/26	RISING OM YOGA 936200017335894 BRITTANI@RISINGOMYOGA.COM	TALLAHASSEE	FL		$16.00

Fees

			Amount
12/31/25	JASON P BRIENEN	ANNUAL MEMBERSHIP FEE	$40.73
01/23/26	JASON P BRIENEN	ANNUAL MEMBERSHIP FEE	$650.00
Total Fees for this Period			**$690.73**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Card Member Agreement for details.

Continued on reverse

2026 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2026	$668.62
Total Interest in 2026	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Total Miles Earned	**6,403**	**5,118**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Card Member Agreement

To access the most up to date version of your Card Member Agreement, please log in to your Account at **www.americanexpress.com**.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 02/20/26
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$317.23**
Minimum Payment Due	**$40.00**
Payment Due Date	**03/18/26**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 03/18/26, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	9 months	$349

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $317.23 on 03/07/26. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 03/05/26. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 03/18/26.

Delta SkyMiles®

Miles Earned this Period **8,615**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$6,932.62
Payments/Credits	-$15,258.17
New Charges	+$8,642.78
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$317.23**
Minimum Payment Due	**$40.00**
Credit Limit	$33,900.00
Available Credit	$33,582.77
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
03/18/26

New Balance
$317.23

AutoPay Amount
$317.23

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000031723000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 02/20/26

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$15,207.41
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$50.76
Total Payments and Credits	**-$15,258.17**

Detail

*Indicates posting date

Payments			**Amount**
02/07/26*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$6,881.86
02/18/26*	JASON P BRIENEN	MOBILE PAYMENT - THANK YOU	-$8,325.55
Credits			**Amount**
02/04/26	B DEOLIVEIRA MADRUGA	GOOGLE*ADS2288628082 GOOGLE INC CC GOOGLE.COM ADVERTISING SERVICE	-$50.76

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$6,191.20
B DEOLIVEIRA MADRUGA 0-32011	$2,451.58
Total New Charges	**$8,642.78**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
01/24/26	Cafe de Martin 850-900-5969	Tallahassee	FL		$188.06
01/25/26	TABLE 23 RESTAURANT 850-329-2261	TALLAHASSEE	FL		$32.00
01/25/26	PUBLIX 8636471171	TALLAHASSEE	FL		$358.65
01/25/26	LATAM AIRLINES WEB USD LAN AIR	MIAMI	FL		$790.76
01/27/26	HAVEN SPA +18504213040	TALLAHASSEE	FL		$145.00

Continued on reverse

Detail Continued

				Foreign Spend	Amount
01/27/26	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT		$19.00
01/28/26	TM *KINGS OF LEON 8006538000	LOS ANGELES	CA		$358.24
01/30/26	CLASSPASS* TOP_UP +16087057234	MISSOULA	MT		$33.00
01/30/26	CLASSPASS* TOP_UP +16087057234	MISSOULA	MT		$150.00
01/30/26	RACETRAC 2529 2529 352-588-1081	SAN ANTONIO	FL		$37.36
01/30/26	RACETRAC 2529 2529 352-588-1081	SAN ANTONIO	FL		$8.83
01/30/26	CIRCLE K 05173/CIRCLE K CONVENIENT S	TALLAHASSEE	FL		$30.29
01/31/26	SP THE BUZZ +17272891828	ST. PETERSBURG	FL		$28.16
01/31/26	BOOKING.COM* 1K4AQTPN2 Arrival Date Departure Date 01/31/26 01/31/26 00000000 LODGING	ATLANTA	GA		$555.58
01/31/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$20.32
01/31/26	Amalie Arena - Concessions L3- WG211CTEE1936000533601 DBL Casamigos Blanco Reeses Pieces	Tampa	FL		$42.65
01/31/26	VINTAGE MARCHE, LLC 941-209-9952	ST PETERSBURG	FL		$202.23
01/31/26	LYFT +18552800278	855-280-0278	CA		$8.00
02/01/26	Uber Trip JVXFPE5F 33602	help.uber.com	CA		$33.94
02/01/26	STEAK 'N SHAKE 8777856745	OCALA	FL		$15.78
02/03/26	DELTA AIR LINES DELTA AIR LINES From: To: Carrier: Class: TALLAHASSEE ATLANTA HARTSFIELD DL 00 TALLAHASSEE DL 00 Ticket Number: 0060879668883 Passenger Name: BRIENEN/JASON PHILLIP Document Type: ADDITIONAL COLLECTION	ATLANTA Date of Departure: 02/13			$11.20
02/03/26	GLODIVALLTD GOODS/SERVICES	SINGAPORE	SG		$153.00
02/03/26	HAVEN SPA +18504213040	TALLAHASSEE	FL		$50.00
02/05/26	RO HEALTH +18887988686	NEW YORK	NY		$199.00
02/05/26	CUMBERLAND FARMS 900/UNBRANDED CONVENIENCE STORE	TALLAHASSEE	FL		$55.12
02/05/26	ST HELENA WINERY ST HELENA WINER LIQUOR STORE	ST HELENA	CA		$1,060.00
02/10/26	FIT850 +18889181909	TALLAHASSEE	FL		$30.00
02/12/26	BLACK RIFLE COFFEE 8448999330	SALT LAKE CITY	UT		$49.96

Continued on next page

Detail Continued

				Foreign Spend	Amount
02/12/26	FIT850 +18889181909	TALLAHASSEE	FL		$179.00
02/13/26	AXS.COM*TOURING EVENT6 2394772 90015	LOS ANGELES	CA		$266.60
02/13/26	TAILWIND TLH 545500001248228 ACCOUNTING@TAILWINDCONCES	910-3439881	FL		$24.00
02/13/26	SHELLIS NEWS ST2238 2238 213212242 30354 NEWS DEALERS/NEWSSTANDS	ATLANTA	GA		$53.99
02/13/26	CLASSPASS* TOP_UP +16087057234	MISSOULA	MT		$9.00
02/13/26	CLASSPASS* ADD ON PACK +16087057234	MISSOULA	MT		$61.00
02/13/26	CLASSPASS* TOP_UP +16087057234	MISSOULA	MT		$42.00
02/13/26	LYFT +18552800278	855-280-0278	CA		$7.00
02/13/26	LYFT +18552800278	855-280-0278	CA		$19.91
02/14/26	PEOPLES TOWN COFFEE squareup.com/receipts	Atlanta	GA		$49.80
02/14/26	PUBLIX #1825 000001825 8636881188	ATLANTA	GA		$100.86
02/15/26	TST* SIDEBAR 300634870 4042285442	ATLANTA	GA		$11.00
02/15/26	TST* LADYBIRD 300653882 4044586838	ATLANTA	GA		$36.94
02/15/26	LAZ PARKING M08644TIBA 860-522-7641	ATLANTA	GA		$24.00
02/15/26	GRANT PARK COFFEEHOUSE 678-469-3989	ATLANTA	GA		$36.44
02/16/26	TROP INC 286748792750826 DWILLIAMS@GALARDISOUTH.CO	ATLANTA	GA		$86.00
02/16/26	IFI 4048923037	ATLANTA	GA		$140.30
02/16/26	COT INTL AIRPORT PARKING COT INTL AIRP 300 S ADAMS STREET	FLORIDA	FL		$60.00
02/18/26	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$55.00
02/18/26	CLASSPASS* LATE CANCEL +16087057234	MISSOULA	MT		$28.00
02/18/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$30.09
02/18/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$204.14

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $2,500

				Foreign Spend	Amount
01/25/26	CVS PHARMACY 8007467287	TALLAHASSEE	FL		$101.01

Continued on reverse

Detail Continued

				Foreign Spend	Amount
01/26/26	GOL LIN*GOFWNA0184176 DATA NOT AVAILABLE From: To: Carrier: Class: N/A N/A YY 00 NOT AVAILABLE Ticket Number: 00000000000000	SAO PAULO	SP	365,81 Brazilian Reals	$69.55
01/26/26	BT*LANDMARK WORLDWIDE NEW ERA LLC 9254130399	DANVILLE	CA		$795.00
01/26/26	ROSS DRESS FOR LESS 415-790-4400	TALLAHASSEE	FL		$128.94
01/26/26	ADOBE Adobe Systems ADOBE.LY/ENUS	SAN JOSE	CA		$43.29
01/26/26	MED*CEDARS SINAI MEDICAL 6082000000120 866-803-1777	LOS ANGELES	CA		$200.00
01/26/26	TFC CREDIT CORPORATION 925-498-2500	SAN RAMON	CA		$275.62
01/27/26	EARTH REMEDIES OF FLOR courtney@earthremediesfl.	TALLAHASSEE	FL		$72.50
01/27/26	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.54
01/27/26	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$28.09
01/31/26	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
02/01/26	GOOGLE*WORKSPACE NUAVIVA.COM GOOGLE IN BUSINESS SERVICE	CC GOOGLE.COM			$16.80
02/02/26	WWW.TALKIAT* TALKIATRY 8333518255	NEW YORK	NY		$100.00
02/02/26	ANDREY PETRIKOVETS MD, PROFESSIONAL CO squareup.com/receipts	LOS ANGELES	CA		$50.00
02/02/26	MED*CEDARS SINAI MEDICAL 6082000000120 866-803-1777	LOS ANGELES	CA		$164.52
02/02/26	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$50.00
02/02/26	PUBLIC STORAGE 00309 SELF-STORAGE	800-567-0759	CA		$43.42
02/03/26	FIT850 +18889181909	TALLAHASSEE	FL		$60.00
02/04/26	RO HEALTH +18887988686	NEW YORK	NY		$145.00
02/06/26	10197D CAVA TALLAHAS FULL SERVICE	850-328-2677	FL		$20.96
02/06/26	SNOWEARS.C* SNOWEARS.C +18182993346	BUENA PARK	CA		$15.01
02/10/26	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on next page

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Card Member Agreement for details.

2026 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2026	$668.62
Total Interest in 2026	$0.00

Interest Charge Calculation

Days in Billing Period: 28

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	8,593	13,711
Total Bonus Miles Earned and Adjustments	22	22
Total Miles Earned	**8,615**	**13,733**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	22
Total	**22**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Events with Amex™ Benefit Removal

Effective June 10th, 2026, Events with Amex™ will be removed as a Card Member benefit. Although Events with Amex™ will be discontinued, Card Members can still access special tickets, unique offers, and exclusive Card Member experiences at select events. Learn more about Amex Experiences at **Americanexpress.com/entertainment**.

Update to the Rideshare Services Providers

As of August 11, 2025, Revel is no longer included in the list of rideshare providers eligible for the Rideshare Credit benefit as they ceased their rideshare operations and are no longer providing rideshare services. For the full list of rideshare services eligible for the Rideshare Credit benefit and full benefit terms, please visit your Benefits Dashboard.

Centurion Lounge Access Policy Changes

Effective July 8, 2026, there will be two (2) changes to the terms and conditions for The Centurion Lounge:

1. To access The Centurion Lounge, all guests accompanying a Card Member must be traveling on the same flight as the Card Member.
2. During a layover, Card Members must arrive within 5 hours of the connecting flight. Same-day round trip itineraries are not considered connecting flights.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 03/24/26
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$11,661.30**
Minimum Payment Due	**$233.22**
Payment Due Date	**04/18/26**

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 04/18/26, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	23 years	$34,117
$462	3 years	$16,624 *(Savings = $17,493)*

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $11,661.30 on 04/08/26. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 04/06/26. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 04/18/26.

Delta SkyMiles®

Miles Earned this Period **15,807**

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$317.23
Payments/Credits	-$326.52
New Charges	+$11,670.59
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$11,661.30**
Minimum Payment Due	**$233.22**
Credit Limit	$33,900.00
Available Credit	$22,238.70
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
04/18/26

New Balance
$11,661.30

AutoPay Amount
$11,661.30

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 001166130000023322 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the close of each billing period. We will not charge you interest on your purchases if you pay each month your entire balance (or Adjusted Balance if applicable) by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

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:
American Express, PO Box 981535, El Paso TX 79998-1535
You may also contact us on the Web: www.americanexpress.com
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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 03/24/26

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$274.24
Credits	
JASON P BRIENEN 0-31005	$0.00
B DEOLIVEIRA MADRUGA 0-32011	-$52.28
Total Payments and Credits	**-$326.52**

Detail

*Indicates posting date

Payments

			Amount
03/07/26*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$274.24

Credits

			Foreign Spend	Amount
01/26/26	B DEOLIVEIRA MADRUGA	GOL LIN*GOFWNA0184176 SAO PAULO SP DATA NOT AVAILABLE From: To: Carrier: Class: N/A N/A YY 00 NOT AVAILABLE Ticket Number: 00000000000000	47,91 Brazilian Reals	-$9.29
02/25/26	B DEOLIVEIRA MADRUGA	DYSON DIRECT INC CHICAGO IL +31202401680 / support@ad		-$42.99

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$10,106.63
B DEOLIVEIRA MADRUGA 0-32011	$1,563.96
Total New Charges	**$11,670.59**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	Amount
02/20/26	SP FASHIONNOVA.COM +18008660286	PANORAMA CITY	CA		$48.65
02/20/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$82.30

Continued on reverse

Detail Continued

				Foreign Spend	Amount
02/21/26	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$1,046.83
	From: / To: / Carrier: / Class: TALLAHASSEE / ATLANTA HARTSFIELD / DL / 00 AMSTERDAM / DL / 00 ATLANTA HARTSFIELD / DL / 00 TALLAHASSEE / DL / 00 Ticket Number: 0060726625039 Date of Departure: 04/24 Passenger Name: OLIVEIRA/BRUNA Document Type: ADDITIONAL COLLECTION				
02/21/26	DELTA AIR LINES DELTA AIR LINES	ATLANTA			$1,046.83
	From: / To: / Carrier: / Class: TALLAHASSEE / ATLANTA HARTSFIELD / DL / 00 AMSTERDAM / DL / 00 ATLANTA HARTSFIELD / DL / 00 TALLAHASSEE / DL / 00 Ticket Number: 0060726625038 Date of Departure: 04/24 Passenger Name: BRIENEN/JASON PHILLIP Document Type: ADDITIONAL COLLECTION				
02/21/26	AMAZON.COM BOOK STORES	AMZN.COM/BILL	WA		$53.94
02/21/26	AMAZON.COM BOOK STORES	AMZN.COM/BILL	WA		$39.55
02/23/26	PUBLIX 8636471171	TALLAHASSEE	FL		$61.26
02/25/26	ULTA.COM 0000090 866-983-8582	ROMEOVILLE	IL		$75.14
02/25/26	ULTA.COM 0000090 866-983-8582	ROMEOVILLE	IL		$37.58
02/28/26	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT		$19.00
03/01/26	LONGHORN STEAKS 727-539-1536	LARGO	FL		$106.00
03/04/26	RO HEALTH +18887988686	NEW YORK	NY		$145.00
03/08/26	TST* CASSIS ST. PETE 00021918 RESTAURANT	SAINT PETERSBUR	FL		$240.18
03/08/26	WAWA 5300 5300 610-358-8000	CRYSTAL RIVER	FL		$3.28
03/11/26	ALIV WORLDWIDE +16302297104	MURRIETA	CA		$6,250.00
03/12/26	GREENN*Leonardo Barb PROFESSIONAL SERVICE	BALNEARIO CAM		697,00 Brazilian Reals	$135.44
03/12/26	MIA CAFE LA CARRETA D3 21555955 33135 FOODANDBEVERAGE	MIAMI	FL		$7.92
03/12/26	MCO WENDY'S 4076363453 / Kathryn.Wenz	ORLANDO	FL		$20.17
03/12/26	FIT850 +18889181909	TALLAHASSEE	FL		$179.00
03/12/26	LOVE'S #0363 OUTSIDE/UNBRANDED 0363002 PAY@PUMP	OCALA	FL		$79.30
03/13/26	Uber UBER * PENDING TAXICAB & LIMOUSINE	SAO PAULO		36,37 Brazilian Reals	$7.05
03/14/26	PAINEIRAS CORCOVADO AMUSEMENT PARK	RIO DE JANEIRO		174,00 Brazilian Reals	$33.37

Continued on next page

Detail Continued

				Foreign Spend	Amount
03/14/26	Uber UBER *TRIP HELP.UBER.COM TAXICAB & LIMOUSINE	SAO PAULO		74,62 Brazilian Reals	$14.31
03/14/26	DROGASMIL DRUG STORE/PHARMACY	RIO DE JANEIR		7,98 Brazilian Reals	$1.53
03/14/26	Belmond Copacabana Palace LODGING	RJ		710,60 Brazilian Reals	$136.27
03/15/26	Uber UBER *TRIP HELP.UBER.COM TAXICAB & LIMOUSINE	SAO PAULO		18,97 Brazilian Reals	$3.64
03/15/26	Uber UBER * PENDING TAXICAB & LIMOUSINE	SAO PAULO		26,96 Brazilian Reals	$5.17
03/15/26	Uber UBER *TRIP HELP.UBER.COM TAXICAB & LIMOUSINE	SAO PAULO		20,00 Brazilian Reals	$3.84
03/15/26	Uber UBER * PENDING TAXICAB & LIMOUSINE	SAO PAULO		19,94 Brazilian Reals	$3.82
03/15/26	BARRACA DO JOEL 79 MISC FOOD STORE	RIO DE JANEIRO	BR	20,00 Brazilian Reals	$3.84
03/18/26	AMAZON.COM BOOK STORES	AMZN.COM/BILL	WA		$171.99
03/19/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$11.99
03/19/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$11.39
03/20/26	Uber Trip LE5ZUANP 32303	help.uber.com	CA		$6.35
03/22/26	CHARGEPOINT INC 4088414500	CAMPBELL	CA		$2.74
03/23/26	Uber Trip LRPIGDOC 33607	help.uber.com	CA		$11.96

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,500

				Foreign Spend	Amount
02/27/26	NETFLIX ENTRETENIMENTO CABLE & PAY TV	Barueri	SP	44,90 Brazilian Reals	$8.77
02/27/26	HIMS, INC. (800) 368-0038 / support@	SAN FRANCISCO	CA		$147.00
02/28/26	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
03/01/26	AUTO POSTO SAO BRAZ GAS STATION	ILHOTA		285,21 Brazilian Reals	$55.66
03/01/26	GOOGLE *WORKSPACE_NUAV COMPUTER NETWORK/INFO	CC@GOOGLE.COM	CA		$3.60
03/02/26	PLUSHCARE 855-559-2285 +18555592285	SAN FRANCISCO	CA		$5.56
03/02/26	PUBLIC STORAGE 00309 SELF-STORAGE	800-567-0759	CA		$41.00
03/04/26	SUPERMERCADOS FRANCIOS GROCERY STORE	Curitibanos	SC	231,88 Brazilian Reals	$44.84
03/05/26	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$50.00
03/06/26	QuiDeliciaPadaria BAKERY	GASPAR		21,00 Brazilian Reals	$4.02

Continued on reverse

Detail Continued

				Foreign Spend	Amount
03/06/26	STATUS MODAS FAMILY CLOTHING	GASPAR	BR	862,40 Brazilian Reals	$164.99
03/06/26	DICOLORE DRUGS	BLUMENAU	SC	399,90 Brazilian Reals	$75.92
03/06/26	CARBON AUTO SERVICE	BLUMENAU	BR	30,00 Brazilian Reals	$5.70
03/06/26	HORTUS EVENTOS RESTAURANT	BLUMENAU	SC	176,90 Brazilian Reals	$33.58
03/07/26	Bareeventossistem FINANCIAL - SERVICE	BARRA VELHA		114,00 Brazilian Reals	$21.64
03/07/26	BedajAlimentosE RESTAURANT	BLUMENAU		207,90 Brazilian Reals	$39.47
03/07/26	2IrmaosLavacao PARKING LOT & GARAGE	BLUMENAU		18,00 Brazilian Reals	$3.42
03/07/26	ELTA EMPREENDIMENTOS L PARKING LOT & GARAGE	Blumenau	SC	21,00 Brazilian Reals	$3.99
03/08/26	AUTO POSTO JULINHO GAS STATION	GASPAR		254,21 Brazilian Reals	$48.26
03/11/26	BIERDAMM CATERER	TIMBO	BR	48,70 Brazilian Reals	$9.46
03/11/26	CIA DA SAUDE GASPAR MISC FOOD STORE	GASPAR	BR	87,42 Brazilian Reals	$16.99
03/12/26	GOL LIN*ERVJXH0121177 DATA NOT AVAILABLE From: To: Carrier: Class: N/A N/A YY 00 NOT AVAILABLE Ticket Number: 00000000000000	SAO PAULO	SP	1.607,81 Brazilian Reals	$311.82
03/12/26	HOTMART BV 000 / mahmoud.elbeleidy@h	WILMINGTON	DE		$204.00
03/12/26	LojaoAbreu MISC/SPECIALTY RETAIL	GASPAR		176,91 Brazilian Reals	$34.38
03/12/26	PANIFICADORA NICOLETTI BAKERY	GASPAR	BR	10,50 Brazilian Reals	$2.04
03/13/26	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33
03/13/26	POSTO BELA JOIA GAS STATION	BLUMENAU	SC	174,95 Brazilian Reals	$33.55
03/15/26	SUMUP*SERENA ME IND FAMILY CLOTHING	RIO DE JANEIR		596,00 Brazilian Reals	$114.30
03/21/26	Amazon Digital BR DIGITAL GOODS: MEDIA	SAO PAULO		87,00 Brazilian Reals	$16.67

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on next page

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Card Member Agreement for details.

2026 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2026	$668.62
Total Interest in 2026	$0.00

Interest Charge Calculation

Days in Billing Period: 32

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	11,619	25,330
Total Bonus Miles Earned and Adjustments	4,188	4,210
Total Miles Earned	**15,807**	**29,540**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	4,188
Total	**4,188**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Events with Amex™ Benefit Removal

Effective June 10th, 2026, Events with Amex™ will be removed as a Card Member benefit. Although Events with Amex™ will be discontinued, Card Members can still access special tickets, unique offers, and exclusive Card Member experiences at select events. Learn more about Amex Experiences at **Americanexpress.com/entertainment**.

Update to the Rideshare Services Providers

As of August 11, 2025, Revel is no longer included in the list of rideshare providers eligible for the Rideshare Credit benefit as they ceased their rideshare operations and are no longer providing rideshare services. For the full list of rideshare services eligible for the Rideshare Credit benefit and full benefit terms, please visit your Benefits Dashboard.

Centurion Lounge Access Policy Changes

Effective July 8, 2026, there will be two (2) changes to the terms and conditions for The Centurion Lounge:

1. To access The Centurion Lounge, all guests accompanying a Card Member must be traveling on the same flight as the Card Member.
2. During a layover, Card Members must arrive within 5 hours of the connecting flight. Same-day round trip itineraries are not considered connecting flights.

End of Important Notices.

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 04/23/26
Account Ending 0-31005

DELTA SKYMILES

Customer Care: 1-866-391-1424
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$175.62**
Minimum Payment Due	**$40.00**
Payment Due Date	**05/18/26**

To view your Delta SkyMiles® balance, visit delta.com

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 05/18/26, you may have to pay a late fee of up to $40.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you have a Non-Plan Balance and make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Non-Plan Balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	5 months	$185

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section.

We will debit your bank account for your payment of $175.62 on 05/08/26. This date may not be the same date your bank will debit your bank account. Any inquiry to American Express concerning this debit should be made before 05/06/26. If your AutoPay payment is less than your Minimum Payment Due, we must receive an additional payment for at least the difference by 05/18/26.

Account Summary

Previous Balance	$11,661.30
Payments/Credits	-$17,057.09
New Charges	+$5,571.41
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$175.62**
Minimum Payment Due	**$40.00**
Credit Limit	$33,900.00
Available Credit	$33,724.38
Cash Advance Limit	$5,000.00
Available Cash	$5,000.00

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 0-31005
Enter 15 digit account # on all payments.
Make check payable to American Express.

JASON P BRIENEN
261 PINEWOOD DR
TALLAHASSEE FL 32303-8510

Payment Due Date
05/18/26

New Balance
$175.62

AutoPay Amount
$175.62

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM IL 60197-6031

$ _____ • ____
Amount Enclosed

000034999253248841 4 000017562000004000 20 4

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your deposit or other asset account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to figure the ADB and interest results in daily compounding of interest.*

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What To Do If You Think You Find A Mistake On Your Statement

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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 [or electronically]. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
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, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

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, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. 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.
3. 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 or electronically at:
American Express, PO Box 981535, El Paso TX 79998-1535
www.americanexpress.com
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.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Delta SkyMiles® Reserve Card

JASON P BRIENEN
Closing Date 04/23/26

Account Ending 0-31005

Customer Care & Billing Inquiries **1-866-391-1424**
International Collect 1-336-393-1111
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-866-391-1424**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-866-391-1424**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 6031
CAROL STREAM IL
60197-6031

Payments and Credits

Summary

	Total
Payments	-$14,963.43
Credits	
JASON P BRIENEN 0-31005	-$2,093.66
Total Payments and Credits	**-$17,057.09**

Detail

*Indicates posting date

Payments			**Amount**
04/08/26*	JASON P BRIENEN	AUTOPAY PAYMENT RECEIVED - THANK YOU Bank of America, NA	-$11,661.30
04/09/26*	JASON P BRIENEN	ONLINE PAYMENT - THANK YOU	-$3,302.13
Credits			**Amount**
04/19/26	JASON P BRIENEN	DELTA AIR LINES ATLANTA DELTA AIR LINES Ticket Number: 0062406991570 Passenger Name: OLIVEIRA/BRUNA Document Type: MISC. CHARGE ORDER (MCO)/PREPAID TICKET AUTH.	-$1,046.83
04/19/26	JASON P BRIENEN	DELTA AIR LINES ATLANTA DELTA AIR LINES Ticket Number: 0062406991569 Passenger Name: BRIENEN/JASON PHILLIP Document Type: MISC. CHARGE ORDER (MCO)/PREPAID TICKET AUTH.	-$1,046.83

New Charges

Summary

	Total
JASON P BRIENEN 0-31005	$4,097.30
B DEOLIVEIRA MADRUGA 0-32011	$1,474.11
Total New Charges	**$5,571.41**

Detail

JASON P BRIENEN
Card Ending 0-31005

				Foreign Spend	**Amount**
03/25/26	Uber Trip DTGMVWO2 91316	help.uber.com	CA		$5.00
03/26/26	Uber Trip ZJCJ34TY 90291	help.uber.com	CA		$38.95

Continued on reverse

Detail Continued

				Foreign Spend	Amount
03/28/26	CLASSPASS* MONTHLY +16087057234	MISSOULA	MT		$19.00
03/28/26	Uber Trip B6CPKQ5I 33607	help.uber.com	CA		$11.96
04/02/26	SP CHERRIES +31650984056	NIEUWEGEIN	UT		$70.54
04/03/26	YSI*HAVANA SQUARE 813-570-8551	TAMPA	FL		$2,529.48
04/04/26	TARGET 612-3044357	TALLAHASSEE	FL		$130.62
04/04/26	RO HEALTH +18887988686	NEW YORK	NY		$145.00
04/10/26	10197D CAVA TALLAHAS FULL SERVICE	850-328-2677	FL		$22.90
04/11/26	TST* THE WHARF PASS-A-GRI 00096941 RESTAURANT	ST. PETE BEACH	FL		$57.02
04/12/26	OURARING INC 4157049110	SAN FRANCISCO	CA		$69.99
04/12/26	ETSY, INC. 7188557955 / pmondino@ets	BROOKLYN	NY		$79.77
04/12/26	ETSY, INC. 7188557955 / pmondino@ets	BROOKLYN	NY		$29.67
04/12/26	WP*NUAVIVA SPA-BALANCE 3233768317	3233768317	CA		$190.35
04/12/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$18.80
04/14/26	QUEEN OF HEARTS FITNESS 43684555664535 HSIANG@QUEENOFHEARTSFITNE	TALLAHASSEE	FL		$99.00
04/17/26	JIMMY JOHNS 8505191276	TALLAHASSEE	FL		$9.88
04/17/26	AMERICAN EAGLE TOWING R 2867765293870 AMERICANEAGLEWRECKERSERVI	TALLAHASSEE	FL		$270.00
04/18/26	PUBLIX 8636471171	TALLAHASSEE	FL		$78.33
04/19/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$8.59
04/20/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$71.44
04/20/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA		$64.50
04/20/26	BT*DD *DOORDASH CAFEDEMAR 8559731040	SAN FRANCISCO	CA		$76.51

B DEOLIVEIRA MADRUGA
Card Ending 0-32011 Monthly Spending Limit: $1,500

				Foreign Spend	Amount
03/26/26	WETRANSFER +31208100779	AMSTERDAM	NL		$25.00
03/27/26	NETFLIX.COM CABLE & PAY TV	SAO PAULO		44,90 Brazilian Reals	$8.61
03/31/26	OPENAI *CHATGPT SUBSCR +14158799686	SAN FRANCISCO	CA		$20.00
04/02/26	BT*MUSELY 8665401122	SANTA CLARA	CA		$123.00
04/02/26	PUBLIC STORAGE 00309 SELF-STORAGE	800-567-0759	CA		$41.00

Continued on next page

Detail Continued

				Foreign Spend	Amount
04/05/26	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$50.00
04/06/26	FULLSCRIPT* R277825645 +18668073828	MANCHESTER	NH		$83.97
04/07/26	TALLAHASSEE MEMORIAL HEA 850-431-6200	TALLAHASSEE	FL		$60.00
04/08/26	JUVEIN.COM 565500001093729 raJ6WhclfOHslovdU32303	BAY CITY	MI		$63.94
04/08/26	JUVEIN.COM 565500001093729 rt46D8Cd6dSLRdF2K32303	BAY CITY	MI		$35.31
04/08/26	NOBLE FAMILY MEDICAL 323-289-8900	BEVERLY HILLS	CA		$447.50
04/09/26	FIT & FUNCTIONAL +18506684383	TALLAHASSEE	FL		$374.77
04/10/26	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO		$43.33
04/11/26	PAYPAL *ALIPAYUSINC 4029357733	4029357733	CA		$69.44
04/12/26	Amazon Digital BR DIGITAL GOODS: MEDIA	SAO PAULO		16,45 Brazilian Reals	$3.29
04/13/26	CERTUS FUSION TRAINING +18003931063	ORLANDO	FL		$24.95

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Card Member Agreement for details.

2026 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2026	$668.62
Total Interest in 2026	$0.00

Interest Charge Calculation

Days in Billing Period: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	08/13/2024		24.49% (v)	$0.00	$0.00
Cash Advances	04/12/2020		28.74% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Miles Earned

DELTA SKYMILES

SkyMiles® Account Number: XXXXXX0528

	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,479	28,809
Total Bonus Miles Earned and Adjustments	-4,188	22
Total Miles Earned	**-709**	**28,831**

Bonus Miles Earned and Adjustments

	Current Period
3X Miles at Delta	-4,188
Total	**-4,188**

IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Your Card Member Agreement

To access the most up to date version of your Card Member Agreement, please log in to your Account at **www.americanexpress.com**.

Centurion Lounge Access Policy Changes

Effective July 8, 2026, there will be two (2) changes to the terms and conditions for The Centurion Lounge:

1. To access The Centurion Lounge, all guests accompanying a Card Member must be traveling on the same flight as the Card Member.
2. During a layover, Card Members must arrive within 5 hours of the connecting flight. Same-day round trip itineraries are not considered connecting flights.

End of Important Notices.

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Customer service information

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Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Gold

for December 28, 2023 to January 29, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on December 28, 2023	$5.03
Deposits and other additions	1,020.00
ATM and debit card subtractions	-876.33
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on January 29, 2024	**$148.70**

How are we doing?

Your opinion is important to us.

You're invited to join the Bank of America® Advisory Panel and share what you think we're doing right — and what we need to do better. Enter code **CADD** at **bankofamerica.com/AdvisoryPanel** to learn more and join.

When you use the QRC feature, certain information is collected from your mobile device for business purposes

Inclusion on the Advisory Panel subject to qualifications.

SSM-08-23-0758_B | 5901785

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
01/08/24	Online Banking transfer from CHK 9798 Confirmation# 4574424952	820.00
01/26/24	Online Banking transfer from CHK 9798 Confirmation# 4727574986	200.00
Total deposits and other additions		**$1,020.00**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
01/09/24	CHECKCARD 0108 AMERICAN 8004337300 TX 5917420400863400116828 7	-276.19
01/09/24	CHECKCARD 0108 AMERICAN 8004337300 TX 5917420400863400116830 3	-36.10
01/17/24	CHECKCARD 0116 BETWIXT & BETWEEN WILDWOOD FL 8230509401700000251518 1	-160.00
01/29/24	CHECKCARD 0127 Betwixt Between 5127168561 FL 1230202402700101463905 5	-400.00
01/29/24	CHECKCARD 0127 COFFEE BEAN & TEA CENTURY CITY CA 55432864028201544310280	-4.04
Total ATM and debit card subtractions		**-$876.33**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Good news!
We no longer charge these service fees — here are the details.

- **Legal Order Process Fee**
  On October 16, 2023, we stopped charging a fee for each legal order or process that directs us to freeze, attach or withhold funds or other property.

- **Check Image Service Fee**
  On November 6, 2023, we stopped charging a fee for returning images of canceled checks with statements sent in the mail.

In addition, we stopped charging these service fees on December 11, 2023:

- **Check and Statement Copy Fees**
  For ordering one or more copies of your checks or statements

- **Deposit Slips and other Credit Item Copies**
  For ordering one or more copies of your deposit slips or credit items

- **ATM Balance Inquiry Fees**
  For requesting an account balance at a non-Bank of America ATM in the U.S. or in a foreign country

- **NY Protest Fee**
  For New York residents filing a certificate of protest when a payment instrument has not been honored

- **Bond Coupon Collection Fees**
  For debt obligations with coupons that represent semiannual interest payments

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Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303

Your Adv Relationship Banking Preferred Rewards Gold

for January 30, 2024 to February 27, 2024

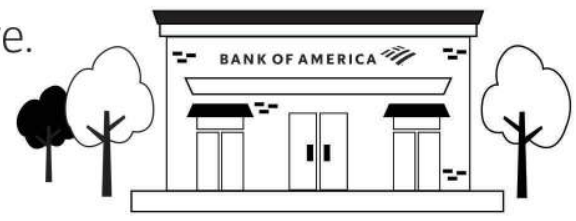
Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on January 30, 2024	$148.70
Deposits and other additions	1,802.65
ATM and debit card subtractions	-1,076.34
Other subtractions	-830.00
Checks	-0.00
Service fees	-0.00
Ending balance on February 27, 2024	**$45.01**

We know you can bank anywhere.
Thank you for choosing us.



SSM-10-23-0365.B | 6024375

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
02/05/24	Online Banking transfer from CHK 9798 Confirmation# 4197424260	400.00
02/08/24	Online Banking transfer from CHK 9798 Confirmation# 1642828995	452.65
02/20/24	Online Banking transfer from CHK 9798 Confirmation# 4643201763	400.00
02/20/24	Online Banking transfer from CHK 9798 Confirmation# 4631665603	350.00
02/20/24	Online Banking transfer from CHK 9798 Confirmation# 4246130344	200.00
Total deposits and other additions		**$1,802.65**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
02/05/24	CHECKCARD 0203 AMERICAN 8004337300 TX 59174204034634001141886	-105.91
02/05/24	CHECKCARD 0203 SPIRIT AI 8007727117 FL 55417344035870353607185	-130.64
02/05/24	CHECKCARD 0203 BETWIXT & BETWEEN WILDWOOD FL 82305094034000017556849	-160.00
02/05/24	CHECKCARD 0204 CHIPOTLE ONLINE 9495244000 CA 55310204035083728489370	-11.80
02/09/24	CHECKCARD 0209 AFP*Betwixt Betw 5127168561 FL 12302024040001005528054	-592.00
02/20/24	CHECKCARD 0219 EXPEDIA 727633450 8779030071 WA 55432864050208149610320	-11.00
02/20/24	CHECKCARD 0219 LAX SMARTPARKING 3106462911 CA 75265864050133101995883	-64.99
Total ATM and debit card subtractions		**-$1,076.34**

Other subtractions

Date	Description	Amount
02/20/24	Online Banking transfer to CHK 7667 Confirmation# 7638076088	-200.00
02/20/24	Online Banking transfer to CHK 7667 Confirmation# 7543297378	-350.00

continued on the next page

Merrill

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Try our Personal Retirement Calculator at **merrilledge.com/findout**.

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Investment products: **Are Not FDIC Insured** | **Are Not Bank Guaranteed** | **May Lose Value**

SSM-10-23-0334.B | 6041274

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
02/20/24	Online Banking transfer to CHK 7667 Confirmation# 8045071096	-100.00
02/20/24	Online Banking transfer to CHK 7667 Confirmation# 7545431316	-20.00
02/20/24	Online Banking transfer to CHK 7667 Confirmation# 7146535244	-160.00
Total other subtractions		**-$830.00**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Gold

for February 28, 2024 to March 27, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on February 28, 2024	$45.01
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-44.01
Checks	-0.00
Service fees	-0.00
Ending balance on March 27, 2024	**$1.00**

Better Money Habits®

What are your financial goals?

Better Money Habits helps you make sense of your money and take charge of your financial life. You have the power to pursue your savings, credit and general money goals with education, tools—and confidence.

Scan this code to get started today at BetterMoneyHabits.com!

When you use the QRC feature certain information is collected from your mobile device for business purposes.

SSM-08-23-0879.B | 5898098

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
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For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

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Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
03/15/24	Online Banking transfer to CHK 9798 Confirmation# 4551881448	-44.01
Total other subtractions		**-$44.01**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit **bofa.com/SecurityCenter** or **scan this code**.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-11-23-0458.C | 6115469

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Starting May 17, statements sent in the mail will no longer include images of canceled checks – do not worry, you have options.

Your check images can be viewed online, and copies are available by request. All you need to do is log into Online Banking and select your account from the "Accounts Overview" page.

- Check images (up to 18 months) can be found under the "Activity" and "Statements and Documents" tabs.
- Check copies (up to 7 years) can be ordered from the "Information & Services" tab.

If you are not an Online Banking client, you can enroll at bankofamerica.com or contact us for help.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303

Your Adv Relationship Banking Preferred Rewards Gold

for March 28, 2024 to April 26, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on March 28, 2024	$1.00
Deposits and other additions	600.00
ATM and debit card subtractions	-600.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 26, 2024	**$1.00**

Can you spot a scam? Be aware of these common red flags:

Contacted unexpectedly and asked for sensitive information

Pressured to act immediately

Asked to provide codes or click links to verify information

Share these tips with friends and family so they can help protect themselves
Scan this code or visit **bofa.com/HelpProtectYourself** to see trending scams

When you use the QRC feature certain information is collected from your mobile device for business purposes.

SSM-02-23-0079.B | 5449173

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
04/15/24	Online Banking transfer from CHK 9798 Confirmation# 4901605772	600.00
Total deposits and other additions		**$600.00**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description			Amount
04/15/24	BKOFAMERICA ATM 04/13 #000008320 WITHDRWL NORTH MONROE	TALLAHASSEE	FL	-600.00
Total ATM and debit card subtractions				**-$600.00**

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How are we doing?

Your opinion is important to us.

You're invited to join the Bank of America® Advisory Panel and share what you think we're doing right — and what we need to do better. Enter code **CADD** at **bankofamerica.com/AdvisoryPanel** to learn more and join.

When you use the QRC feature, certain information is collected from your mobile device for business purposes

Inclusion on the Advisory Panel subject to qualifications.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303

Your Adv Relationship Banking Preferred Rewards Gold

for April 27, 2024 to May 29, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on April 27, 2024	$1.00
Deposits and other additions	2,600.09
ATM and debit card subtractions	-279.09
Other subtractions	-2,321.00
Checks	-0.00
Service fees	-0.00
Ending balance on May 29, 2024	**$1.00**

Check fraud is on the rise

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: **bofa.com/HelpPreventFraud**

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-05-23-0809.C | 5695722

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BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
04/29/24	Online Banking transfer from CHK 9798 Confirmation# 4533513569	400.00
05/09/24	Online Banking transfer from CHK 9798 Confirmation# 4628690674	1,000.00
05/23/24	Online Banking transfer from CHK 9798 Confirmation# 4451539444	1,200.09
Total deposits and other additions		**$2,600.09**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
04/30/24	CHECKCARD 0428 SPIRIT AI 8007727117 FL 5541734412087120417324 1	-279.09
Total ATM and debit card subtractions		**-$279.09**

Other subtractions

Date	Description	Amount
04/30/24	Online Banking transfer to CHK 7667 Confirmation# 4449953490	-120.00
05/09/24	Online Banking transfer to CHK 7667 Confirmation# 7929543146	-1,001.00
05/23/24	Online Banking transfer to CHK 7667 Confirmation# 7251711434	-1,200.00
Total other subtractions		**-$2,321.00**

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303

Your Adv Relationship Banking Preferred Rewards Gold

for May 30, 2024 to June 26, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on May 30, 2024	$1.00
Deposits and other additions	200.00
ATM and debit card subtractions	-0.00
Other subtractions	-200.00
Checks	-0.00
Service fees	-0.00
Ending balance on June 26, 2024	**$1.00**

Important information about payment scams

We will never...

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it's likely a scam.

Treat Zelle® payments like cash – once you send money, you're unlikely to get it back.

Learn more about trending scams at **bofa.com/helpprotectyourself**

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SSM-09-23-0692.A | 6039180

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
06/21/24	Online Banking transfer from CHK 9798 Confirmation# 4200027202	200.00
Total deposits and other additions		**$200.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
06/21/24	Online Banking transfer to CHK 7667 Confirmation# 7400045311	-200.00
Total other subtractions		**-$200.00**

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for June 27, 2024 to July 29, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on June 27, 2024	$1.00
Deposits and other additions	999.00
ATM and debit card subtractions	-0.00
Other subtractions	-1,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on July 29, 2024	**$0.00**

BANK OF AMERICA
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Your Preferred Rewards status could change

We value our relationship with you and hope you're enjoying the Preferred Rewards benefits and rewards with your everyday banking. In order to maintain these benefits, you'll need to increase your balance.

We're here to help. Talk with a specialist today about how to meet the program requirements at 888.888.RWDS (888.888.7937) and press 2.

SSM-12-23-0030.C | 6112977

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
07/08/24	Online Banking transfer from CHK 9798 Confirmation# 4631506746	999.00
Total deposits and other additions		**$999.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
07/08/24	Online Banking transfer to CHK 7667 Confirmation# 7632321579	-1,000.00
Total other subtractions		**-$1,000.00**

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- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it's likely a scam.

Treat Zelle® payments like cash – once you send money, you're unlikely to get it back.

Learn more about trending scams at **bofa.com/helpprotectyourself**

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261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Gold

for July 30, 2024 to August 28, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on July 30, 2024	$0.00
Deposits and other additions	1,000.00
ATM and debit card subtractions	-0.00
Other subtractions	-1,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on August 28, 2024	**$0.00**

Security tips

Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they're from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.
Scan the code or visit **bofa.com/HelpProtectYourself**.

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- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
08/19/24	Online Banking transfer from CHK 9798 Confirmation# 4209778109	1,000.00
Total deposits and other additions		**$1,000.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
08/19/24	Online Banking transfer to CHK 7667 Confirmation# 7509788557	-1,000.00
Total other subtractions		**-$1,000.00**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Order foreign currency before you travel

Use our Mobile Banking app* or Online Banking and pick up your currency at a financial center, or have it delivered to your home (if under $1,000).

Scan the code to learn more or visit bofa.com/foreigncurrency

* Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Great news! Soon, you will be able to withdraw up to $2,000 from any ATM.

We are excited to let you know that in August 2024, we are increasing your daily ATM withdrawal limit to $2,000 when you use your Bank of America debit or ATM card, making it more convenient to access cash at any ATM. Do not worry, if you have set up a personalized daily ATM limit, it will remain in place.

If you have any questions, please call the number on this statement. If you need a new or replacement debit or ATM card, you can order one through Online Banking or our Mobile app.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

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P.O. Box 25118
Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Gold

for August 29, 2024 to September 26, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on August 29, 2024	$0.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on September 26, 2024	**$0.00**

New! Wire transfers in the Mobile Banking app

Now you can send domestic and international wire transfers in our app and Online Banking.

Learn more at **bofa.com/wiretransfers**.

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
Fees apply to wire transfers. See the Online Banking Service Agreement at bankofamerica.com. Data connection required. Carrier fees may apply.
SSM-01-24-2438.B | 5546710

Available in English and Spanish

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Important information about payment scams

We will never...

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it's likely a scam.

Treat Zelle® payments like cash – once you send money, you're unlikely to get it back.

Learn more about trending scams at **bofa.com/helpprotectyourself**

Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Great news! You can now withdraw up to $2,000 from any of our ATMs.

We are excited to let you know that we have increased your daily ATM withdrawal limit to $2,000 when you use your Bank of America debit or ATM card, making it more convenient to access cash at any ATM. Do not worry, if you have set up a personalized daily ATM limit, it will remain in place.

If you have any questions, please call the number on this statement. If you need a new or replacement debit or ATM card, you can order one through Online Banking or our Mobile app.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for September 27, 2024 to October 29, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on September 27, 2024	$0.00
Deposits and other additions	1,301.00
ATM and debit card subtractions	-0.00
Other subtractions	-1,300.00
Checks	-0.00
Service fees	-0.00
Ending balance on October 29, 2024	**$1.00**

New! Wire transfers in the Mobile Banking app

Now you can send domestic and international wire transfers in our app and Online Banking.

Learn more at **bofa.com/wiretransfers**.

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Fees apply to wire transfers. See the Online Banking Service Agreement at bankofamerica.com. Data connection required. Carrier fees may apply.
SSM-01-24-2438.B | 5546710

Available in English and Spanish

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Deposits and other additions

Date	Description	Amount
10/15/24	Online Banking transfer from CHK 7667 Confirmation# 7176280287	30.00
10/29/24	Online Banking transfer from CHK 9798 Confirmation# 5017373058	1,271.00
Total deposits and other additions		**$1,301.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
10/29/24	Online Banking transfer to CHK 7667 Confirmation# 7422731819	-1,300.00
Total other subtractions		**-$1,300.00**

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Can you spot a scam? Be aware of these common red flags:

Contacted unexpectedly by the bank

Asked to transfer money to resolve fraud

Pressured to act fast and click through warning messages

Share these tips with friends and family so they can help protect themselves.
Scan this code or visit **bofa.com/HelpProtectYourself** to see trending scams

When you use the QRC feature certain information is collected from your mobile device for business purposes.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for October 30, 2024 to November 26, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on October 30, 2024	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on November 26, 2024	**$1.00**

New! Wire transfers in the Mobile Banking app

Now you can send domestic and international wire transfers in our app and Online Banking.

Learn more at **bofa.com/wiretransfers**.

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

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Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Security tips

Tips to help protect yourself from trending scams:

- Don't be pressured to act quickly—it could be an imposter trying to steal your money.
- If asked to transfer money unexpectedly, use caution — it could be a scam.
- Never grant remote access or download apps at the request of someone you don't know.

Learn more about trending scams.
Scan the code or visit **bofa.com/HelpProtectYourself**.

When you use the QRC feature certain information is collected from your mobile device for business purposes. SSM-01-24-2353.B | 6172088

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for November 27, 2024 to December 27, 2024

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on November 27, 2024	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on December 27, 2024	**$1.00**

Security tips

Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they're from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.
Scan the code or visit **bofa.com/HelpProtectYourself**.

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BANK DEPOSIT ACCOUNTS

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Order foreign currency before you travel

Use our Mobile Banking app* or Online Banking and pick up your currency at a financial center, or have it delivered to your home (if under $1,000).

Scan the code to learn more or visit bofa.com/foreigncurrency

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for December 28, 2024 to January 29, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on December 28, 2024	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on January 29, 2025	**$1.00**

Help prevent check fraud

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: **bofa.com/HelpPreventFraud**

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-03-24-0504.B | 6490905

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Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for January 30, 2025 to February 26, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on January 30, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on February 26, 2025	**$1.00**

New: Scheduled and recurring payments with Zelle®

Send money now, schedule it for later, or make it recurring.

Enroll now! Scan the code or visit bankofamerica.com/zelle.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-03-24-0484.B | 6398672

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Platinum

for February 27, 2025 to March 27, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on February 27, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on March 27, 2025	**$1.00**

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PLATINUM

You are getting Platinum tier benefits!

Preferred Rewards is more than just rewards, it is recognition. To ensure you are getting the most out of your new benefits and rewards, visit bankofamerica.com/MyRewards.

SSM-10-24-0354.E | 6112977

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Enroll now! Scan the code or visit bankofamerica.com/zelle.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Good News!
Soon, more funds may be available if we place a hold on your check deposit.

Starting May 19, 2025, here is what to expect if we place a hold on your check deposit and where you can find these changes in our Deposit Agreement and Disclosures after this date:

- The first $275 (previously $225) may be available the next business day.
- When you deposit checks totaling more than $6,725 (previously $5,525) on any one day, we may continue to place a longer hold.
- For certain check deposits into accounts open less than 30 days, the first $6,725 (previously $5,525) of a day's total deposits may be available the next business day.

Our Deposit Agreement and Disclosures document is available at bankofamerica.com/depositagreement. Details can be found in the sections called "Longer Delays May Apply" and "Special Rules for New Accounts". You may also find helpful information in the "When Funds are Available for Withdrawal and Deposit Holds" section of the Agreement.

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Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for March 28, 2025 to April 28, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on March 28, 2025	$1.00
Deposits and other additions	1,500.00
ATM and debit card subtractions	-0.00
Other subtractions	-1,500.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 28, 2025	**$1.00**

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
04/03/25	Online Banking transfer from CHK 9798 Confirmation# 4369756301	1,500.00
Total deposits and other additions		**$1,500.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
04/07/25	Online Banking transfer to CHK 7667 Confirmation# 7895216879	-1,500.00
Total other subtractions		**-$1,500.00**

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Your goals are waiting. Let us make a plan.

The enhanced Bank of America Life Plan® is a streamlined experience to help you track your goals, whether you are improving your credit or planning for retirement.

Scan the QR code or go to bankofamerica.com/LifePlan.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. To be eligible for Bank of America Life Plan, a client must have a Bank of America consumer banking relationship (checking, savings or credit card account) and be digitally active on the Bank of America website or mobile app. Go to the URL for additional details.
Bank of America Life Plan is a registered trademark of the Bank of America Corporation. Member FDIC.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for April 29, 2025 to May 28, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on April 29, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on May 28, 2025	**$1.00**

Available in English and Spanish

Send wire transfers in the Mobile Banking app

Use our app or Online Banking to send domestic wires or international wires in 140+ currencies to over 200 countries.

Scan the code or visit bofa.com/wiretransfers.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.
Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.
Message and data rates may apply.
Fees or other costs may apply to wire transfers. See the Online Banking Service Agreement at bankofamerica.com.
Data connection required. Carrier fees may apply.

SSM-12-24-0270.C | 7457437

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Security tips

Tips to help protect yourself from trending scams:

- Do not be pressured to act quickly - it could be an imposter trying to steal your money.
- If asked to transfer money unexpectedly, use caution - it could be a scam.
- Never grant remote access or download apps at the request of someone you do not know.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for May 29, 2025 to June 26, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on May 29, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on June 26, 2025	**$1.00**

Important information about payment scams

We will never

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

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SSM-07-24-0374.B | 6798566

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Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they are from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.
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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for June 27, 2025 to July 29, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on June 27, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on July 29, 2025	**$1.00**

Your goals are waiting. Let us make a plan.

The enhanced Bank of America Life Plan® is a streamlined experience to help you track your goals, whether you are improving your credit or planning for retirement.

Scan the QR code or go to bankofamerica.com/LifePlan.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. To be eligible for Bank of America Life Plan, a client must have a Bank of America consumer account and login credentials for the Bank of America website or mobile app.

SSM-03-25-0538.C | 6806304

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.
Message and data rates may apply.
Fees or other costs may apply to wire transfers. See the Online Banking Service Agreement at bankofamerica.com.
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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for July 30, 2025 to August 27, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on July 30, 2025	$1.00
Deposits and other additions	2,000.00
ATM and debit card subtractions	-0.00
Other subtractions	-2,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on August 27, 2025	**$1.00**

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Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

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SSM-09-24-0541.A | 6490905

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Deposits and other additions

Date	Description	Amount
08/14/25	Online Banking transfer from CHK 9798 Confirmation# 4914059006	2,000.00
Total deposits and other additions		**$2,000.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
08/18/25	Online Banking transfer to CHK 7667 Confirmation# 5452967373	-2,000.00
Total other subtractions		**-$2,000.00**

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Platinum

for August 28, 2025 to September 26, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on August 28, 2025	$1.00
Deposits and other additions	555.00
ATM and debit card subtractions	-0.00
Other subtractions	-550.00
Checks	-0.00
Service fees	-0.00
Ending balance on September 26, 2025	**$6.00**

Bank confidently with Mobile and Online Banking

Our How-to Guide for Digital Banking offers step-by-step help with Mobile and Online Banking so you can manage your accounts on your schedule, from almost anywhere. Learn how to:
Enroll - Pay bills - Set up digital wallet - And more!

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

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Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Deposits and other additions

Date	Description	Amount
08/29/25	Online Banking transfer from CHK 9798 Confirmation# 5451802515	555.00
Total deposits and other additions		**$555.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
09/02/25	Online Banking transfer to CHK 7667 Confirmation# 7452246744	-550.00
Total other subtractions		**-$550.00**

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Statements in Spanish? We can do that for you!

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Exclusions apply. Not available for Commercial, Merrill, Private Bank and Small Business accounts.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Soon, you can have more checking or savings accounts with no monthly maintenance fee since you own a Bank of America Advantage Relationship Banking® account! Here are the details, including how this impacts any additional Advantage Relationship accounts you own.

Starting November 21, 2025, we will automatically waive the monthly fee on select additional consumer checking and savings accounts you own. This excludes additional Advantage Relationship and fiduciary accounts, like trust and estate accounts. Keep in mind, this means any additional Advantage Relationship accounts you own will not have the monthly fee waived as part of this benefit since it is not an eligible account type.

There is nothing you need to do. We will waive the monthly fee automatically on eligible accounts — asking us to link your accounts is no longer needed.

You can find more information about our accounts at bankofamerica.com/checking or in our Personal Schedule of Fees at bankofamerica.com/fees. If you have any questions, please visit us, or call the number on this statement.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Platinum

for September 27, 2025 to October 29, 2025

Account number: 8981 4695 8406

JASON P BRIENEN **BRUNA DE OLIVEIRA MADRUGA**

Account summary

Beginning balance on September 27, 2025	$6.00
Deposits and other additions	900.00
ATM and debit card subtractions	-0.00
Other subtractions	-905.00
Checks	-0.00
Service fees	-0.00
Ending balance on October 29, 2025	**$1.00**

BANK OF AMERICA
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Your Preferred Rewards benefits may change

As a Preferred Rewards member, your relationship with Bank of America is important to us. That is why we are providing you with this update. You are currently not meeting the requirements for your tier.

If you have any questions about how to meet the program requirements, please call us at 888.888.RWDS (888.888.7937) and press 2.

SSM-01-25-2465.D | 7515603

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

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Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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Deposits and other additions

Date	Description	Amount
10/20/25	Online Banking transfer from CHK 9798 Confirmation# 4681241278	100.00
10/23/25	Online Banking transfer from CHK 9798 Confirmation# 4426283197	800.00
Total deposits and other additions		**$900.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
10/20/25	Online Banking transfer to CHK 7667 Confirmation# 8081253984	-105.00
10/28/25	Online Banking transfer to CHK 7667 Confirmation# 8266328397	-800.00
Total other subtractions		**-$905.00**

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Announcing a new look and feel for our Deposit Agreement and Disclosures document.

Starting November 14, 2025, you can visit bankofamerica.com/depositagreement to see the updates we have made to simplify the document. You can also request a copy at any financial center, or call us at the number on this statement.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
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Your Adv Relationship Banking Preferred Rewards Platinum

for October 30, 2025 to November 25, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on October 30, 2025	$1.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on November 25, 2025	**$1.00**

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BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
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Your Adv Relationship Banking Preferred Rewards Platinum

for November 26, 2025 to December 29, 2025

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on November 26, 2025	$1.00
Deposits and other additions	4,555.00
ATM and debit card subtractions	-0.00
Other subtractions	-4,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on December 29, 2025	**$556.00**

Take your security to the next level

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

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Deposits and other additions

Date	Description	Amount
12/01/25	Online Banking transfer from CHK 9798 Confirmation# 4860198475	3,000.00
12/22/25	Online Banking transfer from CHK 9798 Confirmation# 5536882788	1,000.00
12/26/25	Online Banking transfer from CHK 9798 Confirmation# 5469067839	555.00
Total deposits and other additions		**$4,555.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
12/01/25	Online Banking transfer to CHK 7667 Confirmation# 8460250000	-3,000.00
12/22/25	Online Banking transfer to CHK 7667 Confirmation# 8438232108	-1,000.00
Total other subtractions		**-$4,000.00**

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Available in English and Spanish

Send wire transfers in the Mobile Banking app

Use our app or Online Banking to send domestic wires or international wires in 140+ currencies to over 200 countries.

Scan the code or visit bofa.com/wiretransfers.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.
Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.
Message and data rates may apply.
Fees or other costs may apply to wire transfers. See the Online Banking Service Agreement at bankofamerica.com.
Data connection required. Carrier fees may apply.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Gold

for December 30, 2025 to January 28, 2026

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on December 30, 2025	$556.00
Deposits and other additions	3,200.00
ATM and debit card subtractions	-100.00
Other subtractions	-3,656.00
Checks	-0.00
Service fees	-0.00
Ending balance on January 28, 2026	**$0.00**

SHOP. View inventory of over 1 million vehicles.
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DRIVE. Finalize the paperwork at the dealer.
Start your next car search with us, online and on your own time.
Scan this code and start shopping or visit bankofamerica.com/carshopping
When you use the QRC feature, certain information is collected from your mobile device for business purposes.
Vehicle financing provided by Bank of America. Credit and collateral are subject to approval. Terms and conditions apply.
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SSM-05-25-0373.C | 7972973

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BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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The monthly maintenance fee for your account will now post on a later date.

We are changing the day the monthly fee is posted to your account due to recent system updates. For statement cycles starting on or after January 22, 2026, if the requirements to avoid the monthly fee are not met, the fee will now be posted on the first business day of the next monthly statement cycle.

Deposits and other additions

Date	Description	Amount
12/30/25	Online Banking transfer from CHK 7667 Confirmation# 8014701716	200.00
01/05/26	Online Banking transfer from CHK 9798 Confirmation# 5645671750	3,000.00
Total deposits and other additions		**$3,200.00**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
01/07/26	CHECKCARD 0107 NEXUS AUTO TRANSP 2242182949 IL 5543286600720108230137 8	-100.00
Total ATM and debit card subtractions		**-$100.00**

Other subtractions

Date	Description	Amount
01/05/26	Online Banking transfer to CHK 7667 Confirmation# 8647065809	-2,556.00
01/16/26	Zelle payment to VMVO LLC Conf# zju07xnjs	-1,000.00
01/16/26	Online Banking transfer to CHK 7667 Confirmation# 7858366920	-100.00
Total other subtractions		**-$3,656.00**

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When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.

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BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Platinum

for January 29, 2026 to February 25, 2026

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on January 29, 2026	$0.00
Deposits and other additions	6,000.00
ATM and debit card subtractions	-0.00
Other subtractions	-6,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on February 25, 2026	**$0.00**

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You are getting Platinum tier benefits!

Preferred Rewards is more than just rewards, it is recognition. To ensure you are getting the most out of your new benefits and rewards, visit bankofamerica.com/MyRewards.

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
02/02/26	Online Banking transfer from CHK 9798 Confirmation# 5097807538	3,000.00
02/23/26	Online Banking transfer from CHK 9798 Confirmation# 5385762178	3,000.00
Total deposits and other additions		**$6,000.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
02/02/26	Online Banking transfer to CHK 7667 Confirmation# 7204530236	-3,000.00
02/23/26	Online Banking transfer to CHK 7667 Confirmation# 7885815487	-3,000.00
Total other subtractions		**-$6,000.00**

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

We are changing one of the ways to avoid the monthly maintenance fee on our consumer checking and savings accounts. Keep in mind, there are still other ways to avoid the monthly fee that are not changing — some of which you may already be doing.

As you may already know, Bank of America Preferred Rewards® will become BofA Rewards(TM) on or about May 26, 2026. After this happens, being a Preferred Rewards member will no longer be one of the ways to have the monthly fee waived. Instead, an account owner will need to be enrolled in BofA Rewards and qualify for the Preferred Plus, Preferred Honors, or Premier tier — this benefit does not apply to the Member tier.

Do not worry, if you are enrolled in the Preferred Rewards program on or about May 26, 2026, your enrollment will change to the new BofA Rewards program tier:

- Gold and Platinum members change to Preferred Plus
- Platinum Honors members change to Preferred Honors
- Diamond Honors members change to Premier

You will stay enrolled in your BofA Rewards tier for at least a six-month period, even if you do not meet the program requirements. After this time, BofA Rewards' standard rules, balance requirements and benefits apply.

To learn more about BofA Rewards, visit bankofamerica.com/BofARewards. Or visit the Preferred Rewards section of the "Personal Schedule of Fees" at bankofamerica.com/fees for program eligibility details.

To see all of the ways to avoid the monthly fee on your account, including those that have not changed, visit bankofamerica.com/feesataglance.

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JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Platinum

for February 26, 2026 to March 27, 2026

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on February 26, 2026	$0.00
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on March 27, 2026	**$0.00**

SHOP. View inventory of over 1 million vehicles.
APPLY. Get a decision for the vehicle you choose — it is quick and easy.
DRIVE. Finalize the paperwork at the dealer.
Start your next car search with us, online and on your own time.
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Automobile shopping content provided by automobile dealerships through a website provided by a third party not affiliated with Bank of America. Bank of America is not responsible for any automobile content, products or services.
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BANK DEPOSIT ACCOUNTS

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

PLEASE READ THIS DOCUMENT CAREFULLY. WE ARE ADDING AN ARBITRATION PROVISION TO YOUR EXISTING DEPOSIT AGREEMENT AND DISCLOSURES FOR YOUR PERSONAL DEPOSIT ACCOUNT (WHICH MAY BE REFERRED TO AS "CONSUMER DEPOSIT ACCOUNT") — IT CONTAINS AN AGREEMENT TO ARBITRATE AND OTHER IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS, REMEDIES, AND OBLIGATIONS.

THE AGREEMENT TO ARBITRATE REQUIRES (WITH LIMITED EXCEPTION) THAT ALL DISPUTES BETWEEN YOU AND US BE RESOLVED BY BINDING ARBITRATION WHENEVER EITHER PARTY CHOOSES TO SUBMIT A DISPUTE TO ARBITRATION OR EITHER PARTY REFERS A LAWSUIT FILED BY THE OTHER TO ARBITRATION. ADDITIONALLY, (1) YOU WILL ONLY BE PERMITTED TO PURSUE CLAIMS ON AN INDIVIDUAL BASIS, NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY CLASS OR REPRESENTATIVE ACTION OR PROCEEDING, AND (2) YOU MAY NOT BE ABLE TO HAVE ANY CLAIMS YOU HAVE AGAINST US RESOLVED BY A JURY OR IN A COURT OF LAW.

Personal Deposit Accounts
All personal deposit accounts including any personal checking, savings, Certificate of Deposit (CD) or time deposit accounts will be subject to the Arbitration Agreement for Disputes Relating to Personal Accounts. The amendment is included below.

You can opt out of this arbitration provision:
You must contact us within sixty (60) days of the date of this statement. If you are enrolled in Online Banking, you can opt out at bankofamerica.com/arbitration-optout. If you are not enrolled in Online Banking or would prefer to opt out by phone, you must call us at 800.283.8875.

Bank of America – Arbitration Agreement for Disputes Relating to Personal Accounts
[This provision will apply to the Resolving Claims section of the Deposit Agreement and Disclosures ("Agreement")]

Arbitration Agreement for Disputes Relating to Personal Accounts
This arbitration agreement requires that all disputes between you and us be resolved by binding arbitration whenever either party chooses to submit a dispute to arbitration or either party refers a lawsuit filed by the other to arbitration. By means of this arbitration agreement, each party waives the right to have any dispute heard in court whenever either party chooses to submit or refer such dispute to arbitration, subject to the limitations set forth further below in the Scope of Arbitration section. This arbitration agreement is entered into pursuant to the Federal Arbitration Act, 9 U.S.C. §§ 1-16 ("FAA") with respect to both substance and procedure. You and we agree that either of us may elect to proceed by arbitration, that the goal of proceeding in arbitration shall be to achieve effective, efficient, and less costly resolution between you and us, and that this arbitration agreement shall be interpreted and applied to achieve that goal.

YOU HAVE A RIGHT TO OPT OUT OF THIS AGREEMENT TO ARBITRATE. UNLESS YOU OPT OUT OF ARBITRATION IN THE MANNER DESCRIBED BELOW, YOU AND WE ARE WAIVING THE RIGHT TO HAVE OUR DISPUTE HEARD BEFORE A JUDGE OR OTHERWISE TO BE DECIDED BY A COURT. YOU AND WE ARE WAIVING ANY ABILITY TO ASSERT OR PARTICIPATE IN A CLASS, REPRESENTATIVE, OR CONSOLIDATED PROCEEDING, WHETHER IN COURT OR IN ARBITRATION, AND TO HAVE ANY CLAIMS HEARD BY A JURY. ALL DISPUTES, EXCEPT AS STATED BELOW, MUST BE RESOLVED BY BINDING ARBITRATION WHEN EITHER YOU OR WE REQUEST IT.

Scope of Arbitration
Claims or disputed factual or legal issues between you and us that arise out of or relate in any way to this Agreement, the deposit account, or any aspect of the deposit relationship are subject to and must be decided by arbitration, unless arbitration is prohibited by law. Additionally, any claims or disputed factual or legal issue arising from or relating in any way to the advertising of our products relating to or under this Agreement, or the application for, or the denial, approval or establishment of your account are included. Claims or disputed factual or legal issues (whether in contract, tort, statutory or otherwise) that

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fall within the scope of this arbitration provision are subject to arbitration regardless of what legal claim or theory they are based on or whether they seek legal, equitable, or statutory remedies. Arbitration applies to any and all such claims or disputed factual or legal issues, whether they arose in the past, may currently exist, or may arise in the future. All such claims or disputed factual or legal issues are hereinafter referred to in this section as "Claims." To the extent permitted by law, the discovery exchanged between the Bank and you as to any Claim is presumptively limited to the exchange of documents directly relevant to the Claim, absent an order from the arbitrator that good cause exists to require the exchange of additional discovery. The only exception to arbitration of Claims is that both you and we have the right to pursue a Claim in a small claims court instead of arbitration, if the Claim is in that court's jurisdiction and proceeds on an individual basis, whereas Claims in other courts may be compelled into arbitration by either party.

Waiver of Class, Jury and Other Non-Individualized Relief
By accepting this arbitration agreement you GIVE UP YOUR RIGHT TO GO TO COURT except for matters that may be taken to a small claims court or as otherwise provided for in this agreement. Arbitration will proceed on an INDIVIDUAL BASIS, so class actions, consolidated actions, and similar proceedings will NOT be available to you.

Claims in arbitration will proceed only on an individual basis. Additionally, you may not join your Claims with other persons on other accounts in the arbitration; each person must arbitrate his or her own claims separately and individually. UNLESS YOU OPT OUT OF THIS AGREEMENT TO ARBITRATE, YOU AND WE ARE WAIVING THE RIGHT TO ASSERT OR PARTICIPATE IN A CLASS ACTION, OR ANY REPRESENTATIVE OR CONSOLIDATED PROCEEDING IN COURT OR IN ARBITRATION, AND ARE WAIVING THE RIGHT TO HAVE A JURY DECIDE ANY CLAIM, AS PERMITTED BY LAW. The arbitrator shall have no authority to entertain any Claim as a class action or on any other similar representative basis, nor shall the arbitrator have any authority to consolidate Claims brought by separate claimants (except for claimants on the same account). This means that the arbitrator also shall have no authority to make any award for the benefit of, or against, any person other than the individual who is the named party. If these terms prohibiting class, representative, or consolidation procedures are held to be legally unenforceable for any reason with respect to a Claim, then the Claim must be handled through litigation in court instead of by arbitration, subject to the parties' agreement to waive the right to have a jury decide any Claim.

For individual Claims filed as part of a "mass arbitration," as that term is defined herein, the additional requirements set forth in the "Mass Arbitration" section below shall apply.

Opt-out of Arbitration Agreement
You have the right to opt out of this agreement to arbitrate for personal accounts. If you are enrolled in Online Banking, you can opt out at www.bankofamerica.com/arbitration-optout. If you are not enrolled in Online Banking or would prefer to opt out by phone, you must call us at 800.283.8875. You must opt out within sixty (60) days of first delivery of this Arbitration Agreement. Any other method, form, or means of opting out shall be treated as being invalid or ineffective. If you already have pending litigation or arbitration against/with us when you opt out, any request to opt out of this arbitration clause will not apply to that litigation or arbitration. This agreement to arbitrate will apply without limitation, regardless of whether 1) your account is closed, sold, or assigned; 2) you pay us in full any outstanding debt you owe; or 3) you file for bankruptcy. Opting out of this agreement to arbitrate will not affect or opt out of the other provisions of this Agreement. If you validly opt out of this agreement to arbitrate, your decision to opt out will apply only to this arbitration agreement and not any other arbitration agreement or any accounts for which the opt out period has already passed.

Arbitrator
Arbitrations between us shall be administered by the American Arbitration Association ("AAA") (www.adr.org). The AAA shall apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. If there is a conflict between the applicable AAA rules and procedures and this arbitration agreement, this arbitration agreement will control. In the

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event that AAA is unable to handle the Claim for any reason, then the matter shall be arbitrated instead by a neutral arbitrator selected by agreement of the parties (or, if the parties cannot agree, selected by a court in accordance with the FAA), pursuant to the AAA rules of procedure. The arbitrator will have the power to award to a party any damages or relief as permitted by the law and the agreement between you and us (including the limitations set forth below). All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either party seeks to confirm the arbitrator's decision in court, the parties agree that the documents necessary for such confirmation need not be filed under seal.

Authority of Arbitrator
The parties agree that, upon motion by either of us, any arbitrator shall have the power to decide dispositive issues of law prior to a full merits hearing, consistent with Federal Rules of Civil Procedure 12 and 56, and will decide the Claim in accordance with all applicable substantive law and recognized principles of equity. The arbitrator will determine whether the claimant has completed the steps necessary to initiate the suit. The arbitrator will construe the Claim under the applicable statutes of limitations provided for under the governing law. The arbitrator will honor all claims of privilege recognized by law. The arbitrator will have the power to award to a party any damages or relief as permitted by the law and the agreement between you and us (including the limitations set forth above). In addition, the arbitrator has the same power as a federal court to impose sanctions against any represented party or counsel for any violation of the standards of Federal Rule of Civil Procedure 11(b) or 28 U.S.C. § 1927.

Delegation of Authority to Arbitrator
All issues are for the arbitrator to decide, including the scope of his or her own jurisdiction, and the arbitrability of individual Claims, except that questions of whether the parties have entered into an agreement to arbitrate are for a court of competent jurisdiction to decide.

For disputes regarding the existence of this Agreement, or for any Claims that the arbitrator determines are not arbitrable, the parties consent to jurisdiction and venue in an appropriate court in the state where the deposit account is located.

Arbitration Demand Filing Requirements
In addition to the requirements set forth in the AAA rules, you agree that upon commencing a case with the AAA, you will provide your name, full account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You must personally sign the demand for arbitration (and your counsel must also sign the demand, if you are represented by counsel). By submitting an arbitration demand, you (and your counsel, if you are represented) represent that, as in court, you are complying with the requirements of Federal Rule of Civil Procedure 11(b). You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in this section.

Allocation of Fees
Each party will be responsible for the arbitration fees as allocated by the applicable AAA rules (www.adr.org).

Fee-shifting and Sanctions
The arbitrator is authorized to afford any relief or impose any sanctions available under the substantive standards established by Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law on represented parties and their counsel. If the arbitrator finds that either the substance of your or our claim or the relief sought was frivolous, without sufficient reasonable inquiry and/or a good faith basis, or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b), and/or under 28 U.S.C. § 1927), the arbitrator may reallocate compensation, expenses, and administrative fees (which include filing and hearing fees) as justice requires, and as permitted by applicable law.

Continued on next page

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Mass Arbitration

You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You understand and agree that these procedures related to mass arbitrations will apply and that they are designed to (a) lead to the streamlined and cost-effective resolution of claims, consistent with the goal of this arbitration agreement; (b) ensure that large volume filings do not impose unnecessary burdens or impediments to the resolution and cost-effective adjudication of your Claim and similar claims; and (c) preserve the integrity of the arbitration process. You agree to these procedures even though they may delay the arbitration of your individual Claim. If at any point you are unsatisfied with the speed by which your matter is proceeding in mass arbitration, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.

Process Arbitrator Appointment

You and the Bank agree that before an arbitrator is assigned to determine the merit of your Claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rules or any equivalent AAA rule then in effect, or consistent with the process set forth herein in the absence of any AAA rule. In short, each party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.

Process Arbitrator Authority

In addition to the authority outlined in the AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or as permitted to address dismissal as would be permitted under the Federal Rules of Civil Procedure, including Federal Rule of Civil Procedure 12. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your Claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements and/or pursuant to any alternative filing requirements then in effect, there are other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account with the Bank, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your Claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within the Process Arbitrator's jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.

Mass Arbitration Procedure

Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for the Bank shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than five (5) cases. The parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing, which shall occur within ninety (90) days of the selection of the cases (unless the parties agree to a different time period), before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to pursue settlement discussions or mediation or to change the number of cases filed in each stage. If the parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases per side to proceed to individual arbitration proceedings, which shall occur within ninety (90) days of the selection of the cases (unless the parties agree to a different time period). Each of

Continued on next page

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these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the parties otherwise agree, a single Merits Arbitrator may be assigned up to five (5) cases. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to pursue settlement discussions or mediation or change the number of cases filed in each stage. If the parties do not reach a global resolution after the second set of cases are resolved, on either party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and the Bank agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.

Mass Arbitration Fees
No AAA per case fee shall be assessed in connection with any case until the case is selected to proceed to individual arbitration proceedings as part of the process identified in this section.

Interpretation and Enforcement of Mass Arbitration Procedure
Any dispute regarding the interpretation or enforcement of these Mass Arbitration Procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the Mass Arbitration Procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary Rules, or any equivalent AAA rule then in effect.

Survival and Severability of Terms
These arbitration provisions shall survive changes in this Agreement and termination of the account or the relationship between you and us, including the bankruptcy of any party and any sale or assignment of your account, or amounts owed on your account, to another person or entity. If any part of this Agreement is deemed invalid or unenforceable, the other terms shall remain in force, except that there can be no arbitration of a class or representative Claim. This arbitration provision may not be amended, severed or waived, except as provided in this Agreement or in a written agreement between you and us.

Effect of Arbitration Award; Appeal
The arbitration ruling will be considered final and binding, and enforceable by any court having jurisdiction. No party may seek an appeal of the arbitration ruling, except as provided under the FAA.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

BANK OF AMERICA
Preferred Rewards

Customer service information

1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

JASON P BRIENEN
BRUNA DE OLIVEIRA MADRUGA
261 PINEWOOD DR
TALLAHASSEE, FL 32303-8510

Your Adv Relationship Banking Preferred Rewards Platinum

for March 28, 2026 to April 28, 2026

Account number: 8981 4695 8406

JASON P BRIENEN BRUNA DE OLIVEIRA MADRUGA

Account summary

Beginning balance on March 28, 2026	$0.00
Deposits and other additions	3,000.00
ATM and debit card subtractions	-0.00
Other subtractions	-3,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 28, 2026	**$0.00**

Scam Tips

Pause and verify to help prevent scams.

- Scammers may use stories to make you feel fear, greed or sympathy. Do not react or engage.
- Hang up if you receive a suspicious call from someone saying they are from the bank. If you want to verify the request, call the number on your statement or card.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

5SM-04-25-0510.B | 7857158

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

© 2026 Bank of America Corporation

Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
04/07/26	Online Banking transfer from CHK 9798 Confirmation# 4555774316	3,000.00
Total deposits and other additions		**$3,000.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
04/07/26	Online Banking transfer to CHK 7667 Confirmation# 8057203897	-3,000.00
Total other subtractions		**-$3,000.00**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Scam Tips

Tips to help protect yourself from trending scams:

- Do not be pressured to act quickly — pause and verify, it could be an imposter trying to steal your money.
- If asked to transfer money unexpectedly, use caution — it could be a scam.
- Never grant remote access, click links, or download apps at the request of someone you do not know.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

SSM-04-25-0510.B1 | 7857158

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Gmail B <bo.bruna1997@gmail.com>

FW: Great news: Your Additional Card Member request has been approved

5 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Jul 17, 2024 at 11:53 AM
To: bo.bruna1997@gmail.com

I had to call AMEX to:

1) add the “a” at the end of Madruga because they cut it off. They took a space out between De and Oliveira to make it fit.

2) to expedite the card we need to call back tomorrow morning, and then they can overnight it.

From: American Express <AmericanExpress@welcome.americanexpress.com>
Sent: Wednesday, July 17, 2024 11:00 AM
To: Jason Brienen <jason@chironcapital.com>
Subject: Great news: Your Additional Card Member request has been approved

Here’s what you need to know about managing their account

AMERICAN EXPRESS

ACCOUNT ENDING: 31005

Hello JASON BRIENEN,

Your Additional Card Member request has been approved

Here’s what happens next:

1. Keep an eye out for the new Card(s).

A new Card for each of the following individual(s) is on the way and will arrive within 10 business days.

B DE OLIVEIRA MADRUG

2. Remind each Additional Card Member to confirm their Card when it arrives.

If we do not have their Social Security Number, they'll need to provide it when confirming their Card.

- American Express needs their Social Security Number to verify their identity and comply with federal regulations.*
- If they don't have a Social Security Number, they can call the number on the back of their Card for assistance.
- **The Card will be canceled if they do not provide this information within 60 days after the Card is issued.**

3. If you haven't already, add each Additional Card Member's email address to your account.

With their email address on file, they can receive real-time fraud alerts, important account updates, and exclusive offers to help them make the most of their Card Membership. You can do this by accessing the "Profile" tab within Account Services.

4. Experience Membership with your Additional Card Members.

You'll earn rewards on their purchases the same way you do on your Card. Plus, you can log in to your online account and access the "Manage Other Users" tab to set spending limits, track purchases, and much more.

Manage Cards

Thank you for being a loyal Card Member – and for bringing someone along with you,

American Express

DON'T *live life* WITHOUT IT℠

For your most up-to-date account information visit us at americanexpress.com

PRIVACY STATEMENT | UPDATE YOUR EMAIL

*Patriot Act Notice: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including your name, address, date of birth and other information that will allow us to verify your identity.

Your account information is included above to help you recognize this as a customer care email from American Express. To learn more about email security or report a suspicious email, please visit us at americanexpress.com/phishing. We kindly ask you not to reply to this email but instead contact us via Customer Care.

©2024 American Express. All rights reserved.

UGNENGNTAPP0018

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Jul 17, 2024 at 11:56 AM
To: jasonpbrienen@gmail.com

Babe is it possible to change to Bruna de O Madruga?

Bruna

[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Jul 17, 2024 at 11:57 AM
To: jasonpbrienen@gmail.com

In Brazil we do preference for the first name mostly

Bruna

On Wed, Jul 17, 2024 at 11:53 AM <jasonpbrienen@gmail.com> wrote:

[Quoted text hidden]

---

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Jul 17, 2024 at 12:26 PM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

No, too late.

[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Jul 17, 2024 at 12:50 PM
To: jasonpbrienen@gmail.com

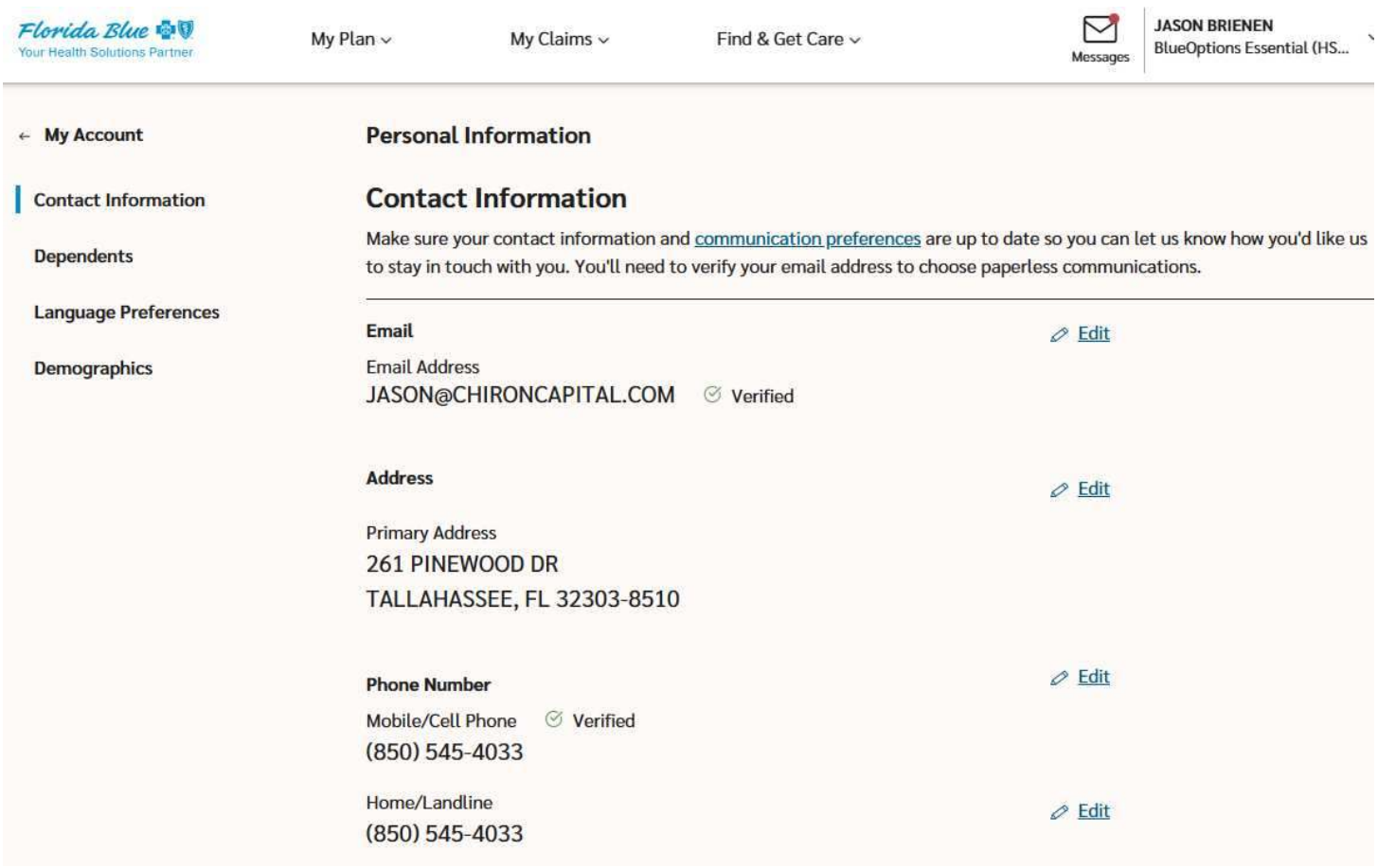
Ok, thanks anyway.
[Quoted text hidden]

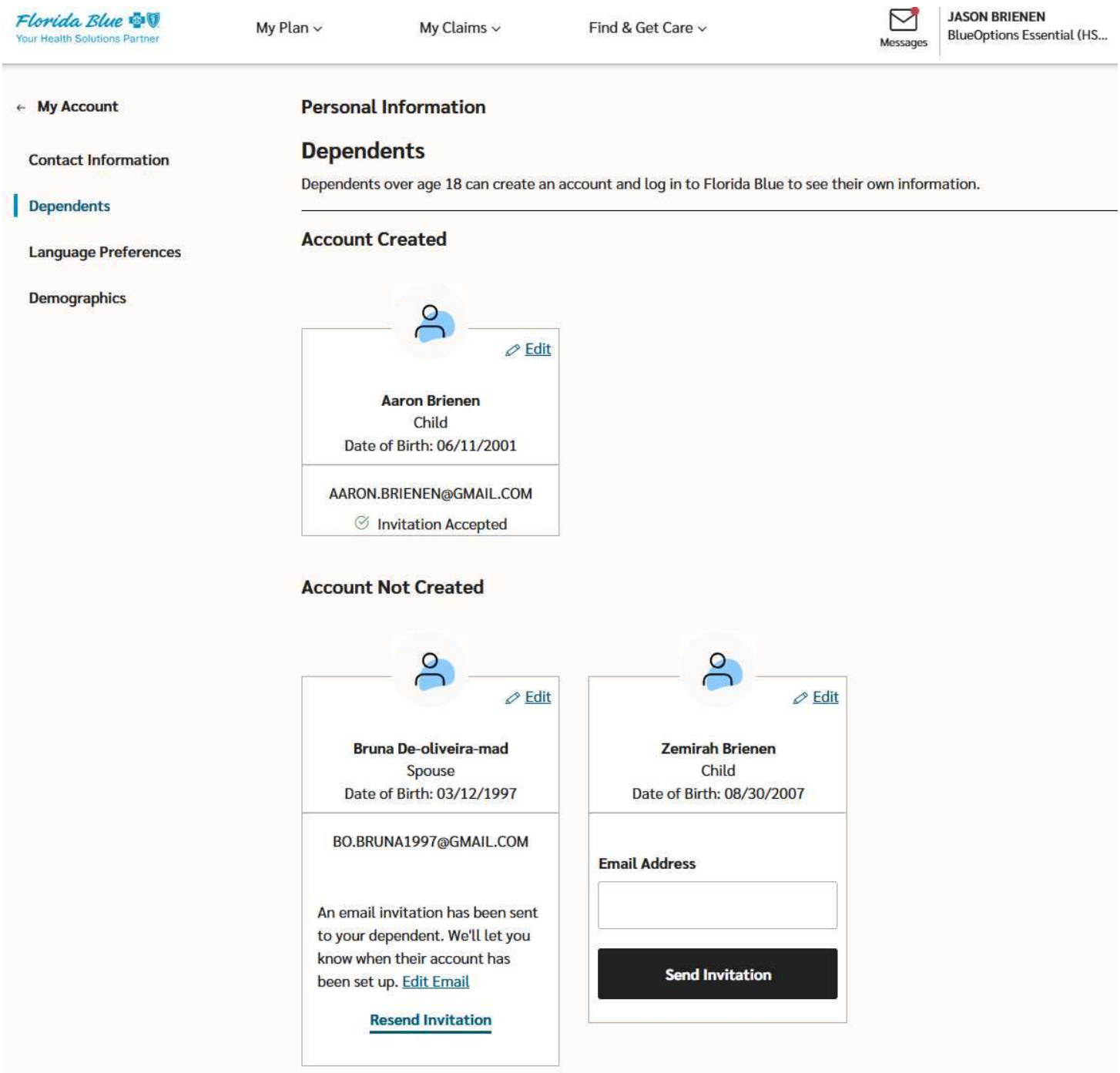
Gmail B <bo.bruna1997@gmail.com>

Health Insurance...

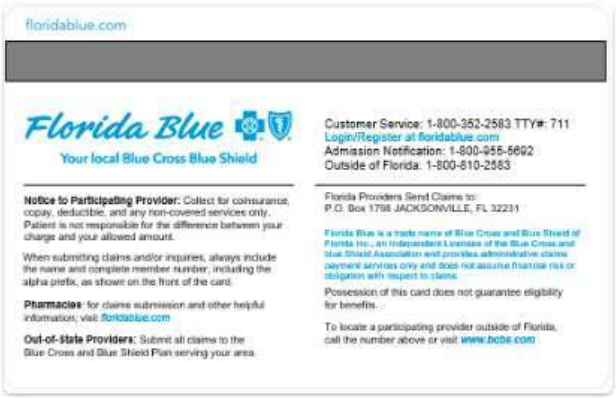
1 message

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Tue, May 5, 2026 at 5:34 PM
To: B <bo.bruna1997@gmail.com>




Florida Blue
Your Health Solutions Partner
My Plan
My Claims
Find & Get Care
Messages
JASON BRIENEN
BlueOptions Essential (HS...
My Account
Contact Information
Dependents
Language Preferences
Demographics
Personal Information
Dependents
Dependents over age 18 can create an account and log in to Florida Blue to see their own information.
Account Created
Edit
Aaron Brienen
Child
Date of Birth: 06/11/2001
AARON.BRIENEN@GMAIL.COM
Invitation Accepted
Account Not Created
Edit
Bruna De-oliveira-mad
Spouse
Date of Birth: 03/12/1997
BO.BRUNA1997@GMAIL.COM
An email invitation has been sent to your dependent. We'll let you know when their account has been set up. Edit Email
Resend Invitation
Edit
Zemirah Brienen
Child
Date of Birth: 08/30/2007
Email Address
Send Invitation

Florida Blue
BlueOptions
Member Name
JASON BRIENEN
Member Number
XJBH27347149
BC 090 BS 590
RxBIN 012833
PCN FLBC
IN-NETWORK
OUT-OF-NETWORK
Health Deductible $2900 $5800
Health Out-of-Pocket Max $6900 $13800
Dental Deductible N/A N/A
Virtual Primary Care Provider DED + 30% --
Virtual Specialist DED + 30% --
Group Number B0622
Plan Number 16203
Plan Name BlueOptions Essential (HSA) 16203
PPO


floridablue.com
Florida Blue
Your local Blue Cross Blue Shield
Customer Service: 1-800-352-2583 TTY#: 711
Login/Register at floridablue.com
Admission Notification: 1-800-955-5692
Outside of Florida: 1-800-810-2583
Notice to Participating Provider: Collect for coinsurance, copay, deductible, and any non-covered services only. Patient is not responsible for the difference between your charge and your allowed amount.
When submitting claims and/or inquiries, always include the name and complete member number, including the alpha prefix, as shown on the front of the card.
Pharmacies: for claims submission and other helpful information, visit floridablue.com
Out-of-State Providers: Submit all claims to the Blue Cross and Blue Shield Plan serving your area.
Florida Providers Send Claims to:
P.O. Box 1798 JACKSONVILLE, FL 32231
Possession of this card does not guarantee eligibility for benefits.
To locate a participating provider outside of Florida, call the number above or visit www.bcbs.com

Gmail B <bo.bruna1997@gmail.com>

FW: Mini Cooper

4 messages

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Nov 8, 2023 at 9:26 AM
To: bo.bruna1997@gmail.com

Your new insurance card is attached. Should I include it with my documents, or will you?

Basically $100/month. I guess that is about half what you were paying before. Probably better insurance, too (mine is pretty good!).

If you cancel your current insurance, you should get a refund for the unused time.

You're welcome! It is from today until 01/05/2023.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Wednesday, November 8, 2023 9:22 AM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

Thank you!

The additional premium, is that annual, or over what period?

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Wednesday, November 8, 2023 9:16 AM
To: jasonpbrienen@gmail.com
Subject: RE: Mini Cooper

Hi Jason,

Bruna has now been added to the policy along with her vehicle. The system wouldn't let me backdate so I added her effective today.

The additional premium is $196.54

The ID card for her vehicle is attached. Please let me know if you have any other changes or questions 😊

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Friday, November 3, 2023 1:19 PM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

Okay, thanks!!

Have a great weekend!

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Friday, November 3, 2023 12:53 PM
To: 'Jason Brienen' <jasonpbrienen@gmail.com>
Subject: RE: Mini Cooper

Perfect, thanks. The change from adding Zemi to the policy is still pending but as soon it goes through Ill be able to go in an add Bruna.

Have her keep her current policy in place for now. I can back date add her today it just wont be until Monday/ Tuesday of next week.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: Jason Brienen <jasonpbrienen@gmail.com>
Sent: Friday, November 3, 2023 11:50 AM
To: Tiffany Tye <tiffany@adams-ins.com>
Subject: Re: Mini Cooper

On Fri, Nov 3, 2023, 11:41 AM <tiffany@adams-ins.com> wrote:

> Thank you!
>
> And I am so sorry, I need her DL as well. Not sure how I forgot that.
>
> Thank you,
>
> Tiffany Tye
>
> Adams Insurance, Inc.
>
> Office (850)893-3924
>
> Fax (850)893-3941
>
> ---
>
> **From:** jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
> **Sent:** Friday, November 3, 2023 10:30 AM
> **To:** tiffany@adams-ins.com
> **Subject:** RE: Mini Cooper
>
> 2011 Mini Cooper Base
>
> VIN: WMWSU3C57BT094639
>
> No financing.
>
> Bruna de Oliveira Madruga
>
> 3/12/1997
>
> 668-35-6567
>
> Please let me know the additional cost from adding her and her car.
>
> Thanks Tiffany!
>
> ---
>
> **From:** tiffany@adams-ins.com <tiffany@adams-ins.com>
> **Sent:** Friday, November 3, 2023 9:47 AM
> **To:** jasonpbrienen@gmail.com
> **Subject:** RE: Mini Cooper
>
> Congrats! I wont say anything to anyone.
>
> I'll need her first, last name and middle initial. DOB & SS#
>
> VIN for the vehicle & bank info if it is financed.
>
> Since she owns a vehicle we do need to list her as a named insured. When the documents are mailed from the insurance company her name will be listed both on the dec pages and the ID cards for the vehicles.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Friday, November 3, 2023 9:29 AM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

Okay… one more thing.

I got married last weekend. I need to add my wife to the policy. She also has a vehicle. We need to add it too. What information do you need to do that? It is a private marriage, so please keep that information to yourself as much as possible. My kids do not know.

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Friday, November 3, 2023 9:06 AM
To: jasonpbrienen@gmail.com
Subject: RE: Mini Cooper

It'll take a few days for the payment system to update and then they'll send one out

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Thursday, November 2, 2023 4:59 PM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

Thanks! I'm sure I will get an email asking me to go online to pay that.

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Thursday, November 2, 2023 4:37 PM
To: jasonpbrienen@gmail.com
Subject: RE: Mini Cooper

Thank you! She is good to go.

The prorated premium for adding her is $622.51 from today until the policy renewal in January.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Thursday, November 2, 2023 4:25 PM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

B655-987-07-810-0

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Thursday, November 2, 2023 4:01 PM
To: jasonpbrienen@gmail.com
Subject: RE: Mini Cooper

Hi Jason!

Can you send me over her DL number? Once I have that I can go ahead and add her with the good student discount.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

From: jasonpbrienen@gmail.com <jasonpbrienen@gmail.com>
Sent: Thursday, November 2, 2023 3:51 PM
To: tiffany@adams-ins.com
Subject: RE: Mini Cooper

Hey Tiffany!

Zemi received her FLDL Monday. Can we get her added to the policy?

Here is her GPA info, she has a 3.4 GPA so far at Chiles:

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Thursday, September 21, 2023 1:25 PM
To: jasonpbrienen@gmail.com
Subject: Mini Cooper

Hi Jason,

Attached is a copy of the EOI for the bank and then an ID card for the vehicle.

Thank you,

Tiffany Tye

Adams Insurance, Inc.

Office (850)893-3924

Fax (850)893-3941

Web.pdf
41K

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Nov 8, 2023 at 10:11 AM
To: jasonpbrienen@gmail.com

Thank you babe!!! I saved here already for the second email to my attorney.

I'm wondering if this insurance works in California… could you check this with her please?

Today I'll cancel my current insurance.

❤️❤️❤️❤️ love you!
[Quoted text hidden]

---

jasonpbrienen@gmail.com <jasonpbrienen@gmail.com> Wed, Nov 8, 2023 at 10:48 AM
To: Bruna Oliveira <bo.bruna1997@gmail.com>

Yes, the insurance works everywhere.

[Quoted text hidden]

[Quoted text hidden]

[Quoted text hidden]
[Quoted text hidden]

[Quoted text hidden]

From: tiffany@adams-ins.com <tiffany@adams-ins.com>
Sent: Thursday, September 21, 2023 1:25 PM
To: jasonpbrienen@gmail.com
Subject: Mini Cooper

[Quoted text hidden]

Bruna Oliveira <bo.bruna1997@gmail.com> Wed, Nov 8, 2023 at 11:22 AM
To: jasonpbrienen@gmail.com

Great!! Thank you babe!
[Quoted text hidden]

www.aagla.org

CONTINUING GUARANTEE

This Continuing Guarantee is incorporated by reference and made a part of the Rental Agreement or Lease between Roselin Place LLC *(Owner)* and the Bruna De Oliveira Madruga *(Renter(s))*, dated November 1, 20 24.

The undersigned Guarantor, in consideration of Owner renting the premises to Renter(s), guarantees the following: (i) the payment of all rent and/or other charges which may become due under the Rental Agreement or Lease/ and (ii) the payment to the Owner of the costs to repair and all damages to the premises for which the Renter(s) are liable, including the repair or replacement of fixtures, furniture and appliances.

This Continuing Guarantee shall be for the duration of the original term of the Rental Agreement or Lease, and any extensions or renewals thereof and for so long as any of the Renter(s) occupy the premises, and shall continue until Owner has been paid all rent due under the Rental Agreement or Lease, or until the Owner has been paid for any and all damages to the premises, its fixtures, furniture, and appliances for which the Renter(s) are liable.

Guarantor agrees to remedy any default of Renter(s) upon Three Days (3) written notice mailed by ordinary first-class mail to the Guarantor at either residence or business. Guarantor acknowledges and agrees that service of any notice upon the Renter(s) shall constitute lawful and valid service of said notice(s) upon Guarantor.

Notwithstanding the fact that the Rental Agreement or Lease, and this continuing Guarantee do not confer any right of possession of the premises upon the Guarantor, should legal action become necessary, Guarantor agrees to be named as a party defendant in such action, including any unlawful detainer action, and to be jointly and severally liable with the Renter(s). Owner has no obligation to exhaust legal remedies against Renter(s) before taking action against Guarantor. Guarantor acknowledges that a credit application has been submitted to Owner and agrees to update said information as necessary or upon request of Owner. Guarantor shall keep Owner informed of Guarantor's current residence and business address.

Guarantor Information / Signature:

Dated: 10/28, 20 24 Signature: J.P.B

Guarantor's Name: Jason Brienen Tax I.D. No.: 595 / 14 / 3099

Residence Address: 237 Lafayette Circle, Tallahassee, Florida 32303

Telephone: (850) 386-1939 (office) Mobile: (850) 545 - 4033

Business Address: Chiron Capital Management, LLC

Email: jasonpbrienen@gmail.com

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Florida
DRIVER LICENSE
USA
4d DLN D416-060-97-592-0
9 CLASS E
1 DE OLIVEIRA MADRUGA
2 BRUNA
8 237 LAFAYETTE CIR
TALLAHASSEE, FL 32303
3 DOB 03/12/1997
15 SEX F
4b EXP 03/12/2033
16 HGT 5'-05"
12 REST NONE
9a END NONE
DONOR
SAFE DRIVER
4a ISS 07/18/2024
5 DD B762407180020
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

The State of Florida retains all property rights herein.
031297
Rev. 03/01/2020
21
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

Florida
DRIVER LICENSE
4d DLN B655-435-70-331-0
9 CLASS E
1 BRIENEN
2 JASON PHILLIP
8 237 LAFAYETTE CIR
TALLAHASSEE, FL 32303
3 DOB 09/11/1970
15 SEX M
4b EXP 09/11/2026
16 HGT 6'-00"
12 RESTR NONE
9a END A
DONOR
SAFE DRIVER
4a ISS 09/09/2018
5 DD B702109150025
REPLACED 09/15/2021
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

The State of Florida retains all property rights herein.
091170
Rev.
03/01/2020
21
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: A-MTRCL Also
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

Agency Code 12-0384-00 Policy Number 46-179352-02

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Southern-Owners Insurance Company **Lansing, MI**
Company Code: 02954

Policy Number **46-179352-02** Effective Date **04-01-2026**

Personal Injury Protection Benefits **Yes** Bodily Injury Liability **Yes**

Property Damage Liability **Yes**

Named Insured **JASON BRIENEN**
BRUNA DE OLIVEIRA MADRUGA

Year/Make **2020 CHEV BOLT EV**

VIN **1G1FY6S00L4132782**

Agency **KING RISK PARTNERS LLC**

Phone **(850) 893-3924** Agency Code **12-0384-00**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND CONTACT YOUR AGENCY.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.

The Florida Bureau of Financial Responsibility requires that all licensed drivers carry an insurance identification card at all times. If you require more cards for other licensed drivers covered under this policy, SEE YOUR AGENT.

89414 (2-12)

IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website (www.Auto-Owners.com) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD

CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (9-18)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Southern-Owners Insurance Company **Lansing, MI**
Company Code: 02954

Policy Number **46-179352-02** Effective Date **04-01-2026**

Personal Injury Protection Benefits **Yes** Bodily Injury Liability **Yes**

Property Damage Liability **Yes**

Named Insured **JASON BRIENEN**
BRUNA DE OLIVEIRA MADRUGA

Year/Make **2020 CHEV BOLT EV**

VIN **1G1FY6S00L4132782**

Agency **KING RISK PARTNERS LLC**

Phone **(850) 893-3924** Agency Code **12-0384-00**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND CONTACT YOUR AGENCY.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.

The Florida Bureau of Financial Responsibility requires that all licensed drivers carry an insurance identification card at all times. If you require more cards for other licensed drivers covered under this policy, SEE YOUR AGENT.

89414 (2-12)

IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website (www.Auto-Owners.com) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD

CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (9-18)

Auto-Owners INSURANCE

LIFE · HOME · CAR · BUSINESS

LIENHOLDER EVIDENCE OF INSURANCE

Policy Number: **46-179352-02**
Policy Term:
12:01 AM to 12:01 AM
01/05/2026 to **01/05/2027**

The following information has been sent to you on behalf of the insurance company listed above since you are shown as having an interest in the insurance policy listed. If you would like additional information or you believe that you received this in error, please contact the insurance agency below.

Date:	04/01/2026	Agency Code:	12-0384-00
Client:	JASON BRIENEN BRUNA DE OLIVEIRA MADRUGA	Agent: Agency:	 KING RISK PARTNERS LLC
Address:	261 PINEWOOD DR TALLAHASSEE, FL 32303-8510	Address:	643 SW 4TH AVE STE 210 GAINESVILLE, FL 32601-7139
Phone:	(850) 545-4033	Phone:	(850) 893-3924

Lienholder

Lienholder: **GMC FINANCIAL**
Mailing Address: **PO BOX 1510**
COCKEYSVILLE, MD 21030-7510
Loan Number:

Vehicle Description

Coverage is afforded by this policy as indicated below:

ITEM **6**: **2020 CHEV BOLT EV** VIN: **1G1FY6S00L4132782**

COVERAGES	LIMITS	DEDUCTIBLE
Bodily Injury	**$500,000 each person/$500,000 each occurrence**	
Property Damage	**$100,000 each occurrence**	
Stacked Uninsured Motorist	**$50,000 each person/$100,000 each occurrence**	
Personal Injury Protection	**Medical and Disability - $10,000 each person** **Medical limited to $2,500 non-emergency** **Death Benefits - $5,000 each person**	
Comprehensive	**A.C.V.**	**$250**
Collision	**A.C.V.**	**$500**
Additional Expense	**$50 per day, $1,500 each occurrence**	

FLORIDA, HURRICANE HELENE

Form **1040** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending — See separate instructions.

Your first name and middle initial	Last name	Your social security number
JASON P.	BRIENEN	595 14 3099
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
BRUNA	DE OLIVEIRA MADRUGA	668 35 6567

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
237 LAFAYETTE CIRCLE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
TALLAHASSEE FL 32303-6215

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instr. and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
AARON A BRIENEN	771-03-4177	SON		☒
ZEMIRAH G BRIENEN	769-64-9324	DAUGHTER	☒	

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest 2a	b Taxable interest	2b 100.
3a	Qualified dividends 3a	b Ordinary dividends	3b
4a	IRA distributions 4a	b Taxable amount	4b
5a	Pensions and annuities 5a	b Taxable amount	5b
6a	Social security benefits 6a	b Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	521,215.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	521,315.
10	Adjustments to income from Schedule 1, line 26	10	47,674.
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	473,641.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	38,786.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	23,442.
14	Add lines 12 and 13	14	62,228.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	411,413.

Attach Sch. B if required.

Standard Deduction for -
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	89,316.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	89,316.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	89,316.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	35,910.
	24	Add lines 22 and 23. This is your **total tax**		24	125,226.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31	80,000.	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	80,000.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	80,000.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	46,345.
	38	Estimated tax penalty (see instructions)	38	1,119.	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name KEVIN M. KLINKMAN | Phone no. 850-877-3149 | Personal identification number (PIN) 10401

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		INVESTMENT ADVISOR	

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
KEVIN M. KLINKMAN			P01708652	☐ Self-employed

Firm's name MOORE, ELLISON & MCDUFFIE CPA'S PA | Phone no. (850)-877-3149

Firm's address 2627 MITCHAM DRIVE TALLAHASSEE, FL 32308 | Firm's EIN 59-3134928

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

SEE STMT FOR INT AND PEN NOT INCLUDED. TOTAL DUE $53212

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number: 595-14-3099

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	521,215.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	521,215.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	7,750.
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	16,912.
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	23,012.
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	47,674.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number
595-14-3099

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	33,824.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	2,082.
12	Net investment income tax. Attach Form 8960			12	4.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount _____	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount: _____	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	35,910.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov /Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number
595-14-3099

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	0.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	80,000.
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount: _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	80,000.

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

2023

Attachment Sequence No. **06**

Name(s) shown on tax return

JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Identifying number

595-14-3099

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000?
- **Yes** → **Don't file Form 2210.** You don't owe a penalty.
- **No** ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?
- **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.
- **No** ↓

You may owe a penalty. Does any box in Part II below apply?
- **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?
  - **Yes** → You must figure your penalty.
  - **No** ↓
- **No** ↓

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	89,316.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	35,910.
3	Other payments and refundable credits (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210	4	125,226.
5	Multiply line 4 by 90% (0.90) — 5: 112,703.		
6	Withholding taxes. **Don't** include estimated tax payments. See instructions	6	
7	Subtract line 6 from line 4. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210	7	125,226.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	223,603.
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8	9	112,703.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B ☒ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method.** You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☐ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates (a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
10 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	28,176.	28,176.	28,176.	28,175.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. **Don't file Form 2210 unless you checked a box in Part II**	11				
Complete lines 12 through 18 of one column before going to line 12 of the next column.					
12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13				
14 Add the amounts on lines 16 and 17 in the previous column	14		28,176.	56,352.	84,528.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	0.	0.	0.	0.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		28,176.	56,352.	
17 **Underpayment.** If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	28,176.	28,176.	28,176.	28,175.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. **Don't file Form 2210 unless you checked a box in Part II** AMOUNT WAIVED - $ 4,671.	19	1,119.

Form **2210** (2023)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA	595-14-3099

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/23	28,176.	28,176.	61	.000191781	330.
06/15/23	28,176.	56,352.	92	.000191781	994.
09/15/23	28,176.	84,528.	15	.000191781	243.
09/30/23	0.	84,528.	92	.000219178	1,704.
12/31/23	0.	84,528.	15	.000218579	277.
01/15/24	28,175.	112,703.	91	.000218579	2,242.

Penalty Due (Sum of Column F). ..... 5,790.

* Date of estimated tax payment, withholding credit date or installment due date.

312511
04-01-23

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number

595 14 3099

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2]			
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 8 [X]	5a	3,109.	
	b	State and local real estate taxes (see instructions)	5b	5,911.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	9,020.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	9,020.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6		7	9,020.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box [ ]			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 7	8a	12,969.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	12,969.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9		10	12,969.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	16,797.	STMT 6
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13		14	16,797.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:		16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	38,786.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]			

Caution: Your mortgage interest deduction may be limited. See instructions.

Caution: If you made a gift and got a benefit for it, see instructions.

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **08**

Name(s) shown on return

Your social security number

JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

595 14 3099

Part I Interest

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: BANK OF AMERICA	1	100.
2	Add the amounts on line 1	2	100.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	100.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

		Yes	No
	You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7a	At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JASON P. BRIENEN	595-14-3099

A Principal business or profession, including product or service (see instructions) INVESTMENT ADVISORY SERVICES	B Enter code from instructions 523900
C Business name. If no separate business name, leave blank. CHIRON CAPITAL MANAGEMENT LLC	D Employer ID number (EIN) (see instr.) 59-3643435

E Business address (including suite or room no.) 261 PINEWOOD DRIVE
City, town or post office, state, and ZIP code TALLAHASSEE, FL 32303

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2023, check here [ ]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	1,871,385.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,871,385.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,871,385.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 10	6	8,108.
7	**Gross income.** Add lines 5 and 6	7	1,879,493.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	16,094.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	131,465.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	1,768.
12	Depletion	12		b	Other business property	20b	19,260.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	483.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	418.
15	Insurance (other than health)	15	74,021.	23	Taxes and licenses	23	11,377.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	10,916.
b	Other	16b	207,334.	b	Deductible meals (see instructions)	24b	2,698.
17	Legal and professional services	17	367.	25	Utilities	25	1,441.
				26	Wages (less employment credits)	26	146,160.
				27a	Other expenses (from line 48)	27a	734,476.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	1,358,278.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	521,215.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	521,215.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) / /

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

BANK CHARGES	12.
PAYROLL FEES	3,555.
POSTAGE & DELIVERY	1,063.
PLATFORM FEES	401,358.
DUES & SUBSCRIPTIONS	2,360.
BUSINESS LICENSES	1,375.
AMORTIZATION	324,753.

48 **Total other expenses.** Enter here and on line 27a 48 734,476.

2023 DEPRECIATION AND AMORTIZATION REPORT

CHIRON CAPITAL MANAGEMENT LLC SCHEDULE C- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	GOODWILL - REZNIK	01/31/18		180M		43	3,796,000.				3,796,000.	1,244,246.		253,067.	1,497,313.
2	GOODWILL - CICONE	01/23/18		180M		43	650,600.				650,600.	213,251.		43,373.	256,624.
3	NON-COMPETE - REXNIK	01/31/18		180M		43	200,000.				200,000.	65,554.		13,333.	78,887.
4	NON-COMPETE - CICONE	01/23/18		180M		43	34,214.				34,214.	11,215.		2,281.	13,496.
5	LOAN COSTS	01/31/18		120M		43	126,987.				126,987.	62,437.		12,699.	75,136.
6	FURNITURE ANF EQUIPMENT	01/31/18	200DB	5.00	HY	17	27,015.		27,015.		0.			0.	0.
	TOTAL SCH C DEPR. & AMORTIZATION						4,834,816.		27,015.		4,807,801.	1,596,703.		324,753.	1,921,456.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)	Social security number of person with **self-employment** income
JASON P. BRIENEN	595 14 3099

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		1a	
b	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.				
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 11		2	521,215.
3	Combine lines 1a, 1b, and 2		3	521,215.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions		4a	481,342.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	481,342.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	481,342.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023		7	160,200
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	160,200.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	19,865.
11	Multiply line 6 by 2.9% (0.029)		11	13,959.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**		12	33,824.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	13	16,912.	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

14	Maximum income for optional methods	14	6,560
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,103 and also less than 72.189% of your gross nonfarm income[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number: 595-14-3099

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	473,641.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	473,641.
4	Number of qualifying children under age 17 with the required social security number	4	1		
5	Multiply line 4 by $2,000			5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	2,500.
9	Enter the amount shown below for your filing status. • Married filing jointly - $400,000 • All other filing statuses - $200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	74,000.
11	Multiply line 10 by 5% (0.05)			11	3,700.
12	Is the amount on line 8 more than the amount on line 11?			12	0.
	[X] **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	[ ] **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			14	0.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — 16a

b Number of qualifying children under 17 with the required social security number: _____ x $1,600. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — 16b

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b — 17

18a Earned income (see instructions) — 18a

b Nontaxable combat pay (see instructions) — 18b

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — 19

20 Multiply the amount on line 19 by 15% (0.15) and enter the result — 20

Next. On line 16b, is the amount $4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — 21

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — 22

23 Add lines 21 and 22 — 23

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. — 24

25 Subtract line 24 from line 23. If zero or less, enter -0- — 25

26 Enter the **larger** of line 20 or line 25 — 26

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — 27 **0.**

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.
JASON P. BRIENEN	595-14-3099

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		☐ Self-only ☒ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	7,750.
3	If you were under age 55 at the end of 2023 and, on the first day of **every** month during 2023, you were, or were considered, an eligible individual with the **same** coverage, enter $3,850 ($7,750 for family coverage). **All others,** see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	7,750.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	7,750.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	2,703.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	2,703.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,703.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55A**

Name(s) shown on return	Your taxpayer identification number
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA	595-14-3099

Note: *You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is above $182,100 ($364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	CHIRON CAPITAL MANAGEMENT LLC	[X]	[ ]	59-3643435	[ ]
B		[ ]	[ ]		[ ]
C		[ ]	[ ]		[ ]

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	141,235.		
3	Multiply line 2 by 20% (0.20). If your taxable income is $182,100 or less ($364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	28,247.		
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	42,891.		
5	Multiply line 4 by 50% (0.50)	5	21,446.		
6	Multiply line 4 by 25% (0.25)	6	10,723.		
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	7,928.		
8	Multiply line 7 by 2.5% (0.025)	8	198.		
9	Add lines 6 and 8	9	10,921.		
10	Enter the greater of line 5 or line 9	10	21,446.		
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	21,446.		
12	Phased-in reduction. Enter the amount from line 26, if any	12	23,442.		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	23,442.		
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	23,442.		
16	Total qualified business income component. Add all amounts reported on line 15	16	23,442.		

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $182,100 but not $232,100 ($364,200 and $464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

				A	B	C
17	Enter the amounts from line 3		17	28,247.		
18	Enter the amounts from line 10		18	21,446.		
19	Subtract line 18 from line 17		19	6,801.		
20	Taxable income before qualified business income deduction	20 434,855.				
21	Threshold. Enter $182,100 ($364,200 if married filing jointly)	21 364,200.				
22	Subtract line 21 from line 20	22 70,655.				
23	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	23 100,000.				
24	Phase-in percentage. Divide line 22 by line 23	24 70.6550%				
25	Total phase-in reduction. Multiply line 19 by line 24		25	4,805.		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business		26	23,442.		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	23,442.		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32	23,442.
33	Taxable income before qualified business income deduction	33	434,855.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	434,855.
36	Income limitation. Multiply line 35 by 20% (0.20)			36	86,971.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36			37	23,442.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37			38	
39	Total qualified business income deduction. Add lines 37 and 38			39	23,442.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40	( )

SCHEDULE A (Form 8995-A)
Department of the Treasury
Internal Revenue Service

Specified Service Trades or Businesses

Attach to Form 8995-A.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294
2023
Attachment Sequence No. **55B**

Name(s) shown on return

Your taxpayer identification number

JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

595-14-3099

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than $182,100 but not $232,100 ($364,200 and $464,200 if married filing jointly). If your taxable income isn't more than $182,100 ($364,200 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than $232,100 ($464,200 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions.

Part I Other Than Publicly Traded Partnerships (PTP)

	(a) Trade or business name	(b) Taxpayer identification number
A	CHIRON CAPITAL MANAGEMENT LLC	59-3643435
B		
C		

See instructions before completing Parts I and II.

				A	B	C
2	Qualified business income or (loss) from the trade or business		2	481,291.		
3	Allocable share of W-2 wages from the trade or business		3	146,160.		
4	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property		4	27,015.		
5	Taxable income before qualified business income deduction	5 434,855.				
6	Threshold. Enter $182,100 ($364,200 if married filing jointly)	6 364,200.				
7	Subtract line 6 from line 5	7 70,655.				
8	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	8 100,000.				
9	Divide line 7 by line 8	9 .70655000				
10	Applicable percentage. Subtract line 9 from 100%	10 29.3450%				
11	Applicable percentage of qualified business income or (loss). Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate		11	141,235.		
12	Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A, line 4, for the corresponding trade or business, as appropriate		12	42,891.		
13	Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate		13	7,928.		

Part II Publicly Traded Partnership

	14 Trade or business name	15 Taxpayer identification number
A		
B		
C		

			A	B	C
16	Qualified PTP income or (loss)	16			
17	Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16	17			
18	Taxable income before qualified business income deduction	18			
19	Threshold. Enter $182,100 ($364,200 if married filing jointly)	19			
20	Subtract line 19 from line 18	20			
21	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	21			
22	Divide line 20 by line 21	22			
23	Applicable percentage. Subtract line 22 from 100%	23			%
24	Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this amount on Form 8995-A, line 28	24			

Qualified Business Income After Deductions

Activity: CHIRON CAPITAL MANAGEMENT LLC

1.	Qualified business income before deductions		521,215.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	521,215.	
	b. Total income subject to self-employment tax	521,215.	
	c. Line 2a divided by line 2b (not greater than 1.000)	1.000000000	
	d. Amount from Schedule 1 (Form 1040), line 15	16,912.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		16,912.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity	23,012.	
	b. Health insurance limits for activity above	23,012.	
	c. Lesser of line 4a or line 4b	23,012.	
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		23,012.
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		481,291.

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity		
	b. Total income subject to self-employment tax		
	c. Line 2a divided by line 2b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 15		
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **71**

Name(s) shown on return
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number
595-14-3099

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5		1		
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4		
5	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying surviving spouse $200,000		5		
6	Subtract line 5 from line 4. If zero or less, enter -0-			6	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-		8	481,342.	
9	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying surviving spouse $200,000		9	250,000.	
10	Enter the amount from line 4		10		
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	250,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	231,342.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	2,082.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)		14		
15	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying surviving spouse $200,000		15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17	

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V			18	2,082.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6		19		
20	Enter the amount from line 1		20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23	
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)			24	

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment Sequence No. **72**

Name(s) shown on your tax return
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Your social security number or EIN
595-14-3099

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	100.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	521,215.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 12	4b	-521,215.		
c	Combine lines 4a and 4b			4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	100.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-			12	100.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	473,641.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	223,641.		
16	Enter the smaller of line 12 or line 15			16	100.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	4.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Form **7206**

Department of the Treasury
Internal Revenue Service

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **206**

Name(s) shown on return	Your taxpayer identification number
JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA	595-14-3099

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1	Enter the total amount paid in 2023 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2023 for you, your spouse, and your dependents. But **don't** include the following. See instructions • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. • Any amounts paid, not to exceed $3,000, from retirement plan distributions that were **nontaxable** because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1	23,012.
2	For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of (a) or (b). **(a)** Total payments made for that person during the year. **(b)** The amount shown below. Use the person's age at the end of the tax year. $480 - if that person is age 40 or younger $890 - if age 41 to 50 $1,790 - if age 51 to 60 $4,770 - if age 61 to 70 $5,960 - if age 71 or older **Note:** The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. **Don't** include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3	Add lines 1 and 2	3	23,012.
4	Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	521,215.
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). **Don't** include any net losses shown on these schedules	5	521,215.
6	Divide line 4 by line 5	6	1.0000
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	16,912.
8	Subtract line 7 from line 4	8	504,303.
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	0.
10	Subtract line 9 from line 8	10	504,303.
11	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	504,303.
14	**Self-employed health insurance deduction.** Enter the **smaller** of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. **Don't** include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	23,012.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Jason P. Brienen & Bruna DE Oliveira Madruga
237 Lafayette Circle
Tallahassee, FL 32303-6215

Taxpayer Identification Number: 595-14-3099

For the Year Ending December 31, 2023

JASON P. BRIENEN & Bruna De Oliveira Madruga are making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FOOTNOTES STATEMENT 1

HURRICANE HELENE EXTENSION FILING PURSUANT TO FL-2024-08

THE 2023 TAX RETURN IS BEING FILED AFTER THE EXTENSION DUE DATE, PURSUANT TO FL-2024-08, SINCE THE TAXPAYER WAS AFFECTED BY HURRICANE HELENE. THE TAXPAYER HAD AN ADDRESS IN AND/OR HAD THE RECORDS NECESSARY TO MEET THE DEADLINE OCCURING DURING THE POSTPONEMENT PERIOD LOCATED IN THE AFFECTED AREA. THE FEMA DISASTER NUMBER FOR THE TAX PREPARER COUNTY IS 3615-EM.

FORM 1040 TOTAL DUE WITH INTEREST AND PENALTIES STATEMENT 2

AMOUNT DUE	46,345.
INTEREST NOT INCLUDED	3,927.
PENALTY NOT INCLUDED	2,940.
TOTAL DUE	53,212.

FORM 1040 LATE PAYMENT INTEREST STATEMENT 3

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	04/15/24	125,226.	125,226.	.0800		
FORM 4868 PAYMENT	04/15/24	-80,000.	45,226.	.0800	381	3,927.
DATE FILED	05/01/25		49,153.			
TOTAL LATE PAYMENT INTEREST						3,927.

FORM 1040 LATE PAYMENT PENALTY STATEMENT 4

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	04/15/24	125,226.	125,226.		
FORM 4868 PAYMENT	04/15/24	-80,000.	45,226.	13	2,940.
DATE FILED	05/01/25				
TOTAL LATE PAYMENT PENALTY					2,940.

FORM 2210/2210-F STATEMENT FOR WAIVER OF PENALTY STATEMENT 5

TAXPAYER WAS LOCATED IN A FEDERALLY DECLARED DISASTER AREA THAT PROVIDED PENALTY RELIEF FOR TAXES DUE BETWEEN AUGUST 27, 2023 UNTIL FEBRUARY 15, 2024, INCLUDING ESTIMATED TAX PAYMENTS. [HURRICANE IDALIA - DR-3596-EM]

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 6

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
FOUR OAKS MIDTOWN CHURCH	11,000.	
LIVE HOPE LEARN ORG	2,400.	
SEMINOLA BOOSTERS	2,396.	
RISING SPEAR GARNET	800.	
MISCELLANEOUS	201.	
SUBTOTALS	16,797.	
TOTAL TO SCHEDULE A, LINE 11		16,797.

SCHEDULE A — MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 — STATEMENT 7

DESCRIPTION	AMOUNT
ROCKET MORTGAGE	12,969.
TOTAL TO SCHEDULE A, LINE 8A	12,969.

SCHEDULE A — STATE AND LOCAL GENERAL SALES TAXES — STATEMENT 8

DESCRIPTION	AMOUNT
STATE SALES TAX	2,487.
LOCAL SALES TAX	622.
TOTAL TO SCHEDULE A, LINE 5A	3,109.

SCHEDULE A GENERAL SALES TAX DEDUCTION WORKSHEET STATEMENT 9

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2023, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.		2,487.
2	DID YOU LIVE IN ALABAMA, ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, KANSAS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2023? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.	
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2023? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN. TALLAHASSEE	1.5000	
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000	
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.2500	
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.		622.
6A	ADD LINE 1 AND LINE 6.		3,109.
6B	PART-YEAR DAYS RATE.		1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.		3,109.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5A AND CHECK BOX.		3,109.

SCHEDULE C — OTHER INCOME — STATEMENT 10

DESCRIPTION	AMOUNT
MISCELLANEOUS	8,108.
TOTAL TO SCHEDULE C, LINE 6	8,108.

SCHEDULE SE — NON-FARM INCOME — STATEMENT 11

DESCRIPTION	AMOUNT
INVESTMENT ADVISORY SERVICES	521,215.
TOTAL TO SCHEDULE SE, LINE 2	521,215.

FORM 8960 — TRADE OR BUSINESS INCOME — STATEMENT 12

CHIRON CAPITAL MANAGEMENT LLC	-521,215.
AMOUNT TO FORM 8960, LINE 4B	-521,215.

Two-Year Comparison Worksheet

2023

Name(s) as shown on return: JASON P. BRIENEN & BRUNA DE OLIVEIRA MADRUGA

Social security number: 595-14-3099

2022 Filing Status: HEAD OF HOUSEHOLD

2023 Filing Status: MARRIED FILING JOINT

2022 Tax Bracket: 37.0%

2023 Tax Bracket: 32.0%

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	0.	100.	100.
SCH. C (BUSINESS INCOME/LOSS)	653,909.	521,215.	-132,694.
TOTAL INCOME	653,909.	521,315.	-132,594.
HEALTH SAVINGS ACCOUNT DEDUCTION	7,200.	7,750.	550.
DEDUCTIBLE PART OF SE TAX	17,871.	16,912.	-959.
SELF-EMPLOYED HEALTH INS. DEDUCTION	20,299.	23,012.	2,713.
TOTAL ADJUSTMENTS	45,370.	47,674.	2,304.
ADJUSTED GROSS INCOME	608,539.	473,641.	-134,898.
TAXES	10,000.	9,020.	-980.
INTEREST (DEDUCTIBLE)	13,292.	12,969.	-323.
CONTRIBUTIONS	17,833.	16,797.	-1,036.
TOTAL ITEMIZED DEDUCTIONS	41,125.	38,786.	-2,339.
QUALIFIED BUSINESS INCOME DEDUCTION	0.	23,442.	23,442.
TOTAL DEDUCTIONS	41,125.	62,228.	21,103.
TAXABLE INCOME	567,414.	411,413.	-156,001.
TAX	171,399.	89,316.	-82,083.
TAX BEFORE CREDITS	171,399.	89,316.	-82,083.
FORM 8936 (CLEAN VEHICLE CREDIT)	7,500.	0.	-7,500.
TAX AFTER NON-REFUNDABLE CREDITS	163,899.	89,316.	-74,583.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	35,741.	33,824.	-1,917.
FORM 8959 (ADDITIONAL MEDICARE TAX)	3,635.	2,082.	-1,553.
FORM 8960 (NET INVEST. INCOME TAX)	0.	4.	4.
TOTAL TAX	203,275.	125,226.	-78,049.
ESTIMATED TAX PAYMENTS	133,392.	0.	-133,392.
FORM 4868 (EXTENSION REQUEST)	40,000.	80,000.	40,000.
TOTAL PAYMENTS	173,392.	80,000.	-93,392.
FORM 2210/2210F (EST. TAX PENALTY)	1,326.	1,119.	-207.
BALANCE DUE (INCLUDING 2210/2210F)	31,209.	46,345.	15,136.
LATE PAYMENT/FILING/8978 PEN. & INT.	1,976.	6,867.	4,891.
TOTAL DUE AFTER PENALTY & INTEREST	33,185.	53,212.	20,027.

JASON P BRIENEN
237 LAFAYETTE CIR
TALLAHASSEE, FL 32303

425
63-4/630 FL
23796

4/11/2024
Date

Pay To The Order Of U.S. Treasury $80,000

Eighty thousand even Dollars

Photo Safe Deposit® Details on back

BANK OF AMERICA

ACH R/T 063100277 595-14-3099 Form 4868

For 2023 Federal Income Tax J.P.B.

⑆063000047⑆ 898077719798⑈0425

Harland Clarke

FORM HAS BEEN ELECTRONICALLY
FILED - KEEP FOR YOUR RECORDS

318711 05-01-23

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2023, or other tax year beginning , 2023, ending

1019

2023

Part I Identification

1 Your name(s)

JASON P. BRIENEN
237 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303-6215

2 Your social security number
595-14-3099

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2023	$ 80,000.
5	Total 2023 payments	0.
6	**Balance due.** Subtract line 5 from line 4	80,000.
7	Amount you are paying ▶	80,000.

8 Check here if you are "out of the country" and a U.S. citizen or resident ▶ ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ ☐

595143099 VX BRIE 30 0 202312 670

Marquette Blanton

From: CCH-ReturnNotification@wolterskluwer.com
Sent: Thursday, April 11, 2024 1:24 PM
To: Marquette Blanton
Subject: 2023 Electronic Extension Accepted by the IRS

JASON P. BRIENEN ,

"

You are receiving this e-mail on behalf of Moore, Ellison & McDuffie CPA'S PA.

"

Your electronically filed federal income tax extension for tax year 2023 was accepted by the IRS on 04/11/2024.

Your extension was sent to the Ogden Service Center.

Your SubmissionID is **503488202410207dei27** .

PLEASE DO NOT REPLY TO THIS E-MAIL.
We generate this e-mail automatically from your request to be notified when your extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this extension for you. Thank you.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
JASON P. BRIENEN	595 14 3099
Spouse's name	**Spouse's social security number**
BRUNA DE OLIVEIRA MADRUGA	668 35 6567

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	473,641.
2	Total tax	2	125,226.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe *	5	46,345.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

* INCLUDES LATE PENALTIES AND INTEREST: 53,212.

Taxpayer's PIN: check one box only

[X] I authorize MOORE, ELLISON & MCDUFFIE CPA'S PA to enter or generate my PIN 13099 as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/29/2025

Spouse's PIN: check one box only

[X] I authorize MOORE, ELLISON & MCDUFFIE CPA'S PA to enter or generate my PIN 46567 as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

[ ] will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 04/29/2025

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 503488104001
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

319995 04-01-23

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

2023 Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ **DETACH HERE** ▼ Form **1040-V** (2023)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2023

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	53,212	

1019

JASON P. BRIENEN & BRUNA DE OLIVEIRA
237 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303-6215

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

595143099 VX BRIE 30 0 202312 610

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2024 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending

See separate instructions.

Your first name and middle initial	Last name	Your social security number
JASON P.	BRIENEN	595 14 3099
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
BRUNA D.	MADRUGA	668 35 6567

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

237 LAFAYETTE CIRCLE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

TALLAHASSEE FL 32303-6215

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

☐ Single ☐ Head of household (HOH)

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.): Child tax credit	Credit for other dependents
	ZEMIRAH G BRIENEN	769-64-9324	DAUGHTER		☒

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions) STMT 1			1a	321.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	321.

Attach Sch. B if required.

2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	607,628.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	607,949.
10	Adjustments to income from Schedule 1, line 26			10	81,534.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	526,415.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	34,666.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	34,666.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	491,749.

Standard Deduction for -

- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

LHA 413921 12-30-24

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	112,862.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	112,862.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	112,862.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	39,982.
	24	Add lines 22 and 23. This is your **total tax**	24	152,844.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number ____ c Type: ☐ Checking ☐ Savings		
	d	Account number ____		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	154,686.
	38	Estimated tax penalty (see instructions) — 38	38	1,842.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: KEVIN M. KLINKMAN | Phone no.: 850-877-3149 | Personal identification number (PIN): 10401

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		INVESTMENT ADVISOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
KEVIN M. KLINKMAN			P01708652	☐ Self-employed

Firm's name: MOORE, ELLISON & MCDUFFIE CPA'S PA | Phone no.: (850)-877-3149

Firm's address: 2627 MITCHAM DRIVE, TALLAHASSEE, FL 32308 | Firm's EIN: 59-3134928

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2024)

SEE STMT FOR INT AND PEN NOT INCLUDED. TOTAL DUE $164245

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number: 595-14-3099

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k.*

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	607,628.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	607,628.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2024**

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	8,300.
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	18,590.
16	Self-employed SEP, SIMPLE, and qualified plans		16	29,850.
17	Self-employed health insurance deduction		17	24,794.
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	81,534.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number
595-14-3099

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f			
y	Other additions to tax (see instructions):	1y			
z	Add lines 1a through 1y			1z	
2	Alternative minimum tax. Attach Form 6251			2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	37,179.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	2,803.
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount _____	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount: _____	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	39,982.

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

2024

Attachment Sequence No. **06**

Name(s) shown on tax return

JASON P. BRIENEN & BRUNA D. MADRUGA

Identifying number

595-14-3099

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000?

- **Yes** → **Don't file Form 2210.** You don't owe a penalty.
- **No** → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?
  - **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.
  - **No** → You may owe a penalty. Does any box in Part II below apply?
    - **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?
      - **Yes** → You must figure your penalty.
      - **No** → You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**
    - **No** → **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	112,862.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	39,982.
3	Other payments and refundable credits (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210	4	152,844.
5	Multiply line 4 by 90% (0.90) — 5: 137,560.		
6	Withholding taxes. **Don't** include estimated tax payments. See instructions	6	
7	Subtract line 6 from line 4. If less than $1,000, **stop;** you don't owe a penalty. **Don't** file Form 2210	7	152,844.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	137,749.
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8	9	137,560.

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
  - If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
  - If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- **A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- **B** ☒ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- **C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method.** You must figure the penalty using Schedule AI and file Form 2210.
- **D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- **E** ☐ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates (a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25
10 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	34,390.	34,390.	34,390.	34,390.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. **Don't file Form 2210 unless you checked a box in Part II**	11				

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13				
14 Add the amounts on lines 16 and 17 in the previous column	14		34,390.	68,780.	103,170.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	0.	0.	0.	0.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		34,390.	68,780.	
17 **Underpayment.** If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	34,390.	34,390.	34,390.	34,390.
18 **Overpayment.** If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. **Don't file Form 2210 unless you checked a box in Part II** AMOUNT WAIVED - $ 5,084.	19	1,842.

Form **2210** (2024)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
JASON P. BRIENEN & BRUNA D. MADRUGA	595-14-3099

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/24	34,390.	34,390.	61	.000218579	459.
06/15/24	34,390.	68,780.	92	.000218579	1,383.
09/15/24	34,390.	103,170.	107	.000218579	2,413.
12/31/24	0.	103,170.	15	.000191781	297.
01/15/25	34,390.	137,560.	90	.000191781	2,374.

Penalty Due (Sum of Column F). ..... 6,926.

* Date of estimated tax payment, withholding credit date or installment due date.

412511
04-01-24

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number

595 14 3099

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2]			
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 9 [X]	5a	2,414.	
	b	State and local real estate taxes (see instructions)	5b	6,076.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	8,490.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	8,490.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6		7	8,490.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box [ ]			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 8	8a	12,646.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	12,646.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9		10	12,646.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	13,530.	STMT 7
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13		14	13,530.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:		16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	34,666.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]			

SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)
Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JASON P. BRIENEN	595-14-3099

A Principal business or profession, including product or service (see instructions): INVESTMENT ADVISORY SERVICES

B Enter code from instructions: 523900

C Business name. If no separate business name, leave blank.: CHIRON CAPITAL MANAGEMENT LLC

D Employer ID number (EIN) (see instr.): 59-3643435

E Business address (including suite or room no.): 261 PINEWOOD DRIVE
City, town or post office, state, and ZIP code: TALLAHASSEE, FL 32303

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses: [X] Yes [ ] No

H If you started or acquired this business during 2024, check here: [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions: [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099?: [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	1,878,296.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,878,296.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,878,296.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 11	6	3,431.
7	**Gross income.** Add lines 5 and 6	7	1,881,727.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	8,009.	18	Office expense	18	17,599.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	1,308.
10	Commissions and fees	10	140,786.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	1,593.
12	Depletion	12		b	Other business property	20b	19,823.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	91.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,108.
15	Insurance (other than health)	15	55,671.	23	Taxes and licenses	23	11,640.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	11,559.
b	Other	16b	154,001.	b	Deductible meals (see instructions)	24b	10,792.
17	Legal and professional services	17	4,160.	25	Utilities	25	1,479.
				26	Wages (less employment credits)	26	149,161.
				27 a	Other expenses (from line 48)	27a	685,319.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	1,274,099.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	607,628.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	607,628.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) / /

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No
b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

BANK CHARGES	5.
PAYROLL FEES	1,448.
POSTAGE & DELIVERY	256.
PLATFORM FEES	307,349.
DUES & SUBSCRIPTIONS	2,686.
BUSINESS LICENSES	1,225.
CLIENT EXPENSES	3,000.
TELEPHONE EXP	4,633.
AMORTIZATION	364,717.

48	**Total other expenses.** Enter here and on line 27a	48	685,319.

2024 DEPRECIATION AND AMORTIZATION REPORT

CHIRON CAPITAL MANAGEMENT LLC SCHEDULE C- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	GOODWILL - REZNIK	01/31/18		180M		43	3,796,000.				3,796,000.	1,497,313.		253,067.	1,750,380.
2	GOODWILL - CICONE	01/23/18		180M		43	650,600.				650,600.	256,624.		43,373.	299,997.
3	NON-COMPETE - REXNIK	01/31/18		180M		43	200,000.				200,000.	78,887.		13,333.	92,220.
4	NON-COMPETE - CICONE	01/23/18		180M		43	34,214.				34,214.	13,496.		2,281.	15,777.
5	(D)LOAN COSTS	01/31/18		120M		43	126,987.				126,987.	75,136.		51,851.	126,987.
6	FURNITURE AND EQUIPMENT	01/31/18	200DB	5.00	HY	17	27,015.		27,015.		0.			0.	0.
17	LOAN COSTS	08/21/24		120M		42	24,355.				24,355.			812.	812.
	TOTAL SCH C DEPR. & AMORTIZATION						4,859,171.		27,015.		4,832,156.	1,921,456.		364,717.	2,286,173.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						4,834,816.		27,015.	0.	4,807,801.	1,921,456.			2,285,361.
	ACQUISITIONS						24,355.		0.	0.	24,355.	0.			812.
	DISPOSITIONS/RETIRED						126,987.		0.	0.	126,987.	75,136.			126,987.
	ENDING BALANCE						4,732,184.		27,015.	0.	4,705,169.	1,846,320.			2,159,186.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
JASON P. BRIENEN

Social security number of person with **self-employment** income 595 14 3099

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A		1a	
	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve			
b	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.				
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 12		2	607,628.
3	Combine lines 1a, 1b, and 2		3	607,628.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	561,144.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	561,144.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	561,144.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024		7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	168,600.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	20,906.
11	Multiply line 6 by 2.9% (0.029)		11	16,273.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**		12	37,179.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	13	18,590.	

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2024**

LHA 424501 10-23-24

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return: JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number: 595-14-3099

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	526,415.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	526,415.
4	Number of qualifying children under age 17 with the required social security number	4			
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	500.
9	Enter the amount shown below for your filing status. • Married filing jointly - $400,000 • All other filing statuses - $200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	127,000.
11	Multiply line 10 by 5% (0.05)			11	6,350.
12	Is the amount on line 8 more than the amount on line 11?			12	0.
	[X] **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	[ ] **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			14	0.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — 16a

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — 16b

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b — 17

18a Earned income (see instructions) — 18a

b Nontaxable combat pay (see instructions) — 18b

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — 19

20 Multiply the amount on line 19 by 15% (0.15) and enter the result — 20

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — 21

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — 22

23 Add lines 21 and 22 — 23

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. — 24

25 Subtract line 24 from line 23. If zero or less, enter -0- — 25

26 Enter the **larger** of line 20 or line 25 — 26

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — 27 **0.**

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JASON P. BRIENEN

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

595-14-3099

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	☐ Self-only	☒ Family	
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		8,300.
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others,** see the instructions for the amount to enter	3		8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6		8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		8,300.
9	Employer contributions made to your HSAs for 2024	9		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		8,300.
13	**HSA deduction** (see instructions)	13		8,300.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	827.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	827.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	827.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8889** (2024)

LHA 420381 11-21-24

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **71**

Name(s) shown on return
JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number
595-14-3099

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5		1	321.	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	321.	
5	Enter the following amount for your filing status:				
	Married filing jointly	$250,000			
	Married filing separately	$125,000			
	Single, Head of household, or Qualifying surviving spouse	$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-				6 0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II				7

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-		8	561,144.	
9	Enter the following amount for your filing status:				
	Married filing jointly	$250,000			
	Married filing separately	$125,000			
	Single, Head of household, or Qualifying surviving spouse	$200,000	9	250,000.	
10	Enter the amount from line 4		10	321.	
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	249,679.	
12	Subtract line 11 from line 8. If zero or less, enter -0-				12 311,465.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III				13 2,803.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)		14		
15	Enter the following amount for your filing status:				
	Married filing jointly	$250,000			
	Married filing separately	$125,000			
	Single, Head of household, or Qualifying surviving spouse	$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-				16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV				17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	2,803.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6		19	5.	
20	Enter the amount from line 1		20	321.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21	5.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				22 0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)				23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)				24

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return
JASON P. BRIENEN & BRUNA D. MADRUGA

Your social security number or EIN
595-14-3099

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	607,628.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 13	4b	-607,628.		
c	Combine lines 4a and 4b			4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-			12	
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	526,415.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	276,415.		
16	Enter the smaller of line 12 or line 15			16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return. SCHEDULE C- 1

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
JASON P. BRIENEN & BRUNA D. MADRUGA	CHIRON CAPITAL MANAGEMENT LLC	595-14-3099

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
LOAN COSTS	082124	24,355.		120M	812.
43 Amortization of costs that began before your 2024 tax year SEE STATEMENT 14				**43**	363,905.
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	364,717.

Form **7206**

Department of the Treasury
Internal Revenue Service

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **206**

Name(s) shown on return	Your taxpayer identification number
JASON P. BRIENEN & BRUNA D. MADRUGA	595-14-3099

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1	Enter the total amount paid in 2024 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2024 for you, your spouse, and your dependents. But **don't** include the following. See instructions • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. • Any amounts paid, not to exceed $3,000, from retirement plan distributions that were **nontaxable** because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1	24,794.
2	For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of (a) or (b). **(a)** Total payments made for that person during the year. **(b)** The amount shown below. Use the person's age at the end of the tax year. $470 - if that person is age 40 or younger $880 - if age 41 to 50 $1,760 - if age 51 to 60 $4,710 - if age 61 to 70 $5,880 - if age 71 or older **Note:** The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. **Don't** include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3	Add lines 1 and 2	3	24,794.
4	Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	607,628.
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). **Don't** include any net losses shown on these schedules	5	607,628.
6	Divide line 4 by line 5	6	1.0000
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	18,590.
8	Subtract line 7 from line 4	8	589,038.
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	29,850.
10	Subtract line 9 from line 8	10	559,188.
11	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	559,188.
14	**Self-employed health insurance deduction.** Enter the **smaller** of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. **Don't** include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	24,794.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Jason P. Brienen & Bruna D. Madruga
237 Lafayette Circle
Tallahassee, FL 32303-6215

Taxpayer Identification Number: 595-14-3099

For the Year Ending December 31, 2024

JASON P. BRIENEN & Bruna d. Madruga are making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S	NINE SOFIA	321.				20.	5.
TOTALS		321.				20.	5.

FORM 1040 TOTAL DUE WITH INTEREST AND PENALTIES STATEMENT 2

AMOUNT DUE	154,686.
INTEREST NOT INCLUDED	4,974.
PENALTY NOT INCLUDED	4,585.
TOTAL DUE	164,245.

FORM 1040 LATE PAYMENT INTEREST STATEMENT 3

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/01/25	152,844.	152,844.	.0700	167	4,974.
DATE FILED	10/15/25		157,818.			
TOTAL LATE PAYMENT INTEREST						4,974.

FORM 1040 LATE PAYMENT PENALTY STATEMENT 4

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/01/25	152,844.	152,844.	6	4,585.
DATE FILED	10/15/25				
TOTAL LATE PAYMENT PENALTY					4,585.

SCHEDULE 1 SIMPLE DEDUCTION STATEMENT 5

JASON P. BRIENEN

1. NET INCOME FROM SCHEDULE C	607,628.
2. MULTIPLY LINE 1 BY 0.9235	561,144.
3. MAXIMUM CONTRIBUTION	16,000.
4. ENTER THE LESSER OF LINE 2 OR LINE 3	16,000.
5. MULTIPLY LINE 2 BY APPLICABLE MATCHING PERCENTAGE OF 3%	10,350.
6. ENTER THE LESSER OF LINE 4 OR LINE 5 (THIS IS YOUR MATCHING CONTRIBUTION)	10,350.
7. ADD LINE 4 AND LINE 6	26,350.
8. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	3,500.
9. ENTER THE LESSER OF LINE 5 MINUS LINE 6 OR LINE 8. (THIS IS YOUR MATCHING CATCH-UP CONTRIBUTION)	
10. ADD LINE 7, LINE 8 AND LINE 9. THIS IS YOUR SIMPLE PLAN DEDUCTION. ENTER HERE AND ENTER ON LINE 16, SCHEDULE 1	29,850.

FORM 2210/2210-F STATEMENT FOR WAIVER OF PENALTY STATEMENT 6

TAXPAYER WAS LOCATED IN A FEDERALLY DECLARED DISASTER AREA THAT ALLOWED POSTPONED ESTIMATED TAX PAYMENTS FROM AUGUST 1, 2024 UNTIL MAY 1, 2024.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 7

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
LIVE HOPE LEARN ORG	2,400.	
MISCELLANEOUS	234.	
RISING SPEAR GARNET	600.	
SEMINOLE BOOSTERS	9,560.	
THE NAVIGATORS	500.	
NOT ONE MORE VET	106.	
CHILDREN'S MIRACLE NETWORK	130.	
SUBTOTALS	13,530.	
TOTAL TO SCHEDULE A, LINE 11		13,530.

SCHEDULE A — MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 — STATEMENT 8

DESCRIPTION	AMOUNT
ROCKET MORTGAGE	12,646.
TOTAL TO SCHEDULE A, LINE 8A	12,646.

SCHEDULE A — STATE AND LOCAL GENERAL SALES TAXES — STATEMENT 9

DESCRIPTION	AMOUNT
STATE SALES TAX	1,931.
LOCAL SALES TAX	483.
TOTAL TO SCHEDULE A, LINE 5A	2,414.

SCHEDULE A GENERAL SALES TAX DEDUCTION WORKSHEET STATEMENT 10

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2024, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.		1,931.
2	DID YOU LIVE IN ALABAMA, ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, KANSAS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2024? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.	
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2024? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN. TALLAHASSEE	1.5000	
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000	
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.2500	
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.		483.
6A	ADD LINE 1 AND LINE 6.		2,414.
6B	PART-YEAR DAYS RATE.		1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.		2,414.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5A AND CHECK BOX.		2,414.

SCHEDULE C OTHER INCOME STATEMENT 11

DESCRIPTION	AMOUNT
MISCELLANEOUS	3,431.
TOTAL TO SCHEDULE C, LINE 6	3,431.

SCHEDULE SE NON-FARM INCOME STATEMENT 12

DESCRIPTION	AMOUNT
INVESTMENT ADVISORY SERVICES	607,628.
TOTAL TO SCHEDULE SE, LINE 2	607,628.

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 13

CHIRON CAPITAL MANAGEMENT LLC	-607,628.
AMOUNT TO FORM 8960, LINE 4B	-607,628.

FORM 4562 PART VI - AMORTIZATION STATEMENT 14

SCH C CHIRON CAPITAL MANAGEMENT LLC

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YEAR
GOODWILL - REZNIK	01/31/18	3,796,000.		180M	1,497,313.	253,067.
GOODWILL - CICONE	01/23/18	650,600.		180M	256,624.	43,373.
NON-COMPETE - REXNIK	01/31/18	200,000.		180M	78,887.	13,333.
NON-COMPETE - CICONE	01/23/18	34,214.		180M	13,496.	2,281.
LOAN COSTS	01/31/18	126,987.		120M	75,136.	51,851.
TOTAL TO FORM 4562, LINE 43						363,905.

Two-Year Comparison Worksheet

2024

Name(s) as shown on return: JASON P. BRIENEN & BRUNA D. MADRUGA

Social security number: 595-14-3099

2023 Filing Status: MARRIED FILING JOINT

2024 Filing Status: MARRIED FILING JOINT

2023 Tax Bracket: 32.0%

2024 Tax Bracket: 35.0%

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
WAGES, SALARIES, AND TIPS	0.	321.	321.
SCHEDULE B - TAXABLE INTEREST	100.	0.	-100.
SCH. C (BUSINESS INCOME/LOSS)	521,215.	607,628.	86,413.
TOTAL INCOME	521,315.	607,949.	86,634.
HEALTH SAVINGS ACCOUNT DEDUCTION	7,750.	8,300.	550.
DEDUCTIBLE PART OF SE TAX	16,912.	18,590.	1,678.
SELF-EMPLOYED SEP AND SIMPLE PLANS	0.	29,850.	29,850.
SELF-EMPLOYED HEALTH INS. DEDUCTION	23,012.	24,794.	1,782.
TOTAL ADJUSTMENTS	47,674.	81,534.	33,860.
ADJUSTED GROSS INCOME	473,641.	526,415.	52,774.
TAXES	9,020.	8,490.	-530.
INTEREST (DEDUCTIBLE)	12,969.	12,646.	-323.
CONTRIBUTIONS	16,797.	13,530.	-3,267.
TOTAL ITEMIZED DEDUCTIONS	38,786.	34,666.	-4,120.
QUALIFIED BUSINESS INCOME DEDUCTION	23,442.	0.	-23,442.
TOTAL DEDUCTIONS	62,228.	34,666.	-27,562.
TAXABLE INCOME	411,413.	491,749.	80,336.
TAX	89,316.	112,862.	23,546.
TAX BEFORE CREDITS	89,316.	112,862.	23,546.
TAX AFTER NON-REFUNDABLE CREDITS	89,316.	112,862.	23,546.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	33,824.	37,179.	3,355.
FORM 8959 (ADDITIONAL MEDICARE TAX)	2,082.	2,803.	721.
FORM 8960 (NET INVEST. INCOME TAX)	4.	0.	-4.
TOTAL TAX	125,226.	152,844.	27,618.
FORM 4868 (EXTENSION REQUEST)	80,000.	0.	-80,000.
TOTAL PAYMENTS	80,000.	0.	-80,000.
FORM 2210/2210F (EST. TAX PENALTY)	1,119.	1,842.	723.
BALANCE DUE (INCLUDING 2210/2210F)	46,345.	154,686.	108,341.
LATE PAYMENT/FILING/8978 PEN. & INT.	6,867.	9,559.	2,692.
TOTAL DUE AFTER PENALTY & INTEREST	53,212.	164,245.	111,033.

FORM HAS BEEN ELECTRONICALLY
FILED - KEEP FOR YOUR RECORDS

418711 05-01-24

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2024, or other tax year beginning , 2024, ending ,

1019

2024

Part I Identification

1 Your name(s)

JASON P. BRIENEN
237 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303-6215

2 Your social security number
595-14-3099

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2024	$ 0.
5	Total 2024 payments	0.
6	**Balance due.** Subtract line 5 from line 4	0.
7	Amount you are paying ▶	0.

8 Check here if you are "out of the country" and a U.S. citizen or resident ▶ ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ ☐

595143099 VX BRIE 30 0 202412 670

Marquette Blanton

From: CCH-ReturnNotification@wolterskluwer.com
Sent: Saturday, April 12, 2025 3:19 PM
To: Marquette Blanton
Subject: 2024 Electronic Extension Accepted by the IRS

JASON P. BRIENEN ,

"

You are receiving this e-mail on behalf of Moore, Ellison & McDuffie CPA'S PA.

"

Your electronically filed federal income tax extension for tax year 2024 was accepted by the IRS on 04/12/2025.

Your extension was sent to the Ogden Service Center.

Your SubmissionID is **50348820251020916i28** .

PLEASE DO NOT REPLY TO THIS E-MAIL.
We generate this e-mail automatically from your request to be notified when your extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this extension for you. Thank you.

Form **8879** (Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
JASON P. BRIENEN	595 14 3099
Spouse's name	**Spouse's social security number**
BRUNA D. MADRUGA	668 35 6567

Part I Tax Return Information - Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	526,415.
2	Total tax	2	152,844.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe *	5	154,686.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

* INCLUDES LATE PENALTIES AND INTEREST: 164,245.

Taxpayer's PIN: check one box only

[X] I authorize MOORE, ELLISON & MCDUFFIE CPA'S PA to enter or generate my PIN 13099 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name — **Enter five digits, but don't enter all zeros**

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10/14/2025

Spouse's PIN: check one box only

[X] I authorize MOORE, ELLISON & MCDUFFIE CPA'S PA to enter or generate my PIN 46567 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name — **Enter five digits, but don't enter all zeros**

[ ] will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/14/2025

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 502165104 01

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

419995 04-01-24

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

2024 Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

410681 05-01-24

LHA

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ **DETACH HERE** ▼ Form **1040-V** (2024)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2024

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	164,245	

1019

JASON P. BRIENEN & BRUNA D. MADRUGA
237 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303-6215

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

595143099 VX BRIE 30 0 202412 610

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: **109-2007-147528**

DATE ISSUED: **FEBRUARY 1, 2019**
DATE FILED: **AUGUST 31, 2007**

CHILD'S INFORMATION

NAME: **ZEMIRAH GENEVIEVE BRIENEN**

DATE OF BIRTH: **AUGUST 30, 2007** TIME OF BIRTH (24 HOUR): **1430**

SEX: **FEMALE** BIRTH WEIGHT: **8** LBS **4** OZ

PLACE OF BIRTH: **HOSPITAL**
CAPITAL REGIONAL MEDICAL CENTER

CITY, COUNTY OF BIRTH: **TALLAHASSEE, LEON COUNTY**

MOTHER'S INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

NAME: **JOYCE LAUNETTE ANSELL**

DATE OF BIRTH: **DECEMBER 10, 1976**

BIRTHPLACE: **FLORIDA, UNITED STATES**

FATHER'S INFORMATION

NAME: **JASON PHILLIP BRIENEN**

DATE OF BIRTH: **SEPTEMBER 11, 1970**

BIRTHPLACE: **ILLINOIS, UNITED STATES**

, STATE REGISTRAR

REQ: **2020100020**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

* 3 9 0 2 4 6 0 1 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

End of 2023

At the end of 2023, we spent some good moments together. Especially because we went to three concerts of The Black Keys, which is our favorite band!! We also went for date nights in town, and enjoyed Tallahassee.

Fairfield Inn Orlando Airport

7100 Augusta National Drive Orlando Florida 32822 USA +1-407-888-2666

Thank you for booking with us, Mr. Jason Brienen.

You're ready to go.

Mon, Dec 04, 2023 – Tue, Dec 05, 2023

Confirmation Number: 84611093

Check In Now

Check-In:	Monday, December 4, 2023	03:00 PM
Check-Out:	Tuesday, December 5, 2023	12:00 PM

Additional Guests	Bruna Oliveira
Number of rooms	1 Room
Guests per room	2 Adults
Guarantee Method	Credit Card Guarantee, Visa

2024

At the beginning of the year, we decided it would be best for me to move to Los Angeles. Unfortunately, my living situation with Jason’s daughter didn’t work out. She was very respectful with me! But she wasn’t able to accept our relationship, and I understand that our age difference may have influenced that.

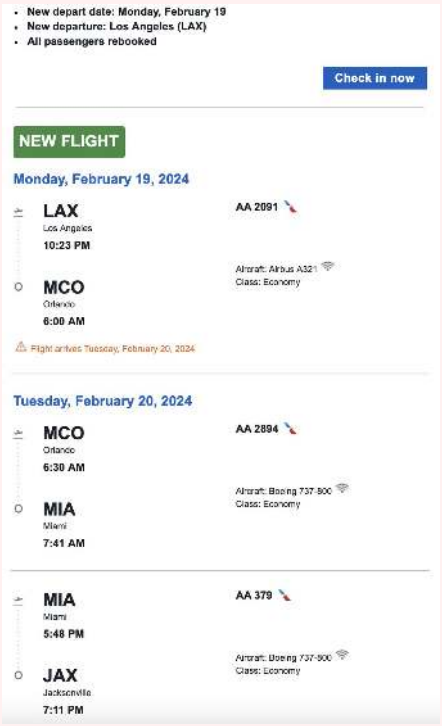
At the same time, I had the opportunity to train at my friend’s spa in Beverly Hills, where I planned to immerse myself in the beauty industry and learn as much as possible. My goal was to gain valuable experience in one of the best places for this field and eventually open my own business in Florida.

This was a difficult moment for both Jason and me. We love each other deeply and had grown used to our life together, moving to LA wasn’t easy. However, we saw it as a temporary phase, our plan was to live together again in 2025. By around August, he would be living on his own, and we were planning to move back in together by then.

Feb 2024

I was in Tallahassee this month,we went to Jacksonville and spent a day there, then returned to Tallahassee. We had dinner at Il Lusso, my favorite restaurant.

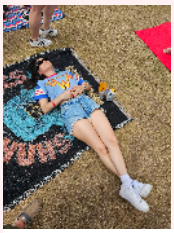
It was a visit to take care of things related to my move and to spend time together. It was cold in Tallahassee, so we stayed in most of the time.



May 2024 - Shaky Knees Music Festival

We went to Shaky Knees Music Festival for the second time! it's a festival we both love. We spent a few days in Atlanta. We could explore the city as well, we went to different coffee shops, tourists spots, and really enjoying the time together. I got really tired this time, we didn't stop at all!

Unexpectedly, in the last day of festival, by the end of the day, Jason broke his foot, which was the lowlight of the trip for us...



Friday May 3	DEPART	ARRIVE	SEAT
Delta 5272 Operated by Endeavor Air DBA Delta Connection **Delta Comfort+®**	Tallahassee, Florida 2:02 pm	Atlanta, Georgia 3:13 pm	8C
Monday May 6	**DEPART**	**ARRIVE**	**SEAT**
Delta 2336 **Main Cabin**	Atlanta, Georgia 8:20 am	Tallahassee, Florida 9:24 am	16E

Jul 2024

In July I decided to visit my family in Brazil!!! I was so happy about it. Jason was happy for me too.
Before my trip, we were very busy in Tallahassee, spending time together, going to places and having the dogs for a few days with us! Jason is always very thoughtful with me. When I got home, he gave me beautiful flowers and chocolate… I loved it!!!
I was going to the park with the dogs every day. Sometimes I waited to go at the end of the day, that way Jason could go with us.
Also, we went to a rooftop in town and to an Italian restaurant called Bella Bella. The weather was so good.

Me and my family in Brazil

From the sweetest husband!

Bella Bella restaurant in town

Viggo using the restroom at the park!

Jason and I at Lake Ella park

Jason and I at Eve on Adams Rooftop in Tallahassee

Aug 2024

In August we spent time in Tampa, Jason got a condo in Saint Pete, so we went there to spend time at the pool, explore the city and visit some friends. The first day we were there, our friends joined us for a dinner at the condo, later that day we went to a rooftop at The Tampa Edition. Also, during this trip Jason and I had an amazing dinner at Cassis and we went to a baseball game together with Jason's friends, everybody had great energy, it was always a great time with them, especially because it was my first time watching baseball game in the US.

Jason and I at his condo in St Pete

Jason and I at St Pete Beach

Night out at a bar with friends in St Pete

Amazing food at Cassis

Aug 2024

During this time, I was also focused on building my professional background and developing my skills in Los Angeles. I was studying at Sochi Massage School and spent most days at my friend's spa, Bossa Spa in Beverly Hills, learning about facials, lymphatic drainage, and about business. Everything was so positive for me. I couldn't believe I was learning so much in the field I love.

I also trained with the best esthetician in LA, Yulia Chaladze and I had my certificate from her.

I was living with my Brazilian friends in LA, and it was good, they are like my family.

Jason was always very supportive and all that was possible because of him. Long distance was hard at first, but we stayed focused, knowing I would return to Tallahassee once my training was complete and when he would be living by himself.

Me during trainings

Me at Bossa Spa Beverly Hills

Me at Sochi Massage School in North Hollywood

Oct 2024

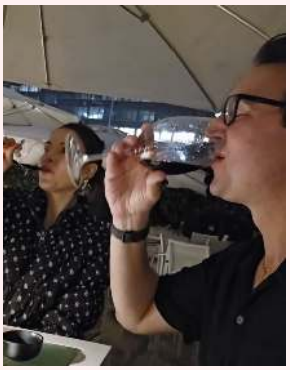
We spent a few days in Miami, Tampa, St Pete… we stayed at the Diplomat Beach Resort Hollywood, and that place was so beautiful! Jason was very excited to take me to La Mar by Gastón Acurio in Miami! The restaurant was incredible, and we had such a fun night together. It's always a good time with him.

We also went to St. Petersburg. We went to the beach together and to bars and restaurants.

October was a good month for us. We made calls and video calls almost every day, and I really appreciate how supportive Jason is, he's always there to listen to me and to be on my side no matter what. That's why I love him.

Jason and I at the beach in St Pete

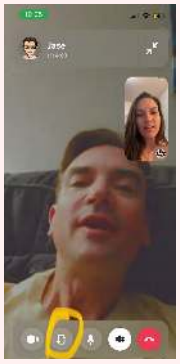
Jason and I at La Mar restaurant Oct 18th 2024



Jason and I at St Pete Pier

Feb 2025

In February we did many many video calls. Jason had new good things happening at work, his granddaughter just turned 1y, my experience at the spa was going well, I was very focused in my trainings and at the massage school.



We went to Scottsdale Arizona, at Fairmont Scottsdale Princess. That hotel was so nice! We were missing each other so much, so we wanted to enjoy every single moment together. The restaurants were really great, we had such delicious dinners, and everything felt special. We also enjoyed the cute town, going to coffee shops and doing a hike in the desert. Every time I spend with Jason turn to something memorable!

Mar 2025

March was a special month! It was my birthday, I celebrated it in Tallahassee. We also attended The Biletnikoff Award Banquet 2025, a gala event we go to every year with Jason's friends and family. Jason supports FSU students, we are always proud to be there and represent him and his company. My father-in-law, Randy, is an artist, so every year he donates an art at the Biletnikoff to support the students!
His parents spent the weekend with us at the house. It was a good time!

My father-in-law, Randy Brienen, and his art.

Jason & Me

My father and mother in law, Randy and Debby Brienen.

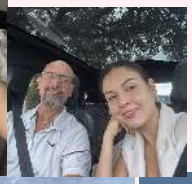
Jason, his brother Micah and his father Randy.

Jun 2025

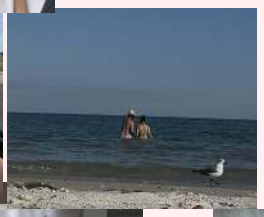
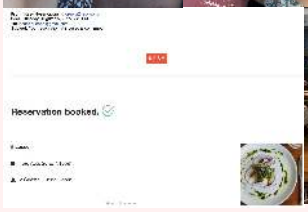
In June we met each other in Tampa. We love spending time there, especially that weekend, because we went there to see Metallica and that was fabulous for both of us!! We love rock bands, we've been to many festivals and this one was a special one for us. We also could enjoy the beach in Tampa and the amazing restaurant Columbia.

Metallica concert in Tampa
Friday, June 6

Unfortunately, some very bad news happened. Jason has cancer. It is a really bad cancer. They said it isn't possible to do surgery, only chemotherapy. Me, his family, and friends were devastated. He is always full of energy, always happy and excited about life.
What I admire the most about him is his heart. He is such a good person, and I admire him so much. We have been together since I basically moved to the US, so it was a shock for me, because I can't imagine not having him. He is my best friend, my partner, and my lover. It has been so hard. I just want to be with him no matter what.
We already know things will be different now. We will have a new version of us and support each other even more.



Jason's parents and son visiting us

Aug 2025

This month was about planning the next months. After September I could already move to here, so we decided I should bring clothes and personal items on the next trips.

When I came to Tallahassee that month we were a little sad, but much closer to each other. His parents were with us that weekend. I was excited about moving, but my heart was in pain. We had spent so much time apart, and now we didn't know about the future anymore. Also, we've heard judgments, and now I see it was a waste of time for me to be so concerned about it. I decided I would be there for him, and that anything we did together should be special, so we could live the best way we could.

I graduated from massage school! I was already having my own clients in Beverly Hills, and that hands on experience helped me understand what clients really need for lymphatic drainage. With that, I already had an idea of my next steps to create my online business.

Viggo and Coco Beans and me at the park!

Oct 2025

One more month bringing clothes, spending time together, I was basically back in Tallahassee. We were always good partners and now we are way closer and being strong for each other.

Jason wasn't feeling good here. But we could do our little things, watch movie together, spend time together at home, go to Il Lusso restaurant… Luckily the dogs were here, so I could see them and spend time with them at the park!

Date night at Il Lusso Oct 21st 2025

Nov 2025

Jason was feeling a little better in November, going to chemotherapy every other week. He decided to travel to Scottsdale again, we stayed at Marriott Bonvoy, we had a memorable trip there. Sometimes he was very tired, but he never gave up enjoying the time we were there. I was impressed he was down to go hiking, it was a huge hill and we made it.

Also it's being so good living together again. We are seeing his family almost every weekend. His son Ben was in town in Dec-Jan with his wife Andrea and their sweet baby Rosalina <3 they live in the Netherlands. By the end of the month we went all together to Tampa to watch a basketball game.

Jason and I in Scottsdale, AZ Nov 13th

Us, family and friends at Benchmark stadium in Tampa Nov 29th

Dec 2025

In December Jason was feeling great! We went to St. Augustine to visit his parents. We saw the Christmas decorations in town on a train tour! We went to a great restaurant and to a park. We had a good time together, that was our date night! I love that we enjoy each other's company. I feel we are lovers and best friends too.

Since Jason didn't have hair at that time, he was always wearing a Christmas hat!

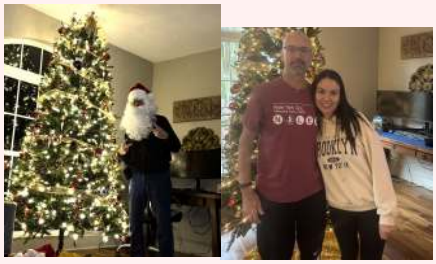
We spent that weekend with his parents and sister, who live in Jacksonville, and they came over to spend Christmas with us in Tallahassee by the end of the month.

Jason and I in St. Augustine, FL Dec 13th

FSU game together

US at the Lake Ella Park

Jason and I starting our 1,000 pieces puzzle



Jason and I at home with family

NFL game in Jacksonville Jan 14th

Jan 2026

2026!! We got to spend New Year's with Jason's son Ben and his family! We stayed at home to celebrate it, but it was special. It was beautiful having them here with us.

January was exciting because we were planning a trip to Lake Tahoe with our friends, and we finally did it. Jason skied a lot! Unfortunately I didn't, I was still learning. We went to casinos in Reno and nice restaurants together. That was one more memorable trip with Jason.

In Tallahassee we found a new favorite restaurant called Cafe de Martin, it's a Peruvian restaurant. Also, we went to Tampa to celebrate Gasparilla with his family, and in the same day we went to a Kings of Leon concert! We have many favorite bands, and this one is one of them.

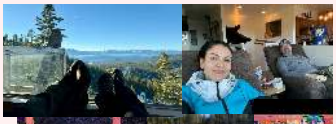
Kings of Leon Concert in Tampa Jan 31st

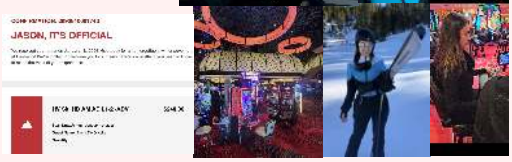
Jason happy with his new truck

Us at our new favorite restaurant in town

Jason & I at Mecum Car Auction in Orlando January 10–11, 2026

Gasparilla in Tampa Jan 31st





Trip to Tahoe with our friends Jan 17th

Valentine's day gift

Jason and I finished our 1,000 piece puzzle!

Feb 2026

In February I prepared a special Valentine's gift for Jason. I decorated a cup with stickers of us and our moments together! He gave an even more special one: **a trip to Brazil!** I was so happy about it, and also… yellow roses :)
We went to many FSU games in town, especially football and basketball. Also, I registered for The Landmark in Atlanta, we spent 5 days there. After my training, we went to the Georgia Aquarium, Coca-Cola Museum, we went to cute coffee shops and had a Valentine's dinner in a very nice restaurant.

Jason and I at an FSU basketball game Feb 10th

Jason and I in Atlanta weekend of Feb 12th

Mar 2026

The best month, my birthday month! In March I was in Brazil for 2 weeks, and Jason went for three days at the end. He had Brazilian food, we went to Copacabana beach, Cristo Redentor, had dinner at Copacabana Palace, and went to a Brazilian party… we did so many things!! We had so much fun!!! Especially Jason, he always wanted to visit Brazil.

By the end of March, in Tallahassee, we went to The Biletnikoff Award Banquet 2026. That was my third year joining with Jason, representing his company and his generosity with FSU students. His family and friends joined us, and we had them at the house that weekend. We love having them here.

Also, Jason's hair is growing back.

I started English school this month at ACE School in Tallahassee.

Us at the gala The Biletnikoff Award Banquet 2026

Lunch at Red Elephant with family and friends after church. Mar 29th

Me at English School

Jason and I in Brazil! Mar 15th

April 2026

April's highlight was the Easter! All family and friends came to the house. Jason and I did a great job decorating the table and making a delicious dinner for them.
Also, we went to church every weekend and Jason and I started going to the Bible study in town, it's been so good for us and I love how this is make us even more close to each other. I learn a lot about God with Jason.

Luis is Jason's best friend, we visited him in March 2023. This month he came to Orlando to visit his family and invited us to join them! Jason and I spent the whole weekend with him and his family. They are from Puerto Rico and we had delicious Puerto Rican food.
We had such a good time with them, we love them and Jason was very happy about seeing Luis. We all went to church on Sunday and later we all went to a Peruvian restaurant in Orlando.

We all going for egg hunting with Arrow - Family and friends visiting us for Easter - We all together at the Easter church service at *City Church* in Tallahassee.

Jason and I, Luis and his family, Orlando Apr 30th

30 of 54
Debby Brienen
Egg hunt a Bolton Hills Park

62 of 78

11 of 30
We attended City Church Easter service this morning at the Civic Center in Tallahassee. Inspirational as always. First time I've seen the upper level almost full.

24 of 54

8 of 30

21 of 54

45 of 78

47 of 78

Jason
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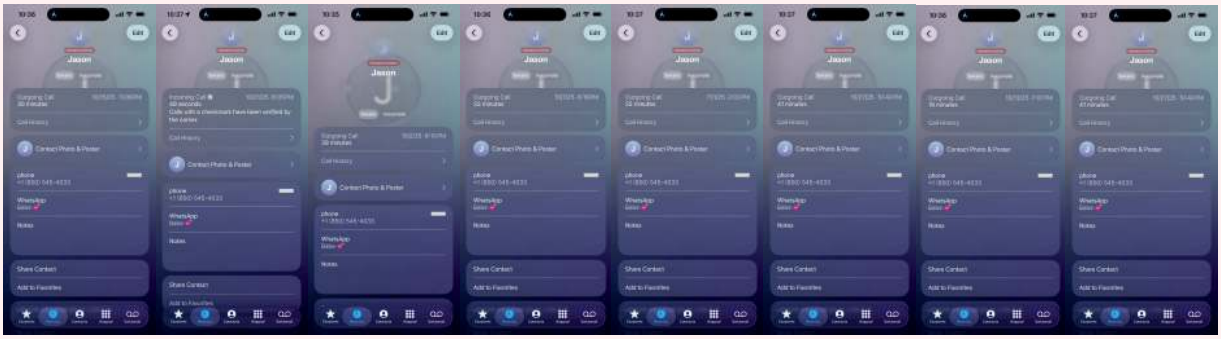
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Exhibit 3 - Letter of Support

Denise Personett
4425 W Shannon Lakes
Tallahassee, FL 32309
May 8, 2026

Re: Jason P Brienen and Bruna de Oliveira Madruga

To Whom it May Concern:

My name is Denise Personett, and I've known Jason since we started working together in 2002. Over the past 24 years, he's become more than a colleague—he's become a true friend. We've been through a lot of life together, and it means a great deal to me to write in support of Jason and Bruna and the life they are building as a couple.

Watching Jason find real, lasting love has honestly been one of the most wonderful things to witness. I first met Bruna in 2023 at an annual gala in Tallahassee that Jason sponsors, and I immediately understood why he cared for her so deeply—she was warm, genuine, and full of light. Jason was absolutely beaming that night. Seeing him so happy stayed with me. Since then, Bruna has been a steady, positive presence for Jason and his family.

What I admire most is how they show up for each other—through busy seasons, challenges, and everyday moments—with patience, respect, and real partnership.

Please feel free to contact me with any questions.

Thank you,

Denise Personett

Denise Personett
850-524-3534

Haley Vogel, Ed.D.
30 Skipjack Ct
St. Augustine, FL, 32092
May 8, 2026

Subject: Letter of Support for Jason Phillip Brienen and Bruna de Oliveira Madruga

To whom It May Concern:

I am writing this letter on behalf of my brother, Jason Philip Brienen and his wife Bruna de Oliveira Madruga. Jason and Bruna were married on October 27, 2023. Bruna has been a beautiful addition to our family. I am his baby sister (of 46 years) and seeing him share his life with Bruna as his partner and wife is all any sister wants for their big brother. While we do not live in the same city, we get together often, almost monthly. When we are together as a family we share life stories, discuss future endeavors and engage in family community. It has been a joy to witness their journey, which is defined by a profound love and a shared dedication to the principles they value most.

Their relationship speaks to the commitments they made as husband and wife. I look forward to how their life develops in the coming years. I have peace knowing that my brother has found his person. Sharing life with your person is a true gift, one many often never find.

Please, do not hesitate to contact me if you should require any further information.

Best,

Haley Vogel, Ed.D
904.476.6271
haleymvogelst@gmail.com

John R Mader
2613 Cotuit Lane
Tallahassee, FL 32309

May 7th, 2026

Re: Bruna de Oliveira Madruga

I've known Jason Brienen's wife, Bruna, since 2023, and it's been a real joy to see their relationship grow over the past few years. The love shows whenever I see them together, whether out with me and my girlfriend getting ice cream or having an evening get-together. They truly care about one another. You can see it and feel it.

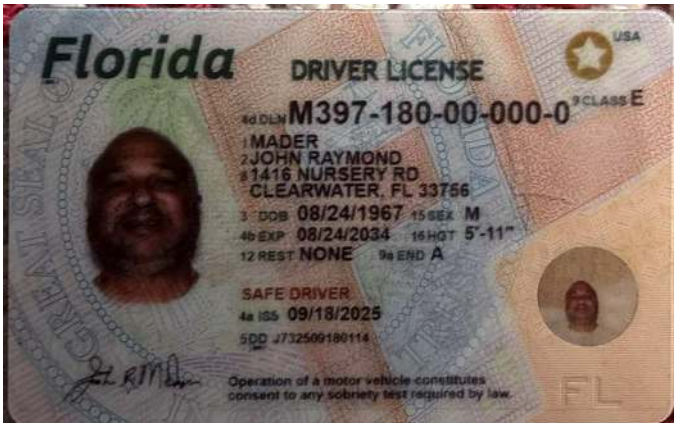
My girlfriend and I spend time with them often, and we always enjoy being around them.

I care about Jason, he's been my very best friend for quite some time (25+ years), and it makes me happy to see him with someone who brings him such happiness, and someone with whom he can share his life.

Please do not hesitate to contact me for further assistance and information.

Warm regards,

John R Mader
850-509-4800



Name and last name Karen Rosa
Street 406 S Normandie AV.
City, state, zip code Los Angeles - CA - 90005
Date 05/06/2026

Subject: Support Letter for Jason Phillip Brienen and Bruna Oliveira Madruga

To Whom It May Concern,

My name is Karen Michelle Rosa, I was born in CAMPO MOURÃO - BRAZIL on 04/03/1995.
I am writing this letter to support and confirm the legitimacy of the marriage of my friend Bruna de Oliveira Madruga and her husband, Jason Phillip Brienen.

I have known Bruna since we moved to the United States in 2021. Since then, we have built a very strong friendship, and I now consider her like a sister to me. Because of this, I am very happy to be able to write this support letter for this very dear couple.
I have followed Bruna and Jason's relationship since the beginning in 2023. I know Jason through video calls and we keep in touch online. I will never forget a message he sent me, thanking me for being such a close friend to Bruna, saying he knew how much our friendship meant to her. I greatly admire Bruna and Jason's relationship for the example they set of unity, partnership, respect, and love. It is beautiful to see how much they enjoy each other's company and how dedicated they are to their relationship.
I am happy to see Bruna happy and to see that Bruna and Jason are building a beautiful life together, based on love, commitment, partnership, and resilience in facing life's challenges.

Phone: 323.573.2823
Email: Karendesignerdm@gmail.com

Please do not hesitate to contact me if you require any additional information.

Sincerely,

Signature ----//signature//---- Date: 05/06/2026

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 8, 2026.

name and last name Karen Rosa
Street 706 S NORMANDIE AV.
city, state, zip code LOS ANGELES - CA - 90005
Date 06/05/2026

Assunto: Carta de Apoio para Jason Phillip Brienen e Bruna de Oliveira Madruga

A quem possa interessar,

Meu nome é Karen Michelle Rosa, nasci em CAMPO MOURÃO -BR, em 03/04/1995
Estou escrevendo esta carta para apoiar e confirmar a legitimidade do casamento da minha amiga Bruna de Oliveira Madruga e de seu marido, Jason Phillip Brienen.

Conheço a Bruna desde que nos mudamos para os Estados Unidos, em 2021. Desde então, construímos uma amizade muito forte e hoje eu a considero como uma irmã para mim. Por isso fico muito feliz em poder escrever esta carta de apoio para esse casal tão querido.
Acompanho a história da Bruna e do Jason desde o início do relacionamento, desde de 2023. Conheço o Jason por videochamadas e mantemos contato online. Nunca vou esquecer de uma mensagem que ele me enviou agradecendo por eu ser uma amiga tão próxima da Bruna, dizendo que sabia o quanto nossa amizade fazia bem para ela.
Eu admiro muito o relacionamento da Bruna e do Jason pelo exemplo de união, parceria, respeito e amor. É bonito ver o quanto eles aproveitam ao máximo a companhia um do outro e o quanto se dedicam ao relacionamento.
Fico feliz em ver a Bruna feliz e ver que ela e o Jason estão construindo uma história linda juntos, baseada em amor, dedicação, parceria e superação dos desafios da vida.

Telefone: 323.573.2823
E-mail: Karendesignerdm@gmail.com

Por favor, não hesite em entrar em contato comigo caso precise de qualquer informação adicional.

Atenciosamente,
Assinatura: _____ Data: 06/05/2026