

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-1
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>01-03-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outside			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 X 30 120 X 2	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 X 25 100 X 2	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-2
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 01-04-2019	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED 1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outside				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		4 X 30 X 2	\$ 240.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 X 25 X 2	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1	-				Class 1 - delivery of controlled substance

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. Substance

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction not likely without over hear

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-3
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER	DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____ street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1	-				plead to 2 class 2 unlawful

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *delivery of controlled substance*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
*Plea would not have been possible without overhear*

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-4
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Racuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>01-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outside			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 X 30 X 2</u>	\$ 240.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X 25 X 2</u>	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1	-				0 - unlawful delivery of controlled substance (count 1) dismissed. 15'

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction in other counts not possible without overheard plead to other counts

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-5

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>01-16-2019</u>	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	pending	-				pending - ct. II

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

na - case pending

DATE OF REPORT

1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-6
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
<input type="checkbox"/> CHECK IF EMERGENCY ORDER		01-17-2019	<input type="checkbox"/>	<input type="checkbox"/>		
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER parking lot			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1	-				ct II - unlawful delivery of

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. controlled substance

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*conviction not likely without over hear*

DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-7

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>01-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers X \$35.00	\$ <u>140.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 140.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	-	-				<u>SEE BELOW</u>

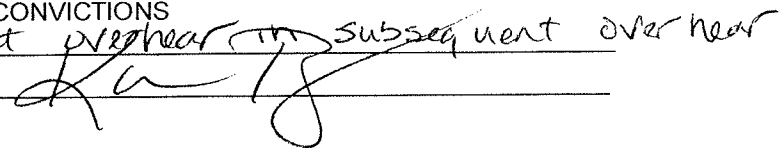
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction not likely without prehear or subsequent over hear

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-8 .....
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	01-28-2019	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED		<input type="checkbox"/>	<input type="checkbox"/>		
	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers X \$35.00	\$ <u>140<sup>00</sup></u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 140.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>unlawful possession w/ intent to deliver -</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. ct. 1.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-9

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>02-06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>unlawful delivery of controlled substance -</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

class 2

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2018-E-10

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Bret Valle</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE	
	PERIOD ORIGINALLY REQUESTED 24 hours	02-08-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	2		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
2		\$ 25.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

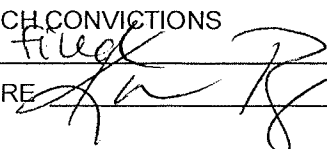
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/14/2020

SIGNATURE

*no charges filed*  


# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-11

AUTHORIZING JUDGE	NAME <u>Raccugli</u>
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 25.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 35.00	\$ 60.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					ct II - unlawful delivery of controlled substance - class 2

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overheat

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-12
--------------------------------

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input type="checkbox"/> CHECK IF EMERGENCY ORDER		02-25-2019	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Kohl's parking lot</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	1 agent 2 hours	\$ 60.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	1 vehicle 2 hours	\$ 50.00	\$ 110.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
nothing intercepted

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-13

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>02-27-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>cf 1 - unlawful delivery of controlled</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. substance - class 2

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overheard

DATE OF REPORT 1/14/2021

SIGNATURE

*[Handwritten Signature]*

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-14

AUTHORIZING JUDGE	NAME <u>Raccuglia</u>
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>George Mueller</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-27-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 25.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 35.00	\$ 60.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>ct 3 - unlawful delivery of controlled substance -</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. Class 2

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without overheard

DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-15

AUTHORIZING JUDGE	NAME <u>Raccuglia</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-05-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges filed for this overheard

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-16

AUTHORIZING JUDGE	NAME <u>Raccuska</u> CIRCUIT <u>13E</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>03-05-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Of 5- unlawful delivery of controlled substance dismissed in exchange

DATE OF REPORT

1/14/2020

SIGNATURE

*[Handwritten Signature]*

for plea to other counts for delivery

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-17
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AUTHORIZING JUDGE	NAME <u>Raccugina</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Chris Novotney</u> TITLE <u>Inspector</u> AGENCY <u>Illinois State Police/District 17</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>720 ILCS 5/14-3</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>hotel room</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8 - 10 agents	\$ unknown	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ unknown

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
charges could not be filed without overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-18

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE	
	PERIOD ORIGINALLY REQUESTED					
	24 hours	03-06-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT				
		<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$25.00	\$ 75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	-					Count 3 - unlawful delivery of controlled substance - class 2 - dismissed in exchange for plea on other similar counts.

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *substance - class 2 - dismissed in exchange for plea on other similar counts.*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
*Conviction on other counts unlikely without overheard*

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

for plea on other similar counts.

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-19

AUTHORIZING JUDGE

NAME Jansz  
CIRCUIT 13<sup>th</sup>  
COUNTY LaSalle

AUTHORIZING STATE'S ATTORNEY

NAME Karen Donnelly  
COUNTY LaSalle

APPLYING OFFICER

NAME Jason Cliff  
TITLE Agent  
AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE			ORDER DATE
	PERIOD ORIGINALLY REQUESTED					
	24 hours	03-07-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

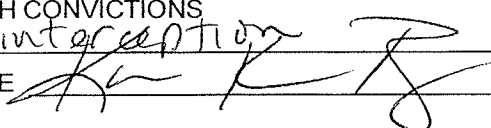
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges since no interception

DATE OF REPORT

1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-20

AUTHORIZING JUDGE	NAME <u>Janisz</u> CIRCUIT <u>134</u> COUNTY <u>Lasalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED		03-11-2019	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges filed for this particular over rear

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2018-E-21

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Bret Valle</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police; ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>03-12-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 <u>x \$35-</u>	<del>\$ 35.00</del> <u>140.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
4 <u>x \$25.00</u>	<del>\$ 25.00</del> <u>100-</u>		\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

cases against individual pending

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-22

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>03-13-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					ct 6 - dismissed in exchange for plea to other counts for unlawful delivery of controlled substance

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction on other counts unlikely without overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-23

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-14-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="float: right;">..... Comfort Inn, Ottawa</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8 X \$25.00 hr X 1 hr.		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 200.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					solicitation of sexual act.

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-24
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-14-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="float: right; font-size: small;">..... Comfort Inn, Ottawa</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8		\$ 200.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST \$	\$ 200.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					solicitation of sexual act.

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

<b>APPLICATION #</b>
2019-E-25

<b>AUTHORIZING JUDGE</b>	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
<b>AUTHORIZING STATE'S ATTORNEY</b>	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
<b>APPLYING OFFICER</b>	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-14-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Comfort Inn Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$200.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-26
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-14-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Comfort Inn, Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		8	\$ 200.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 200.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
		0				

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges filed - no intercept target did not show up

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-27

AUTHORIZING JUDGE	NAME <u>Raccus Ira</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-14-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>			<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Comfort Inn, Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 200.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges filed - no intercept - target failed to appear  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-28

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-14-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Comfort Inn Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 200.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-29
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-14-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="float: right;">..... Comfort Inn, Ottawa</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 200.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-30
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-14-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Comfort Inn Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8</u>	\$ 200.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Solicitation of sexual act</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Conviction unlikely without over hear

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-31
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AUTHORIZING JUDGE	NAME <u>Raccuska</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	03-25-2019	<input type="checkbox"/>	<input type="checkbox"/>	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>car</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
\$35.00	\$105.00	\$ 180.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-32

AUTHORIZING JUDGE	NAME <u>Raccuglia</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER	03-25-2019	<input type="checkbox"/>	<input type="checkbox"/>		
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____ car			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Ct II - unlawful delivery of controlled substance</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. substance

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction, not likely without oversight

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-33
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	03-29-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>rear Subway in Ottawa</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST \$ 240.00	TOTAL COST \$ 440.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST \$ 200.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept - equipment malfunction

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-34

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	03-29-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER LaSalle area			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 X 30 X 2	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 X 25 X 2	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges as of reporting date

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-35
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AUTHORIZING JUDGE	NAME <u>Racous, Ica</u> CIRCUIT <u>13+50</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-01-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	
	LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>	
		2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>	

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle...			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	\$25.00	MANPOWER COST	\$50.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED	\$35.00	RESOURCE COST	\$70.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS,

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-36
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-03-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____ car _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					<u>Pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 11/14/2020      SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-37

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8 X 30</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	0	\$0	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>target plead to battery</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without overheard

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-38

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: EC50  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8 X 30</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	\$0	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-39

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER hotel			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED <u>8 X 30</u>	MANPOWER COST \$ <u>240.00</u>	TOTAL COST \$ <u>240.00</u>
	NATURE OF OTHER RESOURCES USED <u>0</u>	RESOURCE COST \$ <u>0</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>0</u>					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - target did not show up  
DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-40

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Solicitation of a Sexual Act</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<u>04-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8 X 30</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	\$0	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

target did not appear at designated location

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-41

AUTHORIZING JUDGE	NAME <u>Ryan</u>
	CIRCUIT <u>13th</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>George Mueller</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8 X 30</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	\$0	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

target did not appear at designated location

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-42
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	04-04-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8 X 30		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 240.00
	0	\$0	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>solicitation of sexual act</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-43

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Solicitation of a Sexual Act</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	04-04-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>			<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>hotel</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8 X 30	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	0	\$0	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>solicitation of sexual act</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overbear

DATE OF REPORT 1/14/2020 SIGNATURE

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-44

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-08-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
COST	NATURE OF OTHER RESOURCES USED	RESOURCE COST	TOTAL COST
	0		

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-45

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <i>Raccuglia</i> CIRCUIT <i>13<sup>th</sup></i> COUNTY <i>LaSalle</i>
AUTHORIZING STATE'S ATTORNEY	NAME <i>Karen Donnelly</i> COUNTY <i>LaSalle</i>
APPLYING OFFICER	NAME <i>Brian Zebron</i> TITLE <i>Agent</i> AGENCY <i>Trident</i>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <i>Unlawful Delivery of Controlled Substance</i> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	04-09-2019	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <i>Rt. 23</i>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED 4X25	MANPOWER COST \$ 200.00	TOTAL COST \$ 300.00
	NATURE OF OTHER RESOURCES USED 4X25	RESOURCE COST \$ 100.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	-					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*no charges - no intercept, equipment malfunction*

DATE OF REPORT *1/14/2020*

SIGNATURE *[Signature]*

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-46
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13+</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	04-08-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case is currently pending

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-47

AUTHORIZING JUDGE	NAME <u>Raccuglia</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-09-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER streets _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 X 30 X 2</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X 25 X 2</u>	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>ct 2 - unlawful delivery of controlled substance</u>

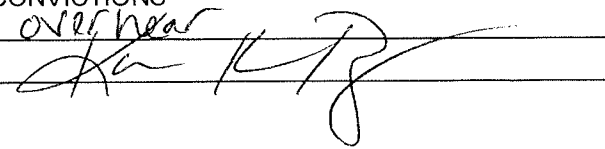
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. substance

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without over hear

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-48
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 210.00	\$ 360.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Unlawful delivery of controlled substance

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
conviction unlikely without over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-49
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>04-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00</u>	<u>\$ 150.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</u>	<u>\$ 210.00</u>	<u>\$ 360.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					JUVENILE - adjudicated delinquent.

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction / adjudication unlikely without over hear

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-50

AUTHORIZING JUDGE	NAME <u>Racenglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER .....public street			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED <u>12 X \$25.00</u>	MANPOWER COST <u>\$ 300.00</u>	TOTAL COST <u>\$ 720.00</u>
	NATURE OF OTHER RESOURCES USED <u>12 X \$35.00</u>	RESOURCE COST <u>\$ 420.00.00</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE <u>1</u>	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE <u>unlawful delivery of controlled substance</u>
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overheat

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-51

AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	04-11-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 X 30 X 2	\$ 240.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
4 X 25 X 2	\$ 200.00	\$ 440.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-52

AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	04-15-19	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$25.00	\$ 75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/24/2020 SIGNATURE [Signature]



# STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-53

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	04-16-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outside Mendota			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$ 0	
	NATURE OF OTHER RESOURCES USED	\$ 0	\$ 0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-54

AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Casey's parking lot, LaSalle</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>6 X \$25.00</u>	<u>\$ 150.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>6 X \$35.00</u>	<u>\$210.00</u>	<u>\$ 360.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>-</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Count 1 dismissed in exchange for guilty plea to other similar

DATE OF REPORT 1/16/2020

SIGNATURE [Signature] counts

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-55
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PLEASE MAIL COMPLETED FORM TO: Illinois State Police: ECSO 801 South Seventh St., Ste. 500-S Springfield, IL 62703 Attn: Master Sergeant B.R. Workman
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>04-26-2019</u>	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>					
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
		0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	0	\$ 0	\$ 0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept  
DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-56
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>3<sup>rd</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>George Mueller</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	05-01-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4	\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					~

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

*no charges at present time*

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-58

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brett Valle</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>05-07-2019</u>	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4</u>	\$35.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4</u>	\$ 25.00	\$ 60.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>unlawful delivery of controlled substance</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

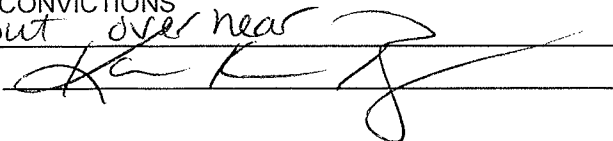
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Conviction unlikely without over hear

DATE OF REPORT

7/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-59
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-092019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 X \$25.00</u>	\$100.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$35.00</u>	\$140.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges for this particular overheard, but for later dates.

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-60
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	05-13-2019	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 officers X \$30.00	\$ 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 90.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case Pending (2 counts)

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-61 .....
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY <u>Unlawful Delivery of Controlled Substance &amp; purchase of firearm</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-14-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 X \$25.00</u>	\$100.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$35.00</u>	\$140.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					unlawful delivery of controlled substance + possession of firearm by felon

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*convictions unlikely without overheard*

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-62

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>3<sup>rd</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES <span style="font-size: x-small;">ORDER DATE</span>	
PERIOD ORIGINALLY REQUESTED	24 hours	05-14-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Casey's</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 officers X \$30.00	\$ 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 90.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 5/14/2020    SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-63

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	05-14-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	2 officers X \$30.00	\$ 60.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 90.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-64

AUTHORIZING JUDGE	NAME <u>Ryan</u>
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brett Valle</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-17-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	2			
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
2			\$ 25.00	\$ 60.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *substance dismissed in exchange for plea to Court 1 - unlawful delivery of controlled substance*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Conviction in Court 1 unlikely without over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-65

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED	05-20-2019	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>BP</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers X 5 hrs X \$30.00	\$ 60.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 60.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>unlawful delivery of controlled substance</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

conviction unlikely without overheard

DATE OF REPORT 1/14/2020

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**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-67
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>05-22-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>12 X \$25.00</u>	<u>\$300.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>12 X \$35.00</u>	<u>\$420.00</u>	<u>\$720.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>-</u>					<u>-</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges on this particular overheard, but on others  
DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-68

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Mike Galletti</u> TITLE <u>Sgt.</u> AGENCY <u>ISP Will County CPAT</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	05-31-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	did not use	N/A	N/A	N/A	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges - NO intercept - did not use.

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-69

AUTHORIZING JUDGE	NAME <u>Jansz</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	4			
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
4			\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
convicted on other charges - fruits of this overheard used in  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature] aggravation.

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-70

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	06-04-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>motel room</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1				

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges - NO overhead

DATE OF REPORT 1/14/2020 SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-71

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	06-24-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	4			
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
4			\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Count 2 - dismissed

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *in exchange for plea to other counts for*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*conviction in other courts unlikely without*

DATE OF REPORT

1/14/2020

SIGNATURE

*Karl J. Overhear*

*similar offense*

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-73

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	06-24-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____ road _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4		\$ 200.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
4		\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>pending</u>					<u>pending</u>

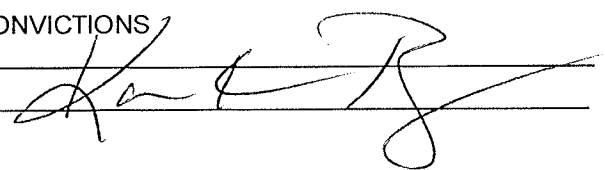
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

11/14/2020 case is pending

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-74

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	06-27-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER road _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	4			
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
4			\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*this overheard used in aggravation for other similar counts. (x2)*

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-75

AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	06-28-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER .....didn't happen			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		\$0
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$0	\$0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges - no overheard

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-76

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>134</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>06-28-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		6 officers X 30	\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$ —	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges as a result of this overheard

DATE OF REPORT 11/4/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-77

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>134</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSSO  
801 South Seventh St., Ste. 500-5  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	DATE				ORDER DATE	
24 hours	07-09-2019	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	4			
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
4			\$ 100.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>ct 5 - unlawful delivery of controlled substance</i>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *substance*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*conviction on counts 5 & 9 untill without over hear*

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-78

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>135</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>George Mueller</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	07-09-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6 X \$25.00	\$ 150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6 X \$35.00	\$210.00	\$360.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges filed as a result of this overhear

DATE OF REPORT 7/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-79

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<del>5</del></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE		DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>				

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Walmart</u> <input type="checkbox"/> OTHER _____				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	2	2		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8 officers X 1 hr. <u>✗ \$ 30-</u>		\$ <del>30.00</del> <u>240<sup>00</sup></u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 240.00
		\$ <u>-</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
		<u>pending</u>				

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-80

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	07-11-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$25.00	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
5 X \$35.00	\$ 175.00	\$300.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					unlawful delivery of <i>controlled substance</i> *

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *controlled substance*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
*fruits from this overhear used in aggravation for other similar courts*

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-81

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-11-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
		0	0	0	0

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$0	\$0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept / overhear

DATE OF REPORT 11/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-82

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-11-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3X35		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3X25	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges filed on this order but on subsequent  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature] Overhear

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-83

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	07-11-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

No charges from this particular offense

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-84
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	07-15-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 Officers X 1 hour	<u>2 \$30</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$0.00	\$ 150.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges from this particular overhear

DATE OF REPORT 7/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-85

AUTHORIZING JUDGE	NAME <u>Raccuglia</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	07-16-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER parking lot...			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3X35	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3X25	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges - NO intercept

DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-86

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>07-16-2019</u>	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER parking lot			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no intercept

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-87

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-17-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>parking lot</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3X35		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3X25	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges for this over hear

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-88

AUTHORIZING JUDGE	NAME <u>Rocouglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-17-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER parking lot			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
✓						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges for this particular overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-89

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13E</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-18-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 Officers X 1 hour	<u>x \$30-</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	-	<u>\$0.00</u>	\$ 90.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>ct. 3 - unlawful delivery of controlled substance</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. substance

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

This particular count for this arrest dismissed in exchange for plea to  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature] other similar counts

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-90

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 Officers X 1 hour <del>x</del> \$30-	\$ <del>30.00</del> 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 0.00
			\$ 90.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Ct 4 - unlawful delivery of controlled substance

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Court 4 related to this overheard dismissed in exchange for plea to other similar and related counts

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-91
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<del>12</del></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER yard/trailer			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$25.00	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 X \$35.00	\$ 175.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Court 2 filed on this over hear - case remains pending  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-92

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-5 n  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	07-29-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 (3 hrs)	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 (3 hrs)	\$ 105.00	\$180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					pending

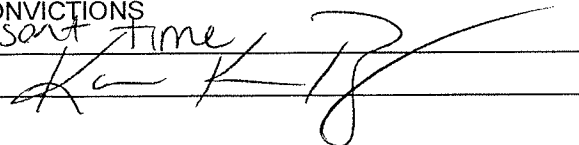
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*case is pending at present time*

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-93

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <span style="font-size: small;">24 hours</span>	<u>07-30-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00 x 5</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 5</u>	\$ 175.00	\$300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS:

no charges at present time

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-94

AUTHORIZING JUDGE	NAME <u>Jansz</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-30-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 175.00	\$300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Case presently pending

DATE OF REPORT 7/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-95

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	07-30-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$25.00 x <u>5</u>	\$125.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 x <u>5</u>	\$ 175.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-96
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AUTHORIZING JUDGE	NAME <u>Racauska</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-05-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Dollar General, LaSalle</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 X \$30.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4X \$25.00</u>	<u>\$ 100.00</u>	<u>\$ 220.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-97

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-05-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) _____ <span style="font-size: x-small;">Dollar General</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 X \$30.00	\$ 120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4X \$25.00	\$ 100.00	\$ 220.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	~					~

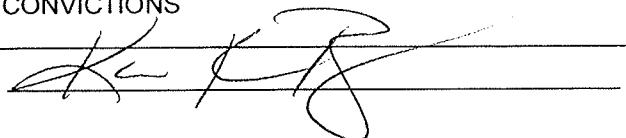
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

no charges  
1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-98

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	08-06-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Road Ranger, Mendota</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4X \$ 30.00	\$ 120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 X \$75.00	\$ 100.00	\$ 220.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

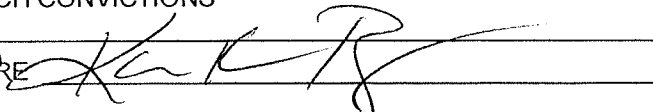
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case presently pending

DATE OF REPORT

11/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-99

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION	DENIED	GRANTED	GRANTED WITH CHANGES
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE			ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	08-05-19	<input type="checkbox"/>	<input type="checkbox"/>	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 * 3	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 * 3	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Case is pending

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-100

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13E</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>08-07-19</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 3</u>	<u>\$ 75.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	<u>\$ 105.00</u>	<u>\$ 180.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>Pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Case is presently pending

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-101

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-09-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Silver Slipper Saloon, Ottawa</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	10 X \$30.00	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	10 X \$25.00	\$ 250.00	\$ 550.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges for this particular overheard

DATE OF REPORT 11/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-102

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	08-12-19	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-103

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly/Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>08-12-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3 x 30</u>	<u>\$ 90.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
<u>3 x 25</u>	<u>\$ 75.00</u>	<u>\$ 165.00</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>cts 4 + 9 - unlawful delivery</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *of controlled substance - ct 4 dismissed Defendant placed to Court 9.*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Conviction on Court 9 unlikely without over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-104

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly/Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>08-13-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Flying J Truck Stop, LaSalle</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>8 X \$30.00</u>	<u>\$ 240.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>6 X \$25.00</u>	<u>\$ 150.00</u>	<u>\$ 390.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Count 1 - dismissed in exchange</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. *for plea to count 2 -*

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

*conviction on count 2 unlikely without overheard unlawful delivery of controlled substance*

DATE OF REPORT 2/14/2020

SIGNATURE *[Signature]*

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-105

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> APPLICATION		DENIED	GRANTED	GRANTED WITH CHANGES		ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				
	PERIOD ORIGINALLY REQUESTED	24 hours	08-13-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	\$25.00	MANPOWER COST	\$ 100.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED	\$35.00	RESOURCE COST	\$ 140.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 8/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-106

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>08-14-2019</u>	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	08-14-2019	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$25.00	\$125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 X \$35.00	\$175.00	\$300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO CHARGES - NO INTERCEPT

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-107

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>132</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-14-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER car			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 x 4 hrs.	\$ 100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 x 4 hours	\$ 140.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2025 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  .....2019-E-108.....
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AUTHORIZING JUDGE	NAME <u>Raccuscia</u> CIRCUIT <u>13<del>12</del></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	08-19-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Walmart, Peru</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$30.00	\$ 180.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
5 X \$25.00	\$ 125.00	\$ 305.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					Pending - ct 2

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case is pending (count 2)

DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-109
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-19-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street/car			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	<u>x 3 hrs</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
\$35.00	<u>x 3 hrs</u>	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 11/4/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-110

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-26-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 x 3	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 x 3	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-111

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER	DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED					
	24 hours	08-26-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 x 3	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 x 3	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1 - pending					Pending on different overheard

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Open case on this individual from overheard - target wanted on warrant

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-112

AUTHORIZING JUDGE	NAME <u>Janse</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	08-27-2019	<input type="checkbox"/>	<input type="checkbox"/>	
	LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>	
		2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>	

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$25.00 x 2	\$ 50.00	
	\$35.00 x 2	\$70.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-pending					pending charge from different over hear

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

open case on this individual from prior over hear - warrant issued for non-appearance  
 DATE OF REPORT 11/4/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-113

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	<b>FELONY:</b> <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>08-28-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 4</u>	<u>\$ 100.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 4</u>	<u>\$140.00</u>	<u>\$ 240.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

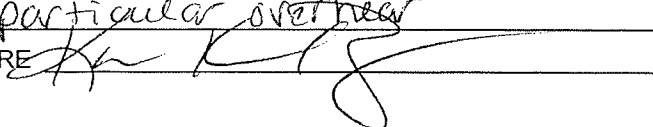
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges on this particular overheard

DATE OF REPORT

1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-114

AUTHORIZING JUDGE	NAME <u>Rocaus, L. A.</u> CIRCUIT <u>13<del>1</del></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-03-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER ..car.....			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00 x 3</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>Ct 2- unlawful delivery of controlled</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending. substance pending

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
Case currently pending (multiple counts)

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-116
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-10-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1				

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST \$ 25.00	TOTAL COST \$ 60.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST \$ 35.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-117

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-11-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Gentleman Rd, Ottawa</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3 x \$30-</u>	\$ 90.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
<u>3 x \$25-</u>	\$ 75.00		

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
-						-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges on this particular overheard

DATE OF REPORT 11/14/2022 SIGNATURE

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-118

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Rocuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-11-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 x 3	\$ 75.00	
COST	NATURE OF OTHER RESOURCES USED	RESOURCE COST	TOTAL COST
	\$35.00 x 3	\$ 105.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	-					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

No charges at this time

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-119

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-15-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Ottawa, near BK			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no over hear

DATE OF REPORT 11/4/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-120

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-15-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges - no over hear

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-121

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	09-17-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$30.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 165.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-122

AUTHORIZING JUDGE	NAME <u>Ryan</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>09-17-2019</u>	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>10 x 30</u>	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>10 x 25</u>	\$ 250.00	\$ 550.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges filed at this time

DATE OF REPORT 1/19/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-123

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 09-24-2019	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED 1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		\$ 0.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no overhear

DATE OF REPORT 1/14/2020

SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-124

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	09-24-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-125

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 officers X 1 hr. <u>X \$35</u>	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$ 0.00	\$ 105.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

11/4/2020

SIGNATURE

*[Handwritten Signature]*

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-126
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	09-26-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Next Door Self Storage</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x 30 -	\$120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3 x 25 -	\$75.00		\$195.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-127

AUTHORIZING JUDGE	NAME <u>Kacuglia</u> CIRCUIT <u>13<sup>2</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	09-26-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>west side of Ottawa</u>				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	4	2	2		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4	<u>x \$30-</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3	<u>x \$25-</u>	\$75.00	\$195.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges on this particular overheard

DATE OF REPORT 11/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-128
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	09-30-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER south side of Ottawa			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 ↓ \$30-		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3 ↘ \$25-		\$75.00	\$195.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges filed on this particular over hear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-129
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	10-01-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>west side of Ottawa/Naplate</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$30 =	\$120.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
3 x \$25 =	\$75.00		

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges at this time

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-130
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AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED					ORDER DATE	
	LENGTH OF EXTENSIONS REQUESTED	1ST	10-03-19	<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>inside targets vehicle</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 <u>x \$30-</u> NATURE OF OTHER RESOURCES USED 2 <u>x \$250</u>	\$90.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

case is pending  
 DATE OF REPORT 1/14/2020 SIGNATURE Ken R P

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-131

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>George Mueller</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	10-07-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 <u>x 30-</u>	\$120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3 <u>x 25-</u>	\$75.00	\$195.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-132
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>10-10-19</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3 x \$30-</u>	<u>\$90.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>2 x \$25-</u>	<u>\$50.00</u>	<u>\$140.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1-pending</u>					<u>Pending</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 11/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-133

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 10-23-19	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED 24 hours	10-23-19	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED 1ST	10-23-19	<input type="checkbox"/>	<input type="checkbox"/>			
2ND & SUBSEQ.	10-23-19	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="float: right;">south side of Ottawa</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$30-	\$120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3 x \$25-	\$75.00	\$195.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
						-

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges for this particular over hear

DATE OF REPORT 11/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-134

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	24 hours	10-27-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER driveway/vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$25.00 x 4	\$100.00	\$ 240.00
	\$35.00 x 4	\$140.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges for this particular offense over hear

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-135

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-28-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER driveway/vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 4</u>	<u>\$100.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 4</u>	<u>\$140.00</u>	<u>\$ 240.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges at the present time  
 DATE OF REPORT 11/17/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-136

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	10-29-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER 611 Rt. 17 Wenona, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$25.00 * 5	\$125.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 * 5	\$175.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges at this time

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-137

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-29-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER 611 Rt. 17 Wenona, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00 x 4</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 300.00
	<u>\$35.00 x 4</u>	\$175.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time  
 DATE OF REPORT 1/14/2025 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-138
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 10-30-2019	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED 1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Sandman Motel, Peru, IL</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$25.00 = 75 X 2 hr	\$ 150.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00 vehicle	\$150.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges for this particular overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-139 .....
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 3</u>	<u>\$75.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	<u>\$105.00</u>	<u>\$180.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

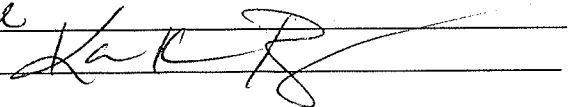
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO charges at this time

DATE OF REPORT 1/14/2020

SIGNATURE



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-140

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>11-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="float: right;">611 Rt. 17 Wenona, IL</span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 x <u>3</u>	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 x <u>3</u>	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges at this time

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-141

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-06-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER E Market & State St., Wendona			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 * 3	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 * 3	\$105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges at this time

DATE OF REPORT

1/14/2020

SIGNATURE

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-142

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-06-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER E Market & State St., Wendona			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED \$25.00 x 3	MANPOWER COST \$75.00	TOTAL COST \$ 180.00
	NATURE OF OTHER RESOURCES USED \$35.00 x 3	RESOURCE COST \$105.00	

RESULTS	# ARRESTED BY OFFENSE TYPE <u>—</u>	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE <u>—</u>
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-143
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-07-19	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) <input checked="" type="checkbox"/> OTHER .....115 N. Lewis Ave., Oglesby, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$30-	\$120.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 x \$25-	\$75.00	\$195.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-144

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-14-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER .....300 block W. Superior St., Ottawa, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	7 x \$30-	\$210.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
4 x \$25-	\$100.00	\$310.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges for this particular overheard  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-146

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	11-15-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER .....driveway at 2213 Caton Rd... Ottawa, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3	<u>30</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
2	<u>25</u>	<del>\$100.00</del> <u>50</u>	\$140.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges from this particular oversight  
 DATE OF REPORT 1/14/2020 SIGNATURE

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-147

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-15-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$25.00 = 75 X 2 hr	\$ 150.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00 vehicle	\$ 150.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges - no overhead

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-148
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	11-15-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Casey's General Store, LaSalle, IL</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED 3 X \$30.00 = 120 X 2	MANPOWER COST \$ 440.00	TOTAL COST  \$ 640.00
	NATURE OF OTHER RESOURCES USED 4X \$25.00 X 2	RESOURCE COST \$200.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					1

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time. Investigation continues

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

**ILLINOIS STATE POLICE  
STATE'S ATTORNEY REPORT**  
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-149

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER unknown			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 4</u>	<u>\$100.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 4</u>	<u>\$140.00</u>	<u>\$ 240.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>-</u>					<u>-</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges - no overhear  
DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-150

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<del>12</del></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00 x 3</u>	<u>\$75.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	<u>\$105.00</u>	<u>\$ 180.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time - investigation continues

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-151

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>11-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00 x 3</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	<u>\$105.00</u>	<u>\$ 180.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time - investigation continues  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-152

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 11-26-2019	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$25.00 <u>x 3</u>	\$ 75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00 <u>x 3</u>	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges at this time - investigation continues

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-153
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PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Mohr</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-02-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER in bar _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$225.00
	3 cars	\$ 75.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges at this time - investigation continues  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-154

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Mohr</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-02-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>mobile</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 vehicles	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time - investigation continues  
 DATE OF REPORT 1/14/2022 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-155

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-04-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Ottawa, IL</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0	\$0.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$0.00	\$0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges - no overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-156

AUTHORIZING JUDGE	NAME <u>Jansz</u>
	CIRCUIT <u>13<sup>th</sup></u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-05-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER 1215 LaSalle St., Ottawa, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
0		\$0.00	\$0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-157

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	12-05-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER 1215 LaSalle St., Ottawa, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8		\$480.00
4	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$200.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1-pending					pending

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

charges pending  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-158
---------------------------------

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	12-04-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND &amp; SUBSEQ.</u>		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <span style="margin-left: 150px;"><u>Ottawa, IL</u></span>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0	\$0.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$0.00	\$0.00
0			

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges - no intercept/overhear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-159
---------------------------------

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-5  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	12-05-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
4		\$100.00	\$280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges at this time - investigation continues

DATE OF REPORT 1/14/2020

SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  
2019-E-160

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>12-09-2019</u>	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00 * <u>3</u>	\$ 75.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
\$35.00 * <u>3</u>	\$ 105.00		

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
—						—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
NO charges at this time - investigation continues

DATE OF REPORT 1/14/2020      SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-161

AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
801 South Seventh St., Ste. 500-S  
Springfield, IL 62703  
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>12-09-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00 x 3</u>	\$ 75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00 x 3</u>	\$ 105.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

no charges at this time - investigation continues

DATE OF REPORT 1/14/2020

SIGNATURE

[Signature]



# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-162
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Mohr</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	12-11-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER mobile			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3		\$90.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3		\$150.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time - investigation continues

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #  2019-E-163
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AUTHORIZING JUDGE	NAME <u>Raccuglia</u> CIRCUIT <u>13th</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Mohr</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	12-16-2019	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER mobile			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0	\$ 0.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2019-E-164

AUTHORIZING JUDGE	NAME <u>Jansz</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Mohr</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND &amp; SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <small>mobile</small>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	7	\$420.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
5	\$250.00	\$ 670.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

NO CHARGES FOR THIS PARTICULAR OVERHEAR, BUT IS BEING USED IN  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature] aggravation in another similar charge

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2019-E-165

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input type="checkbox"/> CHECK IF EMERGENCY ORDER	12-18-2019	<input type="checkbox"/>	<input type="checkbox"/>		
	PERIOD ORIGINALLY REQUESTED	24 hours	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		5 X \$30.00 = 150 X 2	\$ 300.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 X \$25.00 = 125 X 2	\$250.00	\$ 550.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	—					—

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges at this time investigation continues  
 DATE OF REPORT 1/14/2020 SIGNATURE [Signature]

# ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2019-E-166
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AUTHORIZING JUDGE	NAME <u>Ryan</u> CIRCUIT <u>13<sup>th</sup></u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Karen Donnelly</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Adam Jobst</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:  
 Illinois State Police: ECSO  
 801 South Seventh St., Ste. 500-S  
 Springfield, IL 62703  
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	12-18-2019	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER ..... 1215 LaSalle St., #27, Ottawa, IL			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
0		\$ 00.00	\$ 00.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS  
no charges - no overbear

DATE OF REPORT 1/14/2020 SIGNATURE [Signature]