

**ORDERED, that the City Comptroller is authorized and directed to pay the following named claimants the respective amounts set opposite their names, said amount to be paid in full and final settlement of each claim on the date and location by type of claim as follows:**

City Of Chicago

**Journal Report for City Council GL Claims**

Last Name	First Name	Address	City	State	Zip Code	DOL	Total Paid	Payee	Location of Accident
<b>Claimant Type Desc: Vehicle(8)</b>									
HIRSCHBOECK	PETER	1802 VERNON ST. NW, #1020	WASHINGTON	DC	20009	01/26/2024	\$474.65	Claimant	2400 N. DUSABLE LAKE
JACKSON	CAROLYN	6407 FOREST AVE.	HAMMOND	IN	46324	03/03/2024	\$618.20	Claimant	12700 S. WENTWORTH
JEGERSKI	JOHN	2121 W. 23RD PL.	CHICAGO	IL	60608	01/28/2024	\$65.45	Claimant	2440 S. DAMEN AVE.
ODEA	MARJORIE	155 N. HARBOR DR. #3605	CHICAGO	IL	60601	01/26/2024	\$223.18	Claimant	737 W. CHICAGO AVE.
PORUCZNIK	CHARLES	9881 TALL GRASS TRAIL	SAINT JOHN	IN	46373	01/24/2024	\$545.71	Claimant	3500 W. 103RD STREET
SIERRA	ROSA	5336 W BARRY AVE.	CHICAGO	IL	60641	06/07/2023	\$429.83	DEPARTMENT OF REVENUE	2014 N AUSTIN
YORKE	JENNIFER	60 E. MONROE ST.	CHICAGO	IL	60603	01/26/2024	\$173.03	Claimant	300 E. RANDOLPH ST.
Total of Split Claims:		Number	Amount						
		7	\$2,530.05						
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