

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-1

AUTHORIZING JUDGE	NAME
	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>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>	APPLICATION DATE		DENIED	GRANTED	GRANTED WITH CHANGES
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>01-03-2018</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	2	2	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>16X\$25.00</u>	\$ 400.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>16X\$35.00</u>	\$ 560.00	\$ 960.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of C/S</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 would not have been filed w/out overhead evidence

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-2

AUTHORIZING JUDGE	NAME 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED	01-03-2018	<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 Parking Lot			
	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
	10X\$25.00	\$ 250.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	10X\$35.00	\$ 350.00	\$ 600.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					(1) Del of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case would not have been filed w/out overhear

DATE OF REPORT 1/4/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-4

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Jones
	TITLE Detective
	AGENCY Peru Police Department

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: Unlawful Delivery of Controlled Substances <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	01-22-2018	<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	\$ 35.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 175.00
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					(1) Poss of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was closed by overhear & sw was secured based on c/s buys.

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-5

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-06-2018</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>road side city street</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
	<u>4</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4</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>(1) Del of c/s</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 would not have been filed w/out over here

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-6

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	02-07-2018	<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 city 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
	4		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4	\$ 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					(1) Del of cls

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
 Target was on parole and/or had lengthy criminal history

DATE OF REPORT: 1/4/19 SIGNATURE:

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-7

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>02-07-2018</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 <u>KFC parking lot</u>			
	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</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>6</u>	\$ 300.00	\$ 660.00

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>Pending</u>					<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

Case is pending; case wouldn't have been filed w/out over hear

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-8

AUTHORIZING JUDGE	NAME 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-09-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & 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
	<u>1</u>	<u>2</u>	<u>1</u>	<u>0</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4</u>	<u>4</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4</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	
	<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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-9

AUTHORIZING JUDGE	NAME 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>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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED	02-12-2018	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	24 hours				
	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 city 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
		5	\$ 300.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5	\$ 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	
	1					<i>(1) Del of ds</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

case wouldn't have been filed w/out overhear

DATE OF REPORT

1/4/19

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 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	02-14-2018	<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 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	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
5	\$ 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	
	1					205w/entry (1) Del of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
overheat was used to secure SW; it was a probation for felony when arrested
 DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-11

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

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Greg C. Sticka</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Poss. C/S</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-14-18</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"/> OTHERparking 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 4 officers 1 hour	MANPOWER COST \$ 140.00	TOTAL COST \$ 140.00
	NATURE OF OTHER RESOURCES USED recorder	RESOURCE COST \$ 0.00	

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

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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-12

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
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Marc Hoster
	TITLE Detective
	AGENCY Ottawa Police Department

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Poss. C/S	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	02-15-18	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED		<input type="checkbox"/>	<input type="checkbox"/>		
	1ST					
	2ND & SUBSEQ.					

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 4 officers 1 hour	MANPOWER COST \$ 140.00	TOTAL COST \$ 140.00
	NATURE OF OTHER RESOURCES USED recorder	RESOURCE COST \$ 0.00	

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

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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-13

AUTHORIZING JUDGE	NAME
	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>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>Unl. 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>02-20-2018</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	2	0	

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

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>3 (Persons)</u>					<u>Rel of c/s 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 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-14

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED	02-22-2018	<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	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3	\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3	\$ 150.00	\$ 330.00

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

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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-15

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 CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	<u>02-25-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-25-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4</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>Rel of c/s</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 was solid because of ownere / video

DATE OF REPORT 1/4/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-16

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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>Unl. Delivery of C/S</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	02-22-2018	<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
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	(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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-17

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault 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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED 24 hours	02-26-18	<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 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
		\$35.00 x 3	\$ 105.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$25.00 x 3	\$ 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	
	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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-18

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-26-2018</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	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4</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>Del ofcs</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 wouldn't have been filed w/out over hear

DATE OF REPORT 1/4/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-19

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	02-27-18	<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
	2	4	2	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		8 officers X 2 hrs.	\$ 30.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST \$	\$ 480.00

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

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Use was dependent on another

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-20

AUTHORIZING JUDGE	NAME
	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>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 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED					
	LENGTH OF EXTENSIONS REQUESTED					
	24 hours	02-28-18	<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 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
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	(1)					Del of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
Defendant is awaiting sentencing; case was dependent on overhear
 DATE OF REPORT 1/4/19 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
	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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	<u>02-28-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		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 & 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 parking lot			
	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>3</u>	<u>2</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>3X\$25.00</u>	\$ <u>75.00</u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3X\$35.00</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</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 was dependent on overheard

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-22

AUTHORIZING JUDGE	NAME 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>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>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<u>03-05-2018</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>0</u>	<u>0</u>	<u>0</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3X\$25.00</u>	\$ 75.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
<u>3X\$35.00</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>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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-23

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-06-2018	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	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6X\$25.00	\$ 150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6X\$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					<i>Del of c/s</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overhead

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-24

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 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>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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>03-06-2018</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	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND & 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
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>3X\$25.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3X\$35.00</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>0</u>					<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

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-25

AUTHORIZING JUDGE	NAME 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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	03-07-2018	<input type="checkbox"/>	<input type="checkbox"/>		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 & 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	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3X\$25.00</u>	\$ 75.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
	<u>2X\$35.00</u>	\$ 70.00	

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>Del of CS</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 was dependent on video

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-26

AUTHORIZING JUDGE	NAME
	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>Sheri Barto</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-09-2018</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"/>			

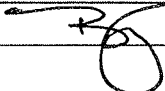
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public place			
	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 agents	\$ 180.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 vehicles	\$ 75.00	\$ 255.00

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

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 1/4/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-27

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault TITLE Agent AGENCY Trident

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>Unl. Delivery of C/S</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED 24 hours	03-13-2018	<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	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Rel of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

C/S was dependent on outcome
 DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-28

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault 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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 03-15-2018	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 county 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
		5 x \$35.00	\$ 175.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 x \$25.00	\$ 125.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 1/4/11 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-29


AUTHORIZING JUDGE	NAME
	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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>03-20-2018</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
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>1</u>	\$ 30.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	\$ 0.00	\$ 30.00

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

DATE OF REPORT 1/4/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-30

AUTHORIZING JUDGE	NAME 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>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>Unl. Delivery of C/S</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-20-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & 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	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>5x \$35.00</u>	<u>\$ 175.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>5 x \$25.00</u>	<u>\$ 125.00</u>	<u>\$ 300.00</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>					<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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-31

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 CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault TITLE Agent AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery of C/S</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	03-21-2018	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 vehicle			
	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
		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	
	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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-32

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	03-21-2018	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	24 hours	<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 type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Mega Tortas</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
	7 officers X 1 hr.	\$ 30.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 210.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s</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 was dependent on overhear

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-33

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault TITLE Agent AGENCY Trident

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>Unl. Delivery of C/S</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	3-21-2018	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	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of C/S</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overhear

DATE OF REPORT 1/4/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-34

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
PERIOD ORIGINALLY REQUESTED						
	<u>24 hours</u>	<u>03-29-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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
	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>5</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>5</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	
	<u>1</u>					<u>Del of c/s</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 was dependent on overhead

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-35

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 CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni/Greg C. Sticka</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 Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	DATE			ORDER DATE		
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>04-03-18</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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
	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>2 X \$35.00</u>	\$ 70.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>2 X \$25.00</u>	\$ 50.00	\$ 120.00

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>Del of CS</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 was dependent on overseas
 DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-36

AUTHORIZING JUDGE	NAME 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>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>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<u>04-11-2018</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>LaSalle Canal</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>2</u>	\$ 120.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
<u>2</u>	\$ 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					<i>Del of c/s</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overhaul

DATE OF REPORT

1/4/14

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-37

AUTHORIZING JUDGE	NAME 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED					ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED					
	1ST	04-12-2018	<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
	5X\$25.00	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5X\$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	
	0					0

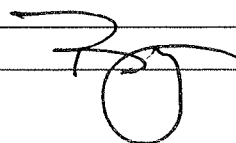
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/4/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-38

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni/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 Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	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 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	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	2 X \$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$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					<i>Del of c/s</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on video

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-39

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/Karen Donnelly COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault 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: Unlawful Delivery Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	04-18-18	<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
		2 X \$25.00	\$ 50.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$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	
	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 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-40

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	04-20-2018	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	24 hours	<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					
	Location	<input type="checkbox"/> TELEPHONE	<input checked="" type="checkbox"/> IN-PERSON	<input type="checkbox"/> OTHER (SPECIFY) _____		
	FREQUENCY OF INCRIMINATING CONVERSATIONS	<input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> MULTIPLE DWELLING	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BUSINESS (SPECIFY) _____	<input type="checkbox"/> OTHER _____
		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
		5	\$ 300.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5	\$ 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	
	1					<i>Delet of cls</i>

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

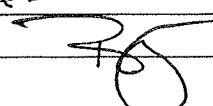
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overheard

DATE OF REPORT

1/4/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-41

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	04-26-2018	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 city street _____			
	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
	10 police	\$ 3,000.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	10 vehicles	\$ 2,500.00	\$ 5,500.00

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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-42

AUTHORIZING JUDGE	NAME 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>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 Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	05-02-18	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>BP Gas Station</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	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	2 X \$25.00	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$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					<i>Del of c/s</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on over here

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-43

AUTHORIZING JUDGE	NAME 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 Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE		
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>05-02-18</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	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>2 X \$35.00</u>	\$ 70.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>2 X \$25.00</u>	\$ 50.00	\$ 120.00

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

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-44

AUTHORIZING JUDGE	NAME
	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>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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-03-2018</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>McDonald's parking lot Peru</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
	6		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6	\$ 300.00	\$ 660.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s</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 was dependent on over hear

DATE OF REPORT

1/4/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-45

AUTHORIZING JUDGE	NAME 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-08-2018</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	2	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>7X\$25.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4X\$35.00</u>	\$ 140.00	\$ 315.00

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

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

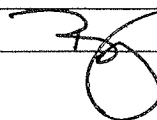
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overheard

DATE OF REPORT

1/4/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-46

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	05-10-2018	<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 LaSalle			
	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	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4	\$ 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					2 of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Use was dependent on overhear

DATE OF REPORT 1/4/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # <u>2018-E-47</u>

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED	05-15-2018	<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	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3X\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3X\$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					<i>Del of cs</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on overheard

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-48

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 05-16-2018	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 public parking lot			
	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>2X\$25.00</u>	\$ 50.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>2X\$35.00</u>	\$ 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					<i>Del of c/s</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on over here

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-49

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-22-2018</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	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>2X\$25.00</u>	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>2X\$35.00</u>	\$ 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	
	<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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-50

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni/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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>05-22-2018</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 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	
	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</u>				

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

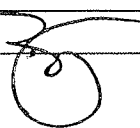
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on a search

DATE OF REPORT

1/4/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-51

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/George Mueller
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	05-22-2018	<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
	\$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

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 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-52

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/George Mueller
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	05-22-2018	<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
	\$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

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 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-53

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/George Mueller COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift TITLE Agent AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	05-22-2018	<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
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$25.00	\$ 75.00	
	\$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

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 1/21/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-54

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin TITLE Agent AGENCY Trident

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: _____ <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	05-24-2018	<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
	4 X \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 215.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	(1)					Pending Del of C/S

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 _____ SIGNATURE _____

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-55

AUTHORIZING JUDGE	NAME 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>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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE		DENIED	GRANTED
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-31-2018</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
		<u>4 officers</u>	\$ 35.00
	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>Delof c/s</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 was dependent on over hear

DATE OF REPORT 1/4/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-56

AUTHORIZING JUDGE	NAME CIRCUIT ..Thirteenth..... COUNTY ..LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME ..Brian K. Vescogni..... COUNTY ..LaSalle.....
APPLYING OFFICER	NAME ..Brad Jones..... TITLE ..Detective..... AGENCY ..Peru Police Department.....

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 HOURS	06-01-2018	<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
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 officers X 1 hr.	\$ 35.00	
		\$	\$ 105.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of CS</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case was dependent on over here
 DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-57

AUTHORIZING JUDGE	NAME
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED						
	<u>24 hours</u>	<u>06-05-18</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 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
	<u>5 X \$25.00</u>	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>5 X \$35.00</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	
	<u>Pending</u>					<u>Pending</u>

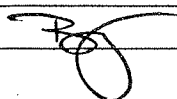
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/10/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-58

AUTHORIZING JUDGE	NAME
	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 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>06-06-18</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 public/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
	<u>5 X \$25.00</u>	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>5 X \$35.00</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	
	<u>Pending</u>					<u>Pending (Del of ct)</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 6/6/17 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-59

AUTHORIZING JUDGE	NAME
	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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
PERIOD ORIGINALLY REQUESTED						
	<u>24 hours</u>	<u>06-06-18</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 of business			
	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>5 X \$25.00</u>	<u>\$ 125.00</u>	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
<u>5 X \$35.00</u>	<u>\$ 175.00</u>	<u>\$ 300.00</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s</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 was dependent on overview

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-60

AUTHORIZING JUDGE	NAME 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-07-18</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 city street _____			
	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
	\$25.00	\$ 150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 140.00	\$ 290.00

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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-61

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

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

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substances		APPLICATION	DENIED	GRANTED	GRANTED WITH CHANGES
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				ORDER DATE
PERIOD ORIGINALLY REQUESTED			<input type="checkbox"/>	<input type="checkbox"/>		
24 hours		06-07-18				
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
	\$25.00	\$ 75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 70.00	\$ 145.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Pending Ad of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

As has been charged but case is pending; Overhaul was critical to case being charged

DATE OF REPORT 7/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-62

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 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>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substances</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE <u>06-08-18</u>	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES <input type="checkbox"/>	ORDER DATE <input type="checkbox"/>
LENGTH OF EXTENSIONS REQUESTED 1ST <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2ND & SUBSEQ. <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	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>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 1/16/09 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-63

AUTHORIZING JUDGE	NAME
	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 Substances</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	DATE				
	24 hours	06-11-18	<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
	\$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					Def of c/s Penonys

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
It has been charged but case is pending / overture was critical in charging of case
 DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-64

AUTHORIZING JUDGE	NAME 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>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. 500-5
 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-15-2018</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	4	4	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>3 officers x 1 hr.</u>	\$ 30.00
	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					<u>Del of c/s (Perjury)</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 perjury; another was critical in case being charged

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-65

AUTHORIZING JUDGE	NAME 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 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>06-18-2018</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	5	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$25.00</u>	<u>\$ 75.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</u>	<u>\$ 75.00</u>	<u>\$ 150.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s Penalties</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 / overhead was called in case being carried
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-66

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift 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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	06-19-2018	<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
	\$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					1 of c/s 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 charged / over hear was critical in case being charged

DATE OF REPORT 1/6/19 SIGNATURE *[Signature]*

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-67

AUTHORIZING JUDGE	NAME 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 HOURS	06-25-2018	<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	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	
	1					<i>Poss w/ intent to Deliver</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Case has been charged but is pending. Over here was critical to case being filed

DATE OF REPORT 1/6/19 SIGNATURE _____

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-68

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	06-26-2018	<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 1st St. LaSalle			
	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	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4	\$ 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	
	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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-69

AUTHORIZING JUDGE	NAME
	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 DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-26-2018</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	2	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>Felony</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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-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 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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-26-2018</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 checked="" type="checkbox"/> OTHER (SPECIFY) <u>didn't go</u>			
	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
		<u>3</u>	\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3</u>	\$ 150.00	\$ 330.00

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 11/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-71

AUTHORIZING JUDGE	NAME
	CIRCUIT ... Thirteenth
	COUNTY ... LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME ... Brian K. Vescogni
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	06-28-2018	<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	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	\$25.00	\$125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 140.00	\$ 265.00

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

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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-72

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES		ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	06-29-2018	<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	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3	\$ 180.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 1/6/11 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-73

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-02-2018</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	1	0	0	

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	
	1					<u>Del of c/s 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

D has been charged; Over hear was critical to case being filed

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-74

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	TITLE Agent
	AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	07-09-2018	<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, 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	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6	\$ 360.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6	\$ 300.00	\$ 660.00

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

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 11/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-75

AUTHORIZING JUDGE	NAME
	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 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	07-09-18	<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	\$ 100.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
35.00	\$ 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	
	<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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-76

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
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	TITLE Agent
	AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	07-11-2018	<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	5	5	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	7	\$ 875.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	7	\$ 1,050.00	\$ 1,925.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 1/10/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-77

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	07-11-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

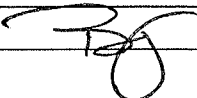
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <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	5	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	
	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 1/6/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-78

AUTHORIZING JUDGE	NAME
	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>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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-16-2018</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	1	0	0	

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	
	1					Del of Cs (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
As has been charged but case is pending; Overhaul was critical to case being filed

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-79

AUTHORIZING JUDGE	NAME 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 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-16-2018</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</u>	<u>\$ 75.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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>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 11/21/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-80

AUTHORIZING JUDGE	NAME 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-17-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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	2	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00</u>	\$ 75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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>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 11/6/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-81

AUTHORIZING JUDGE	NAME
AUTHORIZING STATE'S ATTORNEY	CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
	NAME <u>Brad Martin</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	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>07-18-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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 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
	<u>1</u>	<u>4</u>	<u>4</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 X 35.00</u>	<u>\$ 140.00</u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$25.00</u>	<u>\$ 100.00</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>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 11/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-82

AUTHORIZING JUDGE	NAME
	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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-19-2018</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 Loves Truck Stop</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
	<u>4 agents</u>	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
<u>4 vehicles</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>Del of C/s 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

A has been charged case is pending; purchase was critical to case

DATE OF REPORT 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-84

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Mike Galletti
	TITLE Agent
	AGENCY Will County CPAT

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	24 hours	07-23-2018	<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) Shakers Bar <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
	6		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	N/A	\$ 0.00	\$ 1,600.00

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

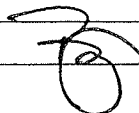
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/16/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-85

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
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	ORDER DATE
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		07-20-2018	<input type="checkbox"/>	<input type="checkbox"/>		
PERIOD ORIGINALLY REQUESTED			<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	
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	8X30		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 raid van & me	\$ 100.00	\$ 580.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of c/s penary</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
It is charged but case is pending. Our hear was critical to case

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-86

AUTHORIZING JUDGE	NAME
	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 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-24-2018</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 \$25.00	MANPOWER COST \$ 75.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED \$35.00	RESOURCE COST \$ 105.00	

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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-88

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	07-26-2018	<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	3	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	
	1					Del of c/s 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 has been charged & is pending; Duchon was critical to case

DATE OF REPORT 1/6/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-89

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/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. 500-5 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	07-30-2018	<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
		\$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	
						Del of cts (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

D has been charged & case is pending; evidence was critical to case

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-90

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/Karen Donnelly
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	07-30-2018	<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	
	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 1/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-91

AUTHORIZING JUDGE	NAME
	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: 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-31-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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
	\$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					<i>Del of c/s Penalties</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

It has been charged & case is pending; case heard was critical to case

DATE OF REPORT 11/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-92

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES		ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	07-31-2018	<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 trailer/car			
	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	\$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					Del of Els (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Off has been charged and is pending; Over here was critical to case

DATE OF REPORT 11/6/15 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-93

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
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	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>07-31-2018</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</u>	<u>\$ 75.00</u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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>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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-94

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	08-14-2018	<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	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	
	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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-95

AUTHORIZING JUDGE	NAME
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>08-20-2018</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					<i>Del of c/s (Pending)</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
D has been charged & case is pending over here was critical to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-96

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 CIRCUIT COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Clift</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-20-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND & 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	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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	
	1					<u>DD of L/S 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
A has been charged if case is pending; whether critical to case

DATE OF REPORT 1/20/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-97

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	08-21-2018	<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	
	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

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

warrant outstanding for Del of CIS

DATE OF REPORT

1/6/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-98

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	08-21-2018	<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

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 1/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-99

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	08-22-2018	<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 apartment building			
	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 \$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	
	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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-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 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 Clift</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-27-2018</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>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
	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>\$ 175.00</u>	<u>\$ 325.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s (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
Δ has been charged but case is pending; over hear was critical to case
 DATE OF REPORT 1/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-101

AUTHORIZING JUDGE	NAME
	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 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 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	<u>08-27-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-27-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & 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"/> OTHERgarage.....			
	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	\$ 125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 140.00	\$ 265.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of c/d (Energy)</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

D has been charged but case is pending. No charges would be filed w/out overheard

DATE OF REPORT 11/6/19 SIGNATURE _____

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-102

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-29-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & 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 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
	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00</u>	<u>\$ 75.00</u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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>PENDING</u>					<u>Del of cls (PENALTY)</u>

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

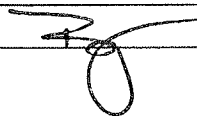
ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

warrant has been issued

DATE OF REPORT

1/10/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-103

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
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. 500-5 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-30-2018</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/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	
	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	
	<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 1/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-104

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-30-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND & 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>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	
	1	2	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	\$ 140.00	\$ 265.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of cts (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

It has been charged false is pending, case wouldn't have been filed w/out overhear
 DATE OF REPORT 1/16/19 SIGNATURE _____

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-105

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	08-30-2018	<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"/> OTHERpublic street			
	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
	6x \$25.00	\$ 150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6x \$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	
	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 11/6/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-106

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 CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault TITLE Agent AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES		ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours	09-04-2018	<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) _____public street				
	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					<i>Del of c/s pending</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
A has been charged but case is pending, over hear was critical to case

DATE OF REPORT 11/14/14 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-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 CIRCUIT COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni/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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-04-2018</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

Warrant is outstanding
 DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-108

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
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. 500-5 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	09-05-2018	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 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	\$ 75.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED	\$35.00	RESOURCE COST	\$ 105.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of C/ds (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

D has been charged & case is pending. Del was critical to case
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-109

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-06-2018</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	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>				

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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-110

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-07-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	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 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	3	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>7 officers</u>	\$ 210.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 210.00

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

It has been charged but case is pending; overheard subject to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
..2018-E-111.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

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> APPLICATION		DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE			ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	09-11-2018	<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
	3X\$25.00	\$75.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3X\$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					Del of c/s (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

It has been charged & case is pending over hear critical to case

DATE OF REPORT 1/16/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-112

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-11-2018</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 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>\$ 75.00</u>
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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	
	1					<u>not s/s (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

Warrant has been issued
 DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
.....2018-E-113.....

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

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brett Valle TITLE Agent AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 09-12-2018	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES <input type="checkbox"/>	ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	09-12-2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LENGTH OF EXTENSIONS REQUESTED 1ST	09-12-2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LENGTH OF EXTENSIONS REQUESTED 2ND & SUBSEQ.	09-12-2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				INCRIMINATING COMMUNICATIONS
		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
		\$25.00	\$75.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$70.00	\$ 145.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-114

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY
AUTHORIZING STATE'S ATTORNEY	NAME .. Brian K. Vescogni
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	09-12-2018	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 cars			
	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

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Warrant 15 outstanding

DATE OF REPORT 1/4/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-115

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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: Unlawful Delivery of Controlled Substance	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	09-13-2018	<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 parking lot			
	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
	5x\$25.00	\$125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5x\$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					Del of c/s (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

D has been charged & case is pending; Oversee critical to case

DATE OF REPORT 11/16/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-117

AUTHORIZING JUDGE	NAME 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: ECSSO
 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 09-18-2018	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 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	\$ 125.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 140.00	\$ 265.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Ad of CS (Pending)</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

It has been charged & case is pending. Over here critical to case

DATE OF REPORT 1/10/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

..2018-E-118.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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 DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		09-18-2018	<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 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
	4X\$25.00	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4X\$35.00	\$ 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					<i>Del of c/s (Pending)</i>

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; Over hear critical to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-119

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brad Jones TITLE Detective AGENCY Peru Police Department

PLEASE MAIL COMPLETED FORM TO:

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

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Possession of Cannabis W/Int. to Deliver</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED 1 day	09-19-2018	<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 north end of Peru			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	multiple	multiple	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		2 officers X 12 hours	\$ 50.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$ 1,200.00
		\$	

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

1/6/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-120

AUTHORIZING JUDGE	NAME
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-19-2018</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 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	\$ 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					Del of c/s (Perjury)

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 charged & Perjury - over here critical to case
 DATE OF REPORT 11/6/19 SIGNATURE _____

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-121

AUTHORIZING JUDGE	NAME 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 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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	09-19-2018	<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		

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	
	<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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-122

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	09-20-2018	<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
	4x\$25.00	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4x\$35.00	\$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					Del of c/s (Perjury)

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 charged & pending; case wouldn't have been filed w/out overhear

DATE OF REPORT 1/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-123

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron 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: Unlawful Delivery of LSD/Look Alike <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	09-21-2018	<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"/> OTHERoutdoors/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
	5 officers	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 vehicles	\$ 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	
	Pending					Pending

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-124

AUTHORIZING JUDGE	NAME
	CIRCUIT
	COUNTY <u>LaSalle</u> ext here
AUTHORIZING STATE'S ATTORNEY	NAME
	COUNTY <u>LaSalle</u> ext here
APPLYING OFFICER	NAME <u>Jason Cliff</u>
	TITLE
	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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-26-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
		<u>2ND & 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	
		1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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>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 10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-125

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	24 hours	10-01-2018	<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
	\$25.00	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 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	
	<i>Felony</i>					<i>Pending</i>

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 1/16/19 SIGNATURE *[Signature]*

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-126

AUTHORIZING JUDGE	NAME
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	10-01-2018	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 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	\$100.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$ 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					<i>2 of c/s (Pending)</i>

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, overruler critical to case

DATE OF REPORT 1/6/19

SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-127

AUTHORIZING JUDGE	NAME
	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>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 LSD/Look Alike</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	10-02-2018	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	24 hours	<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 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 ..outdoors/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
	5 officers	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 vehicles	\$ 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	
	Pending					Pending

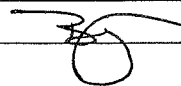
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/16/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-128

AUTHORIZING JUDGE	NAME
	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 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED					
	24 hours	10-03-2018	<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
	\$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					Det of c/s

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

It is charged and case is pending over here critical to case
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-129

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni 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. 500-5
 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 10-03-2018	DENIED	GRANTED	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 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	
	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

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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-130

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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. 500-5 n
- 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	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	10-09-2018	<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 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	
	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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-131

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED 24 hours	10-10-2018	<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	2

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6x\$25.00	\$150.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6x\$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					Del of cts (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

D has been charged: case Pending

Over here critical to case

DATE OF REPORT

11/6/19

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-132

AUTHORIZING JUDGE	NAME
	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 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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-10-2018</u>	<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 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			

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>\$25.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>\$35.00</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	
	1					<u>Del of C/S (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
D is charged a C/S is pending due here critical to case
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-133

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

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	TITLE Agent
	AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: Unlawful Delivery of Controlled Substance		APPLICATION	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	10-11-2018	<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	\$ 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					Poss w/ Intent to Del

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
 Over her usro to secure search warrant case is pending
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
.....2018-E-134.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S 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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	10-15-2018	<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
	0	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	
	2 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					<i>Del of c/s (Pending)</i>

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
0 has been charged; case pending Over here critical to case

DATE OF REPORT 1/16/14 SIGNATURE *[Signature]*

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
.....2018-E-135.....

AUTHORIZING JUDGE	NAME, CIRCUIT Thirteenth, COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni, COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift, TITLE Agent, AGENCY Trident

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: Unlawful Delivery of Controlled Substance	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	24 hours	10-15-2018	<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"/> OTHERvehicle...			
	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					Possu/ intent to del

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Quota USED to secure search warrant; case is pending
DATE OF REPORT 11/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

.....2018-E-136.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	10-17-2018	<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	3	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$35.00	\$175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 250.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1				Del of c/s (Pending)	

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

It has been charged & case is pending overheard critical to case

DATE OF REPORT 1/0/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-137

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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 DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	10-22-2018	<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 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	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$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					Del of c/s (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

Are 15 pending, overheard evidence to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # ..2018-E-138.....
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AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED 24 hours		10-23-2018	<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	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4X\$25.00	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4X\$35.00	\$ 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	
	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 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-139

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift TITLE Agent AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 10-23-2018	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 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	\$100.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$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					Poss u/ Intent to deliver CS

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 overheard actual to use
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

..2018-E-140.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	10-24-2018	<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	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5X\$25.00		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5X\$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	
	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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

..2018-E-141.....

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	10-24-2018	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 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
	6X\$25.00		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	6X\$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					<i>1 of c/s (Pending)</i>

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. Over here critical to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
..2018-E-142.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED 24 hours		10-24-2018	<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
	1	4	4	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5X\$25.00	\$125.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5X\$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	
	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 1/6/09 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
..2018-E-143.....

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
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		DATE				ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours		10-25-2018	<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
	4X\$25.00	\$100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4X\$35.00	\$ 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	
	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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-144

AUTHORIZING JUDGE	NAME CIRCUIT COUNTY
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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	10-29-2018	<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
	4		\$240.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3		\$ 150.00	\$ 390.00

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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-145

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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 DATE	DENIED	GRANTED	GRANTED WITH CHANGES
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED 24 hours	10-30-2018	<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
		\$25.00	\$100.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$35.00	\$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					Del of cts (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 Overlook critical to case

DATE OF REPORT 11/10/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-146

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Jason Clift
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED		10-30-2018	<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
	\$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					Poss. Intent to Deliver C/S

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 such as used to secure SW
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-147

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	10-30-2018	DENIED	GRANTED	GRANTED WITH CHANGES
	PERIOD ORIGINALLY REQUESTED			<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 Walmart			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	4 NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 NATURE OF OTHER RESOURCES USED	\$ 240.00
		RESOURCE COST \$ 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	
	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 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-148

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	11-01-2018	<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
	5		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5	\$ 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	
	1					del of c/s (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 Overhear critical to case

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-149

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	11-01-2018	<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	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3		\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
3		\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 11/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #

2018-E-150

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault 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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 11-01-2018	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	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 200 block Bloomington St, Streator, IL			
	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
	9		\$ 35.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
36		\$ 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	
	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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
..2018-E-151.....

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	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: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED 24 hours		11-01-2018	<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	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED		MANPOWER COST	TOTAL COST
	11		\$165.00	
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
8		\$80.00		\$ 245.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of cts (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 charged & Pending over here critical to case

DATE OF REPORT 11/6/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-152

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 CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin TITLE Agent AGENCY Trident

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		11-06-2018	<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 type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHERdriveway.....			
	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
	3X\$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2X\$25.00	\$ 50.00	\$ 255.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s (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 overseas critical to case

DATE OF REPORT 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-153

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron TITLE Agent AGENCY Trident

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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	11-06-2018	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED			<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	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST \$ 180.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST \$ 150.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	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 11/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-154

AUTHORIZING JUDGE	NAME 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>Brad Martin</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>11-06-2018</u>	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>11-06-2018</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>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
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5X\$35.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5X\$25.00	\$ 125.00	\$ 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 1/6/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-155

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-14-2018</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	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4X\$25.00	\$ 100.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4X\$35.00	\$ 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	
	<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 1/16/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-156

AUTHORIZING JUDGE	NAME
	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>Brad Martin</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	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-15-2018</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			
	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
	3X\$35.00	\$ 105.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		TOTAL COST
2X\$25.00	\$ 50.00		\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s (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

one is pending over here critical to case
 DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-157

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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 DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	11-15-2018				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 public street			
	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
	7 X \$25.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	7 X \$35.00	\$ 245.00	\$ 420.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s (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 over here critical to case

DATE OF REPORT 1/16/14 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-158

AUTHORIZING JUDGE	NAME
	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>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>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		11-15-2018	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	PERIOD ORIGINALLY REQUESTED						
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 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
	3		\$ 35.00	
	NATURE OF OTHER RESOURCES USED		RESOURCE COST	
	3		\$ 25.00	\$ 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 1/6/09 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-159

AUTHORIZING JUDGE	NAME
	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>Brad Martin</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	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>11-16-2018</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			
	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
	3X\$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2X\$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s (Pewors)</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 over here critical to case

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-160

AUTHORIZING JUDGE	NAME
	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>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 checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-27-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & 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
	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	

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	
	<u>1</u>					<u>Poss w/ Intent to Reliv up</u> (Pending) CL5

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

whether used to secure SW, D confessed to selling case pending

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-161

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	11-27-2018	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	24 hours	<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 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	
	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 1/16/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-162

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	11-29-2018	<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	3	3	

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

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 11/2/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION # 2018-E-163

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni 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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	12-11-2018	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"/>		

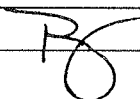
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER 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	
	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 1/6/19 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-164

AUTHORIZING JUDGE	NAME
	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>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>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>12-12-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & 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	1	1	0	

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	
	1					Del of c/s (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

CA is charged & pending overhead critical to case

DATE OF REPORT 1/6/19 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

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

APPLICATION #
2018-E-165

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	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> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 12-17-2018	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 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
	3 X \$25.00	\$ 75.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		\$ 180.00
3 X \$35.00	\$105.00		

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Poss of intent to deliver (Pending)

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

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS
workmen used to secure SW

DATE OF REPORT 1/6/19 SIGNATURE