

CITY HALL  
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SOUTH BEND, INDIANA 46601-1830



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CITY OF SOUTH BEND JAMES MUELLER, MAYOR

## DEPARTMENT OF LAW

SANDRA KENNEDY  
CORPORATION COUNSEL

JENNA K. THROW  
CITY ATTORNEY

October 29, 2025

Redress South Bend  
1138 College Street  
South Bend, IN 46628  
Via email: [info@RedressSouthBend.com](mailto:info@RedressSouthBend.com)

**Re: Public Record Request AR25-0902**

To Whom It May Concern,

Your public records request seeking payment information to certain City of South Bend employees has been referred to me. Specifically, you requested as follows:

**Requested Records:** *All Payments Made to “Shalon Davis”, “Allison Zeithammer”, Sandra Kennedy”, “Ashley O’Chap”, & “Breana Micon” (specifics below)*

**Requested Records:** *Payment records should include “pay stubs”, “reimbursements”, “bonuses”, “independent contractor work with the city”, or any other arrangement leading to a transfer of funds between the City of South Bend and named person(s).*

**Dates of Payments:** *Year 2023, Year 2024, and YTD 2025*

Ind. Code § 5-14-3-4(b)(8) requires the compensation (and a handful of other categories of basic information related to present or former officers or employees of a public agency) to be provided in response to an Access to Public Records Act (“APRA”) request if requested, but stipulates that all other personnel files of public employees are exempt from disclosure. As your request seeks “the transfer of funds between the City of South Bend and named person(s)” the total net pay, any bonuses, and any reimbursements paid to these employees for the period of time requested are being provided to you with this letter. There were no payments made for “independent contractor work with the city” for any of these individuals, so no records exist responsive to that portion of the request.

While this compensation information is being provided, individual paystubs will not be provided due to the confidential information contained in such documents, including, but not limited to, confidential medical information via benefit deductions revealing protected health information, personnel-related information, social security numbers, banking information, and other confidential financial information. Ind. Code § 5-14-3-4(a)(1) requires information classified as confidential by

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DANIELLE WEISS  
THOMAS E. PANOWICZ

MICHAEL SCHMIDT  
ADAM E. TAYLOR

KYLIE CONNELL  
JOHN DORBIN, JR.

state statute to not be produced in response to an APRA request. Therefore, in accordance with Ind. Code § 5-14-3-4(a)(1), Ind. Code § 16-39, Ind. Code § 5-14-3-4(a)(5), Ind. Code § 5-14-3-4(a)(12), and Ind. Code § 5-14-3-4(b)(8), copies of pay stubs will not be provided in response to your request, but the total compensation amounts are being provided with this letter, in satisfaction of Ind. Code § 5-14-3-4(b)(8).

Sincerely,

*Danielle Weiss*

Danielle Weiss

Senior Assistant City Attorney

Encl.



## **AR2025-0902 PAYMENT INFORMATION**

In response to AR25-0902, this document includes information for payments made from the City of South Bend to Shalon Davis, Allison Zeithammer, Sandra Kennedy, Ashley O'Chap, and Breana Micou for Year 2023, Year 2024, YTD 2025, which include net pay (with any pre-tax bonuses indicated where applicable), total reimbursements, and independent contractor work with the City. Additional documentation regarding reimbursements received by employees are attached at the end of this document.

### **YEAR 2023**

#### **Shalon Davis**

- Total Net Pay: \$48,069.64 (includes \$2,000.00 pre-tax residency incentive bonus)
- Total Reimbursements (paid separately): Not Applicable
- Independent Contractor Work with the City: Not Applicable

#### **Allison Zeithammer**

- Total Net Pay: \$50,899.03
- Total Reimbursements (paid separately): Not Applicable
- Independent Contractor Work with the City: Not Applicable

#### **Sandra Kennedy**

- Total Net Pay: \$88,671.06
- Total Reimbursements (paid separately): \$385.37
- Independent Contractor Work with the City: Not Applicable

#### **Ashley O'Chap**

- Total Net Pay: \$44,279.63
- Total Reimbursements (paid separately): \$64.19
- Independent Contractor Work with the City: Not Applicable

#### **Breana Micou**

- Total Net Pay: \$17,731.55 (includes \$833.33 prorated pre-tax Residency Incentive Bonus)
- Total Reimbursements: Not Applicable
- Independent Contractor Work with the City: Not Applicable

## **YEAR 2024**

### **Shalon Davis**

- Total Net Pay: \$50,719.01 (includes \$2,000.00 pre-tax Residency Incentive Bonus)
- Total Reimbursements: \$44.22
- Independent Contractor Work with the City: Not Applicable

### **Allison Zeithammer**

- Total Net Pay: \$52,553.52
- Total Reimbursements: \$47.04
- Independent Contractor Work with the City: Not Applicable

### **Sandra Kennedy**

- Total Net Pay: \$89,635.38
- Total Reimbursements: \$443.46
- Independent Contractor Work with the City: Not Applicable

### **Ashley O'Chap**

- Total Net Pay: \$49,595.43
- Total Reimbursements: \$421.50
- Independent Contractor Work with the City: Not Applicable

### **Breana Micou**

- Total Net Pay: \$48,834.04 (includes \$2,000.00 pre-tax residency incentive bonus)
- Total Reimbursements: Not Applicable
- Independent Contractor Work with the City: Not Applicable

**YEAR TO DATE 2025**  
**(Payments through October 10, 2025)**

Shalon Davis

- Total Net Pay: \$41,783.81
- Total Reimbursements: \$65.00
- Independent Contractor Work with the City: Not Applicable

Allison Zeithammer

- Total Earnings: \$43,470.17
- Total Reimbursements: Not Applicable
- Independent Contractor Work with the City: Not Applicable

Sandra Kennedy

- Total Net Pay: \$75,314.43
- Total Reimbursements: \$52.67
- Independent Contractor Work with the City: Not Applicable

Ashley O'Chap

- Total Net Pay: \$41,070.43 (includes \$800.00 pre-tax Police Officer Recruitment Bonus)
- Total Reimbursements: \$197.00
- Independent Contractor Work with the City: Not Applicable

Breana Micou

- Total Net Pay: \$38,127.48
- Total Reimbursements: Not Applicable
- Independent Contractor Work with the City: Not Applicable

# Invoice journal

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Overview Lines Remittance

Preview/Print ▾ Voucher View distributions View accounting Charges ▾ Transactions Posted sales tax 🔄 Workflow ▾

<input type="radio"/>	Invoice account	🔼🔽	Purchase order	Transaction Date	Invoice Date	🔼	Invoice	Voucher	Invoice amount	Due date	Handling code	Project ID	Created by	Se...	Se...	Invoice description
<input type="radio"/>	V-00002663			5/16/2024	5/13/2024		5/13 REIMB	IINV-0080439	44.22	5/21/2024	BPW		Admin			REIMBURSE MILEAGE
	V-00002663		PO-0036334	2/13/2025	1/27/2025		1/27 REIMB	IINV-0092536	65.00	2/26/2025	BPW		Admin			BHM MEETING FOOD

**City of South Bend**

**2020 Miscellaneous Expense Reimbursement Request**



Purchase Order #:   
Employee Name:

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
5/13/2024	Mileage for staffing Mayor to an event in Gary Indiana- 66 miles	Other	\$ 44.22
	0.67/mile		

**Totals**

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature:  Date:

City of South Bend

2023 Miscellaneous Expense Reimbursement Request



Purchase Order #: 2663  
Employee Name: Shay DAVIS

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
7-Feb	Lunch forBlack History Month Committee meeting	Other	\$ 65.00

Totals \$ 65.00

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: Yesenia Garcilazo  
Date: 2/5/2024



Invoice journal

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Overview Lines Remittance

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<input type="radio"/>	Invoice account <span>🔍</span>	Purchase order	Transaction Date	Invoice Date	Invoice	Voucher	Invoice amount	Due date	Handling code	Project ID	Created by	Se...	Se...	Invoice description
<input type="radio"/>	V-00013110	PO-0028621	1/24/2024	1/5/2024	1/5 REIMB	IINV-0074587	47.04	2/4/2024	BPW	<multiple>	Admin			311 MEET/GREET MTG FOOD

**City of South Bend**

**2020 Miscellaneous Expense Reimbursement Request**



Purchase Order #: **28621**  
Employee Name: **Allison Zeithammer**

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
1/5/2024	Food for for 311 Meet and Greet meeting	Other	\$ 25.68
1/5/2024	Food for for 311 Meet and Greet meeting		\$ 17.49
1/5/2024	Food for for 311 Meet and Greet meeting		\$ 3.87

**Totals** **\$ 47.04**

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: **Allison Zeithammer** Date: **1/5/2024**

Invoice journal

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○	Invoice account ▴ ▾	Purchase order	Transaction Date	Invoice Date	▽	Invoice	Voucher	Invoice amount	Due date	Handling code	Project ID	Created by	Se...	Se...	Invoice description
○	V-00002550	PO-0023614	5/8/2023	4/19/2023		4/19 REIMB	IINV-0059809	92.64	5/19/2023	BPW		Admin			HRC MTG COOKIES
	V-00002550	PO-0027024	10/25/2023	6/26/2023		6/26 REIMB	IINV-0069591	120.42	7/26/2023	BPW		Admin			LUNCH-HRC ED INTERVIEWS
	V-00002550	PO-0027902	12/13/2023	7/7/2023		7/7 REIMB	IINV-0072405	172.31	8/6/2023	BPW		Admin			REIMB DEROSE PARTY FOOD
	V-00002550	PO-0031117	5/10/2024	4/23/2024		4/23 REIMB	IINV-0080144	22.46	5/23/2024	BPW		Admin			EXTERN LUNCHEON
	V-00002550	PO-0034969	11/25/2024	11/15/2024		11/15 REIMB	IINV-0089493	221.49	12/3/2024	BPW		Admin			FUNERAL FLOWERS
	V-00002550	PO-0035208	12/10/2024	12/3/2024		12/3 REIMB	IINV-0090034	66.25	12/17/2024	BPW		Admin			FUNERAL FLOWERS
	V-00002550	PO-0035278	12/11/2024	12/2/2024		12/2 REIMB	IINV-0090179	133.26	12/17/2024	BPW		Admin			SERVICE GIFT
	V-00002550	PO-0038904	7/20/2025	7/8/2025		7/8 REIMB	IINV-0099371	52.67	7/29/2025	BPW		Admin			INTERN LUNCHEON

City of South Bend

2023 Miscellaneous Expense Reimbursement Request



Purchase Order #:   
Employee Name:

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursement
19-Apr	Cookies for AMD's last HRC meeting - mayor office approved	Other	\$ 34.14
17-Apr	Cookies for AMD's last HRC meeting - mayor office approved	Other	\$ 58.50

Totals

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature:  Date:

City of South Bend

2023 Miscellaneous Expense Reimbursement Request



Purchase Order #: PO-31117  
Employee Name: Sandra Kennedy

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
23-Apr	Reimbursement for Mayor-approved extern luncheon	Other	\$ 22.46

Totals \$ 22.46

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: /s/ Sandra Kennedy Date: 5/8/2024

**City of South Bend**

**2023 Miscellaneous Expense Reimbursement Request**



Purchase Order #:   
Employee Name:

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursement
26-Jun	Mayor-approved lunch for those conducting HRC Executive Director interviews	Other	\$120.42

Totals

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature:  Date:

City of South Bend

2023 Miscellaneous Expense Reimbursement Request



Purchase Order #: PO-27902  
Employee Name: Sandra Kennedy

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursement
7/1/2023	Food for Aladean DeRose retirement party (mayor approved)	Other	\$ 112.32
7/7/2023	Food for Aladean DeRose retirement party (mayor approved)	Other	\$ 59.99

Totals \$ 172.31

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: /s/ Sandra Kennedy  
Date: 12/7/2023

City of South Bend

2024 Miscellaneous Expense Reimbursement Request



Purchase Order #: PO-34969  
Employee Name: SANDRA KENNEDY

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
11/11/2024	FUNERAL/BEREAVEMENT FLOWERS FOR EMPLOYEE (K. LEE) AFTER AUNT'S PASSING - Approved by Mayor's office	Other	\$101.65
11/15/2024	FUNERAL/BEREAVEMENT FLOWERS FOR EMPLOYEE (M. FRATTINI) AFTER FATHER'S PASSING - Approved by Mayor's office	Other	\$ 119.84

Totals \$ 221.49

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: /s/ Sandra L. Kennedy  
Date: 11/20/2024



**City of South Bend**

**2024 Miscellaneous Expense Reimbursement Request**



**Purchase Order #:** PO-35278  
**Employee Name:** Sandra L. Kennedy

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
12/2/2024	10-year milestone award for Legal Dept. employee	Other	\$ 133.26

**Totals** \$ 133.26

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimburseable in accordance with the City's Procurement Policy

**Employee Signature:** Sandra L. Kennedy  
**Date:** 12/9/2024

**City of South Bend**

**2024 Miscellaneous Expense Reimbursement Request**



**Purchase Order #:** PO-35208  
**Employee Name:** Sandra L. Kennedy

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
12/3/2024	Funeral Flowers for employee's direct family member	Other	\$ 66.25

**Totals** \$ 66.25

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimburseable in accordance with the City's Procurement Policy

**Employee Signature:** Sandra L. Kennedy  
**Date:** 12/5/2024

**City of South Bend**

**2025 Miscellaneous Expense Reimbursement Request**



Purchase Order #: **PO-38904**

Employee Name: **Sandra L. Kennedy**

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursement
7/8/2025	Mayor-approved luncheon for intern departure	Other	\$ 33.72
7/7/2025	Mayor-approved luncheon for intern departure	Other	\$ 18.95

**Totals** **\$ 52.67**

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature:  
**Sandra L. Kennedy**

Date:  
**7/9/2025**

# Invoice journal

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<input type="radio"/>	Invoice account <span>🔍</span>	Purchase order	Transaction Date	Invoice Date	<span>🔍</span> Invoice	Voucher	Invoice amount	Due date	Handling code	Project ID	Created by	Se...	Se...	Invoice description
<input checked="" type="radio"/>	V-00007589	PO-0027276	11/6/2023	9/27/2023	9/27 REIMB	IINV-0070456	64.19	10/27/2023	BPW		Admin			TRIPOD
	V-00007589	PO-0032708	7/25/2024	7/19/2024	71524	IINV-0083613	180.00	7/30/2024	BPW		Admin			WE TRANSFER SUBSCRIPTION
	V-00007589	PO-0033087	9/30/2024	9/16/2024	91324	IINV-0086785	241.50	10/16/2024	BPW		Admin			Indianapolis IN 9/13-9/16
	V-00007589	PO-0038435	6/13/2025	6/1/2025	6125	IINV-0097979	197.00	6/17/2025	BPW		Admin			WETRANSFER SUBSCRIPTION

**City of South Bend****2020 Miscellaneous Expense Reimbursement Request**

Purchase Order #: **N/A**  
Employee Name: **Ashley O'Chap**

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.

Please attach all receipts

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
5/1/2023	WeTransfer subscription fee		\$ 12.00
6/1/2023	WeTransfer subscription fee		\$ 12.00
7/1/2023	WeTransfer subscription fee		\$ 12.00
8/1/2023	WeTransfer subscription fee		\$ 12.00
9/1/2023	WeTransfer subscription fee		\$ 12.00
10/1/2023	WeTransfer subscription fee		\$ 12.00
11/1/2023	WeTransfer subscription fee		\$ 12.00
12/1/2023	WeTransfer subscription fee		\$ 12.00
1/1/2024	WeTransfer subscription fee		\$ 12.00
2/1/2024	WeTransfer subscription fee		\$ 12.00
3/1/2024	WeTransfer subscription fee		\$ 12.00
4/1/2024	WeTransfer subscription fee		\$ 12.00
5/1/2024	WeTransfer subscription fee		\$ 12.00
6/1/2024	WeTransfer subscription fee		\$ 12.00
7/1/2024	WeTransfer subscription fee		\$ 12.00
Totals			\$ 180.00

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature:

Date:

**Ashley O'Chap** # **7/19/2024**

Destination:

Departure Date:

Return Date:

1111

69/51.75

Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City P-card should not be included on this form.

I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy

Employee Signature: \_\_\_\_\_

Date:

**City of South Bend**

**2025 Miscellaneous Expense Reimbursement Request**



Purchase Order #: **N/A**  
Employee Name: **Ashley O'Chap**

*Only include City expenses that you paid for personally and require reimbursement. Expenses paid for on a City-issued P-card should not be included on this form.*

*Please attach all receipts*

Date	Description of Expense and Business Purpose	Expense Category	Total Reimbursemen
8/1/2024	WeTransfer subscription fee		\$ 12.00
9/1/2024	WeTransfer subscription fee		\$ 12.00
10/1/2024	WeTransfer subscription fee		\$ 12.00
11/1/2024	WeTransfer subscription fee		\$ 12.00
12/1/2024	WeTransfer subscription fee		\$ 12.00
1/1/2025	WeTransfer subscription fee		\$ 12.00
2/1/2025	WeTransfer subscription fee		\$ 25.00
3/1/2025	WeTransfer subscription fee		\$ 25.00
4/1/2025	WeTransfer subscription fee		\$ 25.00
5/1/2025	WeTransfer subscription fee		\$ 25.00
6/1/2025	WeTransfer subscription fee		\$ 25.00

**Totals** **\$ 197.00**

*I understand that itemized receipts are required to receive reimbursement. I attest that I have paid for all listed expenses out of my own personal funds, and that all listed expenses are reimbursable in accordance with the City's Procurement Policy*

Employee Signature: **Ashley O'Chap** # **6/5/2025**