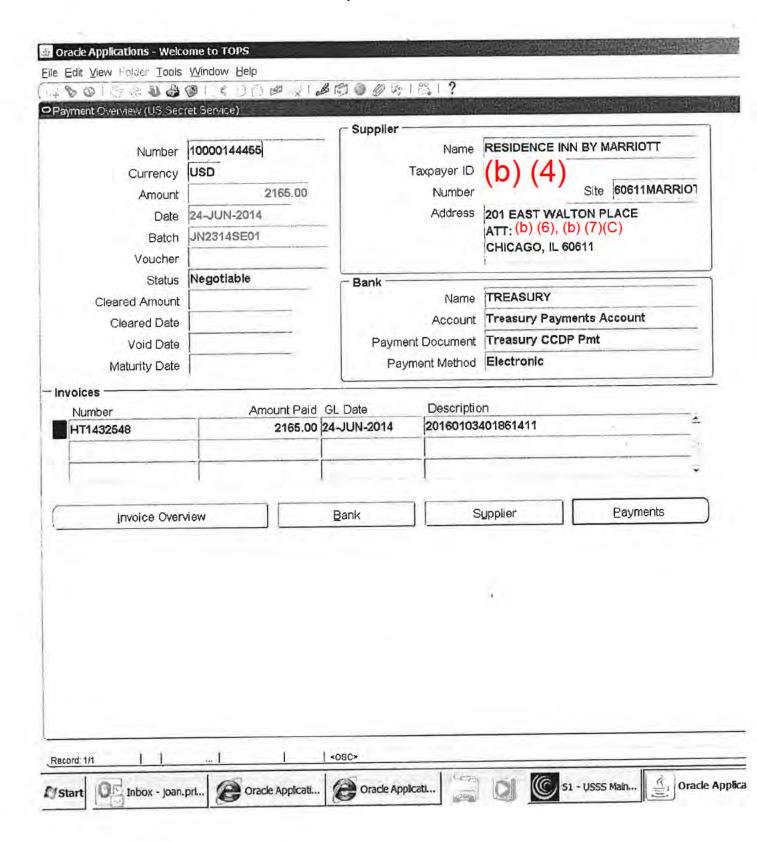
Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CI	IECKLIST:
PROTECTEE:	DATE(S) OF VISIT:
TRIP#: 201-601-034-0186-14-	-1}
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TC)Ps printout
Invoice should be either dated or date st	amped
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture rem	oval/av set up should be broken out separately



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	PARTIAL PAYM	emtavettabyatab ent [] final pa	post-o	
	PO/CN/TN/OTE	TER #		
	GOODS AND/OF	SERVICES RECE	IVED ARE	A STATE OF THE PARTY OF THE PAR
	DATE GOODS R	EC 11A		Residence
	ST IN	AX I	10/14	Inn® Marriott
Res	ideace lender Marriott	Chicago, Il 60611	DATE T312,943,9	800
Chi	Ideace Inchy Marriat cago Downtown mificent Mile			41100 60
Maj	micent Mile			\$ 933.00
	Investor	Number : 57135	00007618	4
He Cannot Camileo	myorce	r Mulliper . 37-133	Invoice Date : 23Ma	114 X 9 G
Us Secret Service (b) (b) (b) (7)(c), (b) (7)(E) Attn:			Invoice Total (b) (7	
525 W Van Buren Su	ite(b)(7)(E)		Direct Bill : USSECL	5 1 # 2162.
Chicago, IL 60607			Contract #:	CAS -
CkOut Date	Nights	Guest Name	Folio Number	Folio Balance
(b) (6) (b) (7)	(C) (b) (7)	(E)		
(b) (6), (b) (7)	(C), (D) (T)	(∟)		
			/h) (7)(E) ₍₁
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Last Day	- 11 8	7-17-1		
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Room Ka	H= (D)	(/ / / - /		(h) (7)(E)
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10tal 10	YES .	/b) /7\/I	- \	\$1860.00
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		1	4	= = 1
		305.00		
				PER VIV

For any questions regarding this invoice, please contact Accounting at 312-943-9800 opt#3:All checks to;201 E Walton, Chicago, IL. 60611.

31 - 60

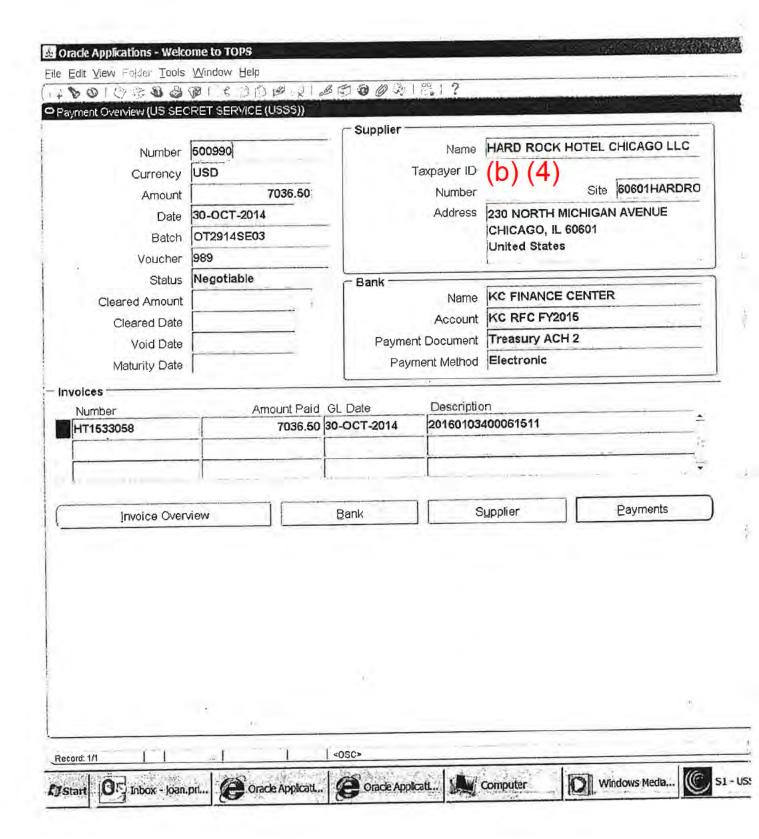
Payment is due upon receipt of invoice. In the event such payment is not made within 30 days after receipt, then it is agreed that the hotel may impose a late payment charge at a rate of 1.5% per month (annual rate of 18%) or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

61 - 90

Over 90

Total Due

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:
PROTECTEE: DATE(S) OF VISIT:
TRIP #: 201-601-034-0006-15-1)
Hotel address (City / State) is on invoice
Hotel Invoice # or HT# is listed on the TOPs printout
Invoice should be either dated or date stamped
Signature approval of GS-14
GS-14 not listed as occupant of hotel
Lodging cost & misc. cost (furniture removal/av set up should be broken out separately
Δ Δ



Obtained via FOIA by Judicial Watch, Inc MENT AUTHORIZATION PARTIAL PAYMENT FINAL PAYMENT PO/CN/TN/OTHER #_ DDS AND/OR SERVICES RECEIVED ARE Invoice United States Secret Service 525 W. Van Buren Suite (b) (7)(E) Chicago, IL 60607 Hotel Acct USSS9302014 DATE INVOICE INVOICE # DESCRIPTION AMOUNT 10/3/2014 USS21 Room & Tax \$7,036.50 \$7,036.50 **Total Amount Due** A 1.5% finance fee will apply to any outstanding amounts 30 days per contract. Please contact me if you have any questions at 312-334-6454 Thank you for your business. Sincerely, REMIT PAYMENT TO: Hard Rock Hotel (b) (6), (b) (7)(C) Finance Dept. 230 N. Michigan Ave. Chicago, IL 60601 (b) (6), (b) (7)(C) Accounts Receivable Clerk
(b) (6), (b) (7)(C)@hardrockhotelchicago.com HT1533058 Last Day: September \$3,649.20 143367 Judicial Watch3 - USSS003452



Hard Rock Hotel Chicago

U.S Secret Service (b) (6), (b) (7)(C) 525 W. Van Buren Suite(b) (7)(E) Chicago 60607 Israel Date:

10-03-14

A/R Account Number :

o) (7)(E)

Amount Pald: \$

Date Inv. No. Bill No. Description Debit Credit Balance (b) (6), (b) (7)(C), (b) (7)(E)

2014 GET -6 AM 9: 46



Hard Rock Hotel Chicago

U.S Secret Service (b) (6), (b) (7)(C) 525 W. Van Buren Suite(b) (7)(E) Chicago 60607 Israel Date:

10-03-14

A/R Account Number:

b) (7)(E)

Amount Paid: \$

Date Inv. No. Bill No. Description Debit Credit Balance
(b) (6), (b) (7)(C), (b) (7)(E)

Belance Due 7,036.50

Aging Summary:

Up to 30

31 - 60

61 - 90

91 - 120

121 and Over

7,036.50

0.00

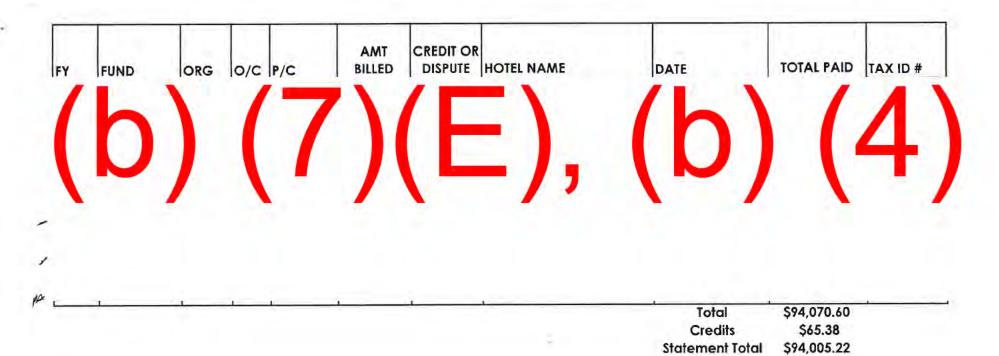
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FY	FUND	ORG	O/C P/C	AMT BILLED	CREDIT OR DISPUTE	HOTEL NAME	DATE	TOTAL PAID	TAX ID#
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	n	1					In	1 /	/
						_ / _		, ,	= 7
			_			- /)			



Page 1 of 1



United States, Oct 28-30, 2014 United States Room Number:

Daily Rate: 0.00 Room Type: PERM No. of Guests: 0 / 0

ARRIVAL DEPARTURE CREDIT CARD RATE PLAN CATEGORY ACCOUNT

10/28/2014 10/30/2014 (b) (7)(E)

DATE ROOMING DESCRIPTION REFERENCE AMOUNT

(b) (6), (b) (7)(C), (b) (7)(E)

10/30/2014

Visa

Visa

(\$2,258.20)

2011 101 -3 PM 2: 3: CHICAGUFILL IN TIE

TOTAL DUE:

\$0.00

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

Page 1 of 2



Group Folio Datall

United States, Oct 28-30, 2014 United States Room Number:

Daily Rate: 0.00 Room Type: PERM No. of Guests: 0 / 0

ARRIVAL DEPARTURECREDIT GARD RATE PLAN CATEGORY ACCOUNT

10/28/2014 10/30/2014 (b) (7)(E)

DATE DESCRIPTION NOTES AMOUNT

(b) (6), (b) (7)(C), (b) (7)(E)

CONTINUED ON NEXT PAGE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

Page 2 of 2



Group Folio Detail

United States, Oct 28-30, 2014 United States Room Number: Daily Rate: 0.00

Room Type: PERM No. of Guests: 0/0

ARRIVAL DEPARTURE GREDIT CARD

RATE PLAN

CATEGORY ACCOUNT

10/28/2014 10/30/2014

(b) (7)(E)

(h)

AMOUNT

(b) (6), (b) (7)(C), (b) (7)(E)

OTHER

OTHER CHARGES

DESCRIPTION

10/30/2014

Visa

Vien

NOTES

\$-2,258.20

Sub Total:

\$-2,258.20

TOTAL DUE: \$0.00

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

Form W-9
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)		
Print or type See Specific Instructions on page 2.	THE WHITEHALL HOTEL, LLC		
	Business name/disregarded entity name, if different from above		
	THE WHITEHALL HOTEL		
	Check appropriate box for federal tax classification: Individuat/sole proprietor		☐ Exempl payee
	☑ Limited liability company. Enter the lax classification (C=C corporation, S=S corporation, P=partnership) >		
	☐ Other (see instructions) ➤		
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	105 E. DELAWARE PL.		
	City, state, and ZIP code		
	Olitorico (illustration		
	List account number(s) here (optional)		
	Tavanuar Identification Number (TIN)		_
Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line Social security number			
residentition	old backup withholding. For individuals, this is your social security number (SSN). However, for ent allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> on page 3.	ra la la	-
	. If the account is in more than one name, see the chart on page 4 for guidelines on whose per to enter.	(b) (4)	Imber
	Certification		
	r penalties of perjury, I certify that:		
	ne number shown on this form is my correct taxpayer identification number (or I am waiting for		
Se	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest b longer subject to backup withholding, and) I have not been notified by the I or dividends, or (c) the IRS has no	nternal Revenue otified me that I am
3. 18	am a U.S. citizen or other U.S. person (defined below).		
	die North Later War and anger out item 2 about it you have been solitied by the IPS II	at you are currently subject to be	ckup withholding

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ►

(b) (6), (b) (7)(C)

Date > 3/27/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of affectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- . An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form W-9 (Rev. 12-2011)

Westin Chicago Northwest 400 Park Boulevard Itasca, IL 60143 United States

Tel: 630-773-4000 Fax: 630-773-4088

(b) (7)(E)

United States Secret Service 107 Westpark Blvd Columbia, SC 29210 (b) (7)(E) Page Number: 1
Guest Number: (b) (7)(E)
Folio ID : (b) (7)(E)

Folio ID : (b) (7)(E) D
No. Of Guest:
Room Number :
Room Rate :
Club Account:

Invoice Nbr: 1508238 Arrive Date: 18-OCT-14 Depart Date: 27-OCT-14

Information Invoice

Westin Chicago NW 28-OCT-14 09:13

(b) (6), (b) (7)(C), (b) (7)(E)

Continued on the next page

Westin Chicago Northwest 400 Park Boulevard Itasca, IL 60143 United States

Tel: 630-773-4000 Fax: 630-773-4088

(b) (7)(E)

United States Secret Service 107 Westpark Blvd Columbia, SC 29210 (b) (7)(E) Page Number: 2
Guest Number: (b) (7)(E)
Folio ID : (b) (7)(E)

Invoice Nbr: 1508238
Arrive Date: 18-OCT-14
Depart Date: 27-OCT-14

No. Of Guest: Room Number: Room Rate:

Club Account:

(b) (6), (b) (7)(C), (b) (7)(E)

Continued on the next page

Westin Chicago Northwest 400 Park Boulevard Itasca, IL 60143 United States

Tel: 630-773-4000 Fax: 630-773-4088

United States Secret Service 107 Westpark Blvd Columbia, SC 29210

Page Number: 3 Guest Number: (b) (7)(E)

Folio ID

No. Of Guest: Room Number : Room Rate Club Account:

Reference Description

28-OCT-14

09:13

VI

Visa

-18,904.40

Invoice Nbr: 1508238

Arrive Date: 18-OCT-14

Depart Date: 27-OCT-14

*** Balance

0.00

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store

As a Starwood Preferred Guest, you could have earned 206 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay, www.westin.com/reviews

The Westin Chicago Northwest

Vest Eo #: 6480-3324035402 Event Check #: 6480-3331568372

Itasca, IL, 60143 Phone: (630) 773-4000 x Fax: (630) 773-4087

Page: 1 of 1 Printed: 20-Oct-2014

Event Check

Account: United States Secret Service	Event Date: Saturday, 18 October 2014
Post As: (b) (7)(E) EO Name: Address: 525 West Van Buren St., Suite (b) (7)(E) Chicago IL, 60607 USA Minor	Contact: (b) (6), (b) (7)(C) Phone: Fax: Onsite Contact: Onsite Phone:
Outlying Islands Payment Method: Credit Card PMS Group Code:(b) (7)(E) Department: Banquets	Event Seller: (b) (6), (b) (7)(C) Event Servicer:(b) (6), (b) (7)(C)

(b) (7)(E)

(b) (6), (b) (7)(C), (b) (7)(E)

Grand Total

\$954.59

"All food and beverage charges are taxed at 8.75% state & local taxes.

All food and beverage, audio visual, room rental and internet charges are subject to a 23% service charge, 16% of which is paid directly to F&B service staff and therefore not taxed and 7% of which is a banquet administrative fee and taxed at 7.75% state & local taxes.

Signature:		
	ACCOUNTING CORY	

Event Check#: 6480-3331568372



Westin Chicago Northwest 400 Park Blvd Itasca, IL 60143 Tel: 630-773-0132 Fax: 630-773-0160

Page 1 of 3

Daily Rental Order # 3624-3523

United States Secret Service Attn:(b) (6), (b) (7)(C)
PROCUREMENT DIVISION
245 MURRAY DR BLDG 410
Washington, DC 20223

Contact Name:

(b) (6), (b) (7)(C)

Contact Phone:

DRO No:

3624-3523

Sales Representative: (b) (6), (b) (7)(C)

Hotel CS Manager: Hotel Sales Manager: DRO Date:

10/18/2014

Show Name: Show Location (b) (7)(E)

Westin Chicago Northwest

400 Park Blvd Itasca, IL 60143

Conveyance Method:

Billing Method:

Pickup Master

(b) (7)(E)

\$765.00

*Service Charges are NOT gratuitles and are not paid in whole or in part to employees of PSAV or employees of any other party.

PSAV

Prepared For:

United States Secret Service
(b) (7)(E)

DRO No: Total:

\$765.00

Marlborough

Relates to Job(s): 3624-4194

Total

\$765.00

Page 2 of 3

*Service Charges are NOT gratuitles and are not paid in whole or in part to employees of PSAV or employees of any other party. Thank you for your business.

Obtained via FOIA by Judicial Watch, Inc.

Prepared For: DRO No: Total:	United States Secret Service (b) (7)(E) \$765.00		
Approved By:			Page 3 of 3
Printed On:	10/18/2014 4:04PM CST		
Prepared By:	(b) (6), (b) (7)(C)		
Prepared For.	United States Secret Service ((b) (6), (b) (7)(C)		
Signed Acceptance	s must be received prior to delivery of equipment to Customer/show site.		
Acceptance Signature		Date of Assessed	

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not

Name (as shown on your income tax return)		Selid to the Int		
Crossroads Hospitality Management Company, LLC as agent for WC	Crossroads Hospitality Management Company, LLC as agent for WCHNW LLC			
Business name, if different from above				
Check appropriate box:				
Check appropriate box: Individual/Sole proprietor Corporation Partners Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation) Other (see instructions) > Address (number, street, and apt. or suite no.)	Dominated and			
400 Park Boulevard	recipeates a ueu	ne and address (optional)		
400 Park Boulevard City, state, and ZIP code		4		
List account number(s) here (optional)				
Taxpayer Identification Number (TIN)				
r your TIN in the appropriate box. The TIN provided must match the name given on true withholding. For individuals, this is your social security number (SSN). However, it sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other employer identification number (FIN). It was do not be set to the provider of the page 3.	for a resident	Social security number		
the sea How to get a	or			
I II III RECOUNT IS IN MOVE than any same	oyer Identification number			
be if the account is in more than one name, see the chart on page 4 for guidelines on the chart of the chart	(b)	(4)		

- m is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and gen Sign Here I other than interest and dividends, you are not required to sign the Certification, but you must ns on page 4.

Sign Here

Signature of U.S. person >

General Instructi

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9,

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An Individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships, Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10231X

Form W-9 (Rev. 10-2007)

Form W=9
(Rev August 2013)
Department of the Treasury
internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return) HLT O'Hare LLC		
ri.	Business name/disregarded entity name, if different from above		
Print or type Specific Instructions on page	Check appropriate box for federal lax classification: Individual/sole proprietor	TrusVestale	Exemptions (see instructions): Exempt payee code (if any)
Print or type	Limited liability company. Enter the tax classification (G=C corporation, S=S corporation, P=partn	ership) >	Exemption from FATCA reporting code (if any)
F P	Other (see instructions) ▶		
5	Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)
De	P.O. Box 66414		
See	City, state, and ZIP code		
Š	orneago, ic tooto		
	Ust account number(s) here (optional)		
to averaged to average	er your TIN in the appropriate box. The TIN provided must match the name given on the "Nam void backup withholding. For individuals, this is your social security number (SSN). However, dent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For others, it is your employer identification number (EIN). If you do not have a number, see <i>How to</i> go on page 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose ther to enter. Certification	for a er eet a	r identification number
	er penalties of perjury, I certify that:	en sedi Javes	CH. 1905 - 1907 - 1900
	he number shown on this form is my correct taxpayer identification number (or I am waiting for		
S	am not subject to backup withholding because: (a) I am exempt from backup withholding, or service (IRS) that I am subject to backup withholding as a result of a failure to report all interes o longer subject to backup withholding, and	(b) I have not been t or dividends, or (notified by the Internal Revenue to the IRS has notified me that I am
3. 1 a	am a U.S. citizen or other U.S. person (defined below), and		
4. Th	ne FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ing is correct.	
beca intere gene	dification instructions. You must cross out item 2 above if you have been notified by the IRS ause you have failed to report all interest and dividends on your tax return. For real estate transest paid, acquisition or abandonment of secured property, cancellation of debt, contributions arally, payments other than interest and dividends, you are not required to sign the certification of the certification of page 3.	sactions, item 2 do to an individual ret	es not apply. For mortgage irement arrangement (IRA), and
Sigr		Date > 1	- 11 - 14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on IRS gov for information about Form W-9 at www.irs.gov/w9 Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. parson, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4 Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Obtained via FOIA by Judicial Watch, Inc.

Aloft Chicago City Center 515 N Clark Street Chicago, IL 60654 312-661-1000 http://www.aloftchicagocitycenter.com



U. S. Secret Svc 10000 Memorial Suite(b)(7)(E) Page Number Guest Number Folio ID

(b) (7)(E)

Arrive Date 10-16-2014 Depart Date 10-24-2014

Houston, TX 77024

No. Of Guest Room Number

Invoice

Date	Reference	Description	Charges Credits 14/7/4
10-16-2014	VI	Visa	\$-9,484.27
(b) (6),	(b) $(7)(C)$,	(b) $(7)(E)$

10-23-2014 VI Visa

** Total

** Balance

\$9,710.26 \$-9,710.26

\$-0.00

27

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

Obtained via FOIA by Judicial Watch, Inc.

Aloft Chicago City Center 515 N Clark Street Chicago, IL 60654 312-661-1000 http://www.aloftchicagocitycenter.com



U. S. Secret Svc 10000 Memorial Suite(b)(7)(E) Houston, TX 77024 Page Number Guest Number Folio ID No. Of Guest

Room Number

Arrive Date Depart Date

10-16-2014 10-24-2014

Invoice

EXPENSE SUMMARY REPORT Currency: USD

(b) (7)(E)



Thank you for choosing Starwood Hotels We look forward to welcoming you back soon!

Form W-9
(Rev. December 2011)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

MONE	Name (as shown on your income tax return)				
	Clargran LLC Business name/disregarded entity name, if different from above				
Print or type See Specific Instructions on page 2.	Aloft Hotel Chicago City Center				
	After Hotel Criticago City Control Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)				
E S	☐ Other (see instructions) ►	Requester's name and address (opt	onal)		
iffic	Address (number, street, and apt. or suite no.)				
Sec	515 N Clark St.	Aloft Chicago 3800-501170			
50	City, state, and ZIP code	62960 Collection Drive			
See	Chicago, IL 60654	Chicago, IL 60693-0960			
	List account number(s) here (optional)				
eside ntitie IN c	your TIN in the appropriate box. The This is your social security number (SSN). However, fooid backup withholding. For Individuals, this is your social security number (SSN). However, for each alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other est, it is your employer identification number (EIN), if you do not have a number, see How to ge on page 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose over to enter.		number 1 1 1 1		
Pai	t II Certification				
Inde	er penalties of perjury, I certify that:	has to be legged to me)	and		
. Th	er penalties of perjury, i certify that: he number shown on this form is my correct taxpayer Identification number (or I am waiting fo	a number to be issued to me,	Internal Davanus		
2. 18	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest blonger subject to backup withholding, and				
112	am a U.S. citizen or other U.S. person (defined below).	and the second s	المالية المالية والمالية والمالية والمالية والمالية		
Cert	am a U.S. citizen or other U.S. person (defined below). ification instructions. You must cross out item 2 above if you have been notified by the IRS to use you have falled to report all interest and dividends on your tax return. For real estate transest paid, acquisition or abandonment of secured property, cancellation of debt, contributions wally, payments other than interest and dividends, you are not required to sign the certification.	to an Individual retirement arrang	ement (IRA), and		

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise

Purpose of Form

instructions on page 4.

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TiN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- * An estate (other than a foreign estate), or

Date >

A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form W-9 (Rev. 12-2011)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(Rev. August 2013) Department of the Tressu Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (strictional on your income tax return)		
HHP-Schaumburg, LLC.		
Business name/disregarded entity name, if different from above		
Califor Colorembitor		and the state test and and
		Examptions (see Instructions):
Check appropriate box for federal tax classification: Componition Componition Scorporation	Partnership Trust/estate	The state of the s
Individual/sole proprietor C Corporation C Scorporation		Exempt payee code (if any)
Individual/sole proprietor	corporation, Pepartnership) - C	Exemption from FATCA reporting code (if any)
The second secon		same and address (optional)
Other (see instructions) > Address (number, street, and apt. or suits no.)	Hequestor's /	BUILD THE CONTROL TO PROPERTY
1939 N. Meachem Road		
City, state, and ZIP code		
Schaumburg, IL 60173		
List account number(a) here (optional)		
Fist account unumerital uses feducated		
Taxpayer Identification Number (TIN)		n n n
Taxpayar Identification Number (1744) ler your TIN in the appropriate box. The TIN provided must match the name ler your TIN in the appropriate box. The TIN provided must match the name		isi security number
er your TIN in the appropriate box. The TIN provided must match the rest avoid backup withholding. For individuals, this is your social security number avoid backup withholding. For individuals, this is your social security numbers.	or (SSN). However, for a	7 (5 (2 (7 (1) 2 (3 (4) 1) 4 (4)
mind backing unmpolosid. For analytication and the facility of	on sing 3 For Diper	
ident alien, sole proprietor, or disregarded entity, see the Part I instructions ident alien, sole proprietor, or disregarded entity, see the Part I instructions identification number (EIN). If you do not have a number (EIN). If you do not have a number (EIN).		
f on page 3.	En En	ployer identification number
I on page 3. Re. If the account is in more than one name, see the chart on page 4 for gui	KIBIINES OIT WINGS) (A)
mber to enter.	(L))(4)
Part II Certification		
nder penalties of perjury, I certify that: The number shown on this form is my correct taxpeyer identification number.	The state of the s	Control of the Carlo Sand
Service (Inc.) that it is backup withholding, and no longer subject to backup withholding, and . I am a U.S. citizen or other U.S. person (defined below), and . The FATCA code(s) entered on this form (if any) indicating that I am exemp . The FATCA code(s) entered on this form (if any) indicating that I am exemp certification instructions. You must cross out item 2 above if you have been excused you have failed to report all interest and dividends on your tax return treat paid, acquisition or abandonment of secured property, cancellation of the property of the code	n. For real estate transactions, Ita	m 2 does not apply. For mongage
pecause you have failed to report all interest and dividence to perty, cancellation or abandonment of secured property, cancellation or abandonment of secured property, cancellation or abandonment of secured property, cancellation of secured property, cancellation or abandonment of secured property.	o sign the certification, but you m	iust provide your consos that out the
enerally, payments offer that into the interest and inter		4/1
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ligh signature of (D) (O), (D) (/)(C)	Data >	7111
	withmousing sits on foreign partners	share of effectively connected income, and
Seneral Instructions	a county that EATCA corde/s) on	tered on this form (I any) indicating that you a
to the Internal Revenue Code unless otherwise noted.	exempt from the FATCA reporting.	a securate chas up a form other than Form
ection reterences are to the IRS has created a page on IRS gov for information uture developments. The IRS has created a page on IRS gov for information	Note. If you are a U.S. person and	a requester gives you a form other than Form use the requester's form if it is substantially
unure developments. The IRS has created a page of insupervision of the second of the s		
liecting Form was taken as a grant as a gran	Definition of a U.S. person. For fo	ederal tax purposes, you are considered a U.S
n that page.	DANTADO II VOU ETE	
Purpose of Form	. An Individual who is a U.S. citize	on or U.S. resident energy.
A person who is required to file an information return with the IFS must obtain your appearance of the control	 A partnership, corporation, com United States or under the laws o 	pany, or association created or organized in the United States,
correct taxpayer rogerationates that the property and third party network	An estate (other than a foreign of	estate), Of
ou, payments made to you in sensment of payment ou paid, acquisition or rereactions, real estate transactions, montgage interest you paid, acquisition or	a second of the second in I	Requisitions section 301.7701-7).
bendonment of secured property, caracterists of secure	 A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business. 	
use Form W-9 only if you are a U.S. person (including a resident allen), to	the United States are generally in	of processing address to a service of the service of the
Use Form W-9 only if you are a U.S. passor (institute requester) and, when provide your correct Titl to the person requesting it (the requester) and, when	1446 on any foreign perment was	te of directions a Corm WLO has not been recen
	the rules under section 1446 requ	ire a partnership to presume that a partner is
1. Cortily that the TM you are giving is correct for you are wateng for a number	foreign person, and pay the social	translation and within a trade or business in
to be issued).	U.S. person that is a pertner in a	to the and neighbor to entablish your U.S. state
	and avoid section 1446 withhold	ng on your share of partnership income.
3. Claim exemption from backup without by person, your allocable share of		

Form W-9 (Rev. 8-2013)



GOV GROUP
525 W VAN BUREN SUITE(b) (7)(E)
CHICAGO IL 60607
UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan HH # AL: Car:

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GOV GROUP 525 W VAN BUREN SUITE (b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan HH # AL: Car:

10/21/2014 Page: 2

GOV GROUP 525 W VAN BUREN SUITE^(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 3

GOV GROUP 525 W VAN BUREN SUITE^(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

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Rate Plan: HH # AL: Car:

10/21/2014 Page: 4

GOV GROUP 525 W VAN BUREN SUITE (b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car

10/21/2014 Page: 5

GOV GROUP 525 W VAN BUREN SUITE^(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 6

Form
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)				
	PD ROSEMONT ASSOCIATES, LLC				
ri.		Business name/disregarded entity name, if different from above			
Print or type Specific Instructions on page	DBA EMBASSY SUITES HOTEL O'HARE ROSEMONT				
			Exemptions (see instructions): Exempt payee code (if any)		
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	hip)► P	Exemption from FATCA reporting code (if any)		
돌	☐ Other (see instructions) ►				
- i	Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)		
ped	5500 NORTH RIVER ROAD				
S	City, state, and ZIP code				
See	ROSEMONT ILLINOIS 60018				
	List account number(s) here (optional)				
to ave reside entitle TIN o Note numb	your TiN in the appropriate box. The TiN provided must match the name given on the "Name" old backup withholding. For individuals, this is your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> on page 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose per to enter.	a	r identification number		
	t II Certification				
Unde	er penalties of perjury, I certify that:	a salah salah badi	and decimal and		
	ne number shown on this form is my correct taxpayer identification number (or I am waiting for				
Se	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of blonger subject to backup withholding, and	I have not been or dividends, or (notified by the Internal Revenue c) the IRS has notified me that I am		
3. la	am a U.S. citizen or other U.S. person (defined below), and				
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.			
becar	fication instructions. You must cross out item 2 above if you have been notified by the IRS the use you have failed to report all interest and dividends on your tax return. For real estate transa- set paid, acquisition or abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends lyou are not required to sign the certification.	ections, item 2 do an individual rei	bes not apply. For mortgage tirement arrangement (IRA), and		

General Instructions

Signature of

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

instructions on page 3.

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. It applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

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similar to this Form W-9.

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Date >

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Form W-9 (Rev. 8-2013)

Outgined via FOIA/Dy/Judicial Watch, Inc. 5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP

525 W VAN BUREN SUITE (b) (7)(E)

CHICAGO IL 60607 UNITED STATES OF AMERICA GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 1

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 2

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE (b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

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Rate Plan: HH # AL: Car:

10/21/2014 Page: 3

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP

525 W VAN BUREN SUITE(b) (7)(E)

CHICAGO IL 60607 UNITED STATES OF AMERICA GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 4

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

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10/21/2014 Page: 5

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE (b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

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Rate Plan: HH # AL: Car:

10/21/2014 Page: 6

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE^(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

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Rate Plan; HH # AL: Car:

10/21/2014 Page: 7

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE^(b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan; HH # AL: Car;

10/21/2014 Page: 8

5460 N. RIVER ROAD ROSEMONT, IL 60018 TELEPHONE 847-292-9100 • FAX 847-292-9295

GOV GROUP 525 W VAN BUREN SUITE (b) (7)(E) CHICAGO IL 60607 UNITED STATES OF AMERICA

GTT 10/17/2014 12:00:00 AM 10/22/2014 12:00:00 AM

Rate Plan: HH # AL: Car:

10/21/2014 Page: 9

(b) (6), (b) (7)(C), (b) (7)(E)

10/21/2014

5994709

VS *1673 **BALANCE** (\$12,495.54) \$0.00

(b) (6), (b) (7)(C), (b) (7)(E)

-12,495.54

Form (Rev. August 2013)
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name for change or your leaders low settings		
	Name (as shown on your income tax return)		
	PD ROSEMONT ASSOCIATES 2, LLC Business name/disregarded entity name, if different from above		
6	DBA DOUBLETREE HOTEL CHICAGO O'HARE ROSEMONT		
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification:	Trust/estate	Exemptions (see instructions): Exempt payee code (if any)
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=perfo	ership) ► P	Exemption from FATCA reporting code (if any)
Pri	☐ Other (see instructions) ►	Description name	and address (entines)
ciff	Address (number, street, and apt. or suite no.)	Requesters name	and address (optional)
25	5460 NORTH RIVER ROAD		
9	City, state, and ZIP code		
S	ROSEMONT ILLINOIS 60018		
	List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name given on the "Name"	120.00	ocurity number
reside entitie TIN or	old backup withholding. For Individuals, this is your social security number (SSN). However, and alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For othes, it is your employer identification number (EIN). If you do not have a number, see How to go apage 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose	er get a	or Identification number
	or to enter.	(b) ((4)
Par	Certification		
	penalties of perjury, I certify that:		
	e number shown on this form is my correct taxpayer identification number (or I am waiting for		
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding, and	(b) I have not been it or dividends, or (notified by the Internal Revenue c) the IRS has notified me that I am
3. 1 a	m a U.S. citizen or other U.S. person (defined below), and		
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ing is correct.	
Certif becau interes genera	ication instructions. You must cross out item 2 above if you have been notified by the IRS use you have failed to report all interest and dividends on your tax return. For real estate transt paid, acquisition or abandonment of secured property, cancellation of debt, contributions ally, payments other than interest and dividends, you are not required to sign the certification.	that you are current	nes not apply the morroage
Sign		Date > 2/3	26/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are

exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form

Note, if you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For lederal tax purposes, you are considered a U.S. person if you are:

- . An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income:

Form W-9 (Rev. 8-2013)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(Rev. August 2013) ent of the Tr

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

ESPORTAMENT AND PROPERTY.	Name (as shown on your income tax return) HHP-Schaumburg, LLC.		
5	Business resme/disregarded entity name, if different from above Embassay Sultes Schaumburg		Examptions (see instructions):
ebed up av	Check appropriate box for federal tex classification.	Trust/estate	Example payee code (if any)
Print or type Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partn	veratrip) >C	exemption from FATCA reporting code (if any)
Print o	☐ Other (see kristructions) ►	Transactoria name	and address (optional)
2 ء	Acidress (number, street, and apt. or suite no.)		THE CONTROL (Phone)
2	1939 N. Meacham Road		
- 73.3	City, Salary, Sell 224 Com	1	
3	Schaumburg, IL 60173	1	
٠,	List account number(s) here (optional)		
to an residentity of the residen	Taxpasyar reentification Taxpasyar reentification Tyour TIN in the appropriate box. The TIN provided must match the name given on the "Nar ryour TIN in the appropriate box. The TIN provided must match the name given on the "Nar rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). However, rold backup withholding, For individuals, this is your social security number (SSN). I have a social security number (SSN). However, rold backup withholding, For individuals, this is your social se	get a	ser Identification number (4)
	AND BALLEY		
1 7	er penalties of perjury, I certify that: The number shown on this lorm is my correct texpeyer identification number (or I am waiting	for a number to be	issued to me), and
2. 1	am not subject to backup withholding because: (a) I am exempt from backup withholding, o	or (b) I have not bee est or dividends, or	n notified by the Internal Revenue (c) the IRS has notified me that I am
	o longer subject to backup withholding, and		
3. 1	am a U.S. citizen or other U.S. person (defined below), and	who is corner	
4. T	he FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA top.	C that you are com	entiv subject to backup withholding
Cor	he FATCA code(s) entered on this form it any) indicating that I attraction notified by the IR tiffication instructions. You must cross out item 2 above if you have been notified by the IR auss you have falled to report all interest and dividends on your tax return. For real estate tra auss you have falled to report all interest and dividends, you are not required to sign the certifical easily, proments other than interest and dividends, you are not required to sign the certifical action.	anactions, Rom 2	material agrangement (IRA), and

U.S. person > General Instructions

Signature of

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for Information about Form W-B, at www.hrs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation anacted after we release it) will be posted on that page.

(b) (6), (b) (7)(C)

Purpose of Form

instructions on page 3.

Sign

Here

A person who is required to the an information return with the IRS must obtain your correct texpayer identification number (TN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, morpage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

Use Form W-9 only if you are a U.S. person Encluding a resident allen), to provide your correct TIM to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued.
 - 2. Certify that you are not subject to beckup withholding, or
- Claim exemption from backup withholding if you are a U.S. exampt payee, if applicable, you are also cartifying that as a U.S. person, your also able share of arry partnership income from a U.S. trade or business is not subject to the

4 Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your Till, you must use the requester's form if it is substantially similar to this Form W 9.

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- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or

Date >

A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1445 on any foreign permers' states of effectively connected taxable income from such business. Further, in certain cases where a Form W-B has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a pertner in a pertnership conducting a trade or business in the United States, provide Form W-B to the partnership to establish your U.S. status and evoid section 1446 withholding on your share of pertnership income.

Form W-9 (Rev. 8-2013)



2011 OCT 23 IN 11: 314 CHICAGO FILE - TEN Hyatt Place Chicago/River North 66 W. Illinois Street

Chicago, IL 60654 Phone: 312.755.1600 Fax: 312.755.1601

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INFORMATION INVOICE

Payee United States Secret Service Oct. United States

Confirmation No.

Group Name

United States Secret Service Oct.

Room No. (b) (7)(E)

Arrival 10-16-14

Departure 10-24-14
Page No. 1 of 7

Folio Window (b) (7)(E)

Folio No.



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INFORMATION INVOICE

Payee United States Secret Service Oct.

Description

United States

Room No. (b) (7)(E)

Arrival 10-16-14 Departure 10-24-14

Page No. 2 of 7

Folio Window (b) (7)(E)

Folio No.

Confirmation No.

Group Name

Date

United States Secret Service Oct.

Charges Credits



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Fax: 312.755.1601 www.chicagorivernorth.place.hyatt.com

INFORMATION INVOICE

Payee United States Secret Service Oct.

Description

United States

Confirmation No.

Group Name

Date

United States Secret Service Oct.

(b) (7)(E)Room No.

Arrival 10-16-14

10-24-14 Departure

Page No. 3 of 7 Folio Window (b) (7)(E)

Folio No.

Charges Credits

(6), (b) (7)(C), (b) (7)



ZOM OCT 23 /M 10: 05 CMC/AGUST - DEFICE Hyatt Place Chicago/River North

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INFORMATION INVOICE

Payee United States Secret Service Oct. United States

Confirmation No.

Group Name

United States Secret Service Oct.

Room No. (b) (7)(E)

Arrival 10-16-14

Departure 10-24-14

Page No. 4 of 7

Folio Window (b) (7)(E)

Folio No.



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Fax: 312.755.1601

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INFORMATION INVOICE

Payee United States Secret Service Oct.

Description

United States

Room No. (b) (7)(E)

Arrival 10-16-14 Departure 10-24-14

Page No. 5 of 7

Folio Window (b) (7)(E)

Charges

Credits

Folio No.

Confirmation No.

Group Name

Date

United States Secret Service Oct.



Hyatt Place Chicago/River North 66 W. Illinois Street

Chicago, IL 60654 Phone: 312.755.1600 Fax: 312.755.1601

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INFORMATION INVOICE

Payee United States Secret Service Oct. United States

ned States

Confirmation No.

Group Name

United States Secret Service Oct.

Room No. (b) (7)(E)

Arrival 10-16-14

Departure 10-24-14

Page No. 6 of 7

Folio Window (b) (7)(E)

Folio No.

Date Description Charges Credits



Hyatt Place Chicago/River North 66 W. Illinois Street

Chicago, IL 60654 Phone: 312.755.1600 Fax: 312.755.1601

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INFORMATION INVOICE

Payee United States Secret Service Oct. United States Room No. (b) (7)(E)

Arrival 10-16-14

Departure 10-24-14 Page No. 7 of 7

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Page No. 7 of 7
Folio Window (b) (7)(E)

Folio No.

Confirmation No.

Group Name

United States Secret Service Oct.

Date Description Charges Credits

(b) (6), (b) (7)(C), (b) (7)(E)

Total

10-22-14

Visa

XXXXXXXXXXXX1673 XX/XX

9,936.08

9,936.08

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

I accept the delivery of the Wall Street Journal M-F (Gold Passport and VIP rooms only). If refused, a refund of \$1 will be provided.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit <u>goldpassport.com</u>

Balance 0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Chicago/River North. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Chicago/River North 66 W. Illinois Street Chicago, IL 60654

(Rev. December 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Intern	al Prevenue Service	111	CAGE AND AND	
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)			
	Clargran LLC Business name/disregarded enlity name, if different from above Hyatt Place Chicago River North			
	Check appropriate box for federal tax classification: Individual/sole proprietor			
- #	Address (number, street, and apt. or suite no.)	Requester's name and address (o	otional)	
ě	66 W Illinois St.	HP River North 2405-501170 62960 Collection Drive		
9	City, state, and ZIP code			
S	Chicago, IL 60654	Chicago, IL 60693-0960		
Par Enter	List account number(s) here (optional) Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name given on the "Name bid backup withholding. For Individuals, this is your social security number (SSN). However, for	"line Social security number		
reside	ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is, it is your employer identification number (EIN), if you do not have a number, see <i>How to get</i> page 3.		1-111	
Note. numb	If the account is in more than one name, sec the chart on page 4 for guidelines on whose er to enter.	(b) (4)	number	
Par				
	penalties of perjury, I certify that:			
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be issued to me),	and	
Se	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b rvice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest) I have not been notified by the or dividends, or (c) the IRS has	e Internal Revenue notified me that I am	

- no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage Interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date P

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

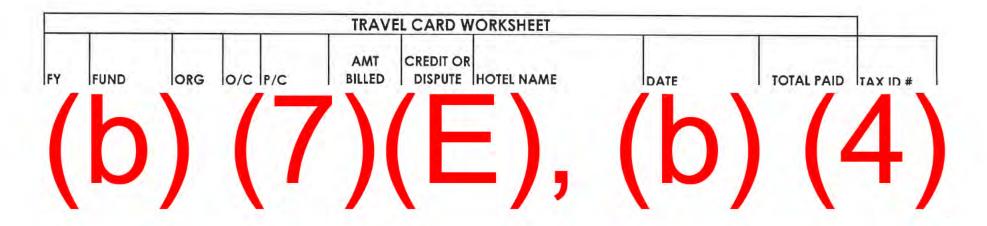
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

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- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
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Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form W-9 (Rev. 12-2011)



10/12/14

Total \$27,631.82
Credits \$0.00
Statement Total \$27,631.82

Prepared by USSS 10/20/2014



Obtained via FOIA by Judicial Watch, Inclyatt Place Chicago/River North

66 W. Illinois Street Chicago, IL 60654 Phone: 312.755.1600 Fax: 312.755.1601

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INFORMATION INVOICE

Payee U.S Secret Service 525 West Van Buren Chicago IL 60607 **United States**

Confirmation No.

Group Name

Room No.

(b) (7)(E)

Arrival

10-02-14

Departure

10-02-14

Page No.

1 of 5

Folio Window (b) (7)(E)

Folio No.

(b) (7)(E)

Date Description Charges Credits 6), (b) (7)(C), (b)



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INFORMATION INVOICE

Payee U.S Secret Service 525 West Van Buren Chicago IL 60607 United States

Confirmation No. Group Name

(b) (7)(E)Room No. Arrival 10-02-14 Departure 10-02-14

Page No. 2 of 5

Folio Window (b) (7)(E) (b) (7)(E)

Folio No.

Date Description

Charges

Credits



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INFORMATION INVOICE

Payee U.S Secret Service 525 West Van Buren Chicago IL 60607 United States

Confirmation No.

Group Name

Room No.

(b) (7)(E)

Arrival

10-02-14

Departure

10-02-14

Page No.

3 of 5

Folio Window (b) (7)(E)

Folio No.

(b) (7)(E)

Date

Description

Charges

Credits

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Hyatt Place Chicago/River North 66 W. Illinois Street

Chicago, IL 60654 Phone: 312,755,1600 Fax: 312.755.1601

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INFORMATION INVOICE

Payee U.S Secret Service 525 West Van Buren Chicago IL 60607 **United States**

Confirmation No.

Group Name

Room No.

(b) (7)(E)

Arrival

10-02-14

Departure

10-02-14

Page No.

4 of 5

Folio Window (b) (7)(E)

Folio No.

(b) (7)(E)

Date

Description[®]

Charges

Credits

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INFORMATION INVOICE

Payee U.S Secret Service 525 West Van Buren

Chicago IL 60607 **United States**

Confirmation No.

Group Name

Room No.

(b) (7)(E)

Arrival

Departure

10-02-14

Page No.

5 of 5

Folio Window (b) (7)(E)

Folio No.

(b) (7)(E)

Date

Description

Charges

Credits

(6), (b) (7)(C), (b) (7)(

10-02-14 10-02-14

Visa Visa XXXXXXXXXXXXX.

XX/XX

2,000.00 5,505.60

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part or the full amount of these charges.

I accept the delivery of the Wall Street Journal M-F (Gold Passport and VIP rooms only). If refused, a refund of \$1 will be provided.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Total

7.505.60

7,505.60

Balance

0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Chicago/River North. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Chicago/River North 66 W. Illinois Street Chicago, IL 60654

Form W-9
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

-	Name (as shown on your income tax return)								
	Clargran LLC								
	Business name/disregarded entity name, if different from above								
0	4 P. C.								
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Corporation Partnership Trust/estate								
P 0	Other (see instructions) ► Address (number, street, and apt. or suite no.)	16							
5	CC M. Winning Co.	Requester's name and address (opti	onal)						
S	66 W Illinois St.	HP River North 2405-50117	0						
8	City, state, and ZIP code	62960 Collection Drive							
ŝ	Chicago, IL 60654 List account number(s) here (optional)	Chicago, IL 60693-0960							
residentition TIN of Note number	oid backup withholding. For Individuals, this is your social security number (SSN). However, the ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see How to go not page 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose page to enter.	er -	mber						
Par									
	r penalties of perjury, I certify that:								
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting fo	or a number to be issued to me), ar	nd						
SE	um not subject to backup withholding because: (a) I am exempt from backup withholding, or (ervice (IRS) that I am subject to backup withholding as a result of a fallure to report all interes b longer subject to backup withholding, and	 (b) I have not been notified by the It t or dividends, or (c) the IRS has no 	nternal Revenue otified me that I am						
3. la	m a U.S. citizen or other U.S. person (defined below).								
Certif becau intere gener	fication instructions. You must cross out item 2 above if you have been notified by the IRS use you have failed to report all interest and dividends on your tax return. For real estate transist paid, acquisition or abandonment of secured property, cancellation of debt, contributions rally, payments other than interest and dividends, you are not required to sign the certification of page 4.	sactions, item 2 does not apply. For	or mortgage ment (IRA), and						

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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Date >

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Form W-9 (Rev. 12-2011)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(Rev. August 2013) Department of the Tre

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not sand to the IRS.

	To the fall section)	
Print or type Specific instructions on page 2.	Name (as shown on your income tax return) HHP-Schaumburg, LLC.	
	Business name/disregarded entity name, it different from above	
	Embassy Suites Schaumburg	
	Check appropriate box for federal tax clessification.	Examptions (see instructions): Exampt payer code (if any)
	Limited liability company. Enter the tex classification (CeC corporation, S=S corporation, Pepertnership)	C Exemption from FATCA reporting code (if any)
55	☐ Other (see instructions) ►	ster's name and address (optional)
É	Address (number, street, and apt. or suite no.)	and a little man product following
ě.	1939 N. Meacham Road	
60	Cny, sens, and an object	
å	Schaumburg, IL 60173	
	List account number(s) here (optional)	
	The state of the s	
Pa	Taxpayer Identification Number (TIN) ryour TIN in the appropriate box. The TIN provided must match the name given on the "Name" line	Social accurity number
resid enliti TIN c Note	r your TN in the appropriate too. If your social security number (SSN), However, for a poid backup withholding, For individuals, this is your social security number (SSN), However, for a period of the proprietor, or disregarded entity, see the Part I instructions on page 3. For other less, it is your employer identification number (EIN). If you do not have a number, see How to get a on page 3. If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter.	Employer identification number (b) (4)
Pa	Certification	
Unde	er penalties of perjury, I certify that:	the terms of the mail and
1. T	er parameter of penjury, i county trans- he number shown on this form is my correct texpayer identification number (or I am waiting for a num	ider to de issued to may, and
5	arn not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divide oldings subject to backup withholding, and	er not been notified by the Internal Hevenue dends, or (c) the IRS has notified me that I am
3. 1.	am a U.S. citizen or other U.S. person (defined below), and	to her
	carros partials extensi on this form of anyt indicating that I am exempt from FATCA reporting is or	orrect.
Cert beca inter	tification instructions. You must cross out item 2 above if you have been notified by the IFS that you suse you have failed to report all interest and dividends on your tax return. For real estate transaction rest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an in orally, payments other than interest and dividends, you are not required to sign the certification, but y	s, kem 2 does not apply. For mortgage
Sig		10/11/13

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS,gov for information about Form W-9, at www.frs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to fits an information return with the IRS must obtain your correct taxpayer identification number (TiN) to report, for example, income paid to you, payments made to you in settlement of payment card and third perty network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TRN to the person requesting it (the requester) and, when applicable, (or

- 1. Certify that the TIM you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exampt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W θ .

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person II you are:

- · An Individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or essociation created or organized in the United States or under the taws of the United States,
- · An extale (other then a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Furtiver, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presure that a partner is a toreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a pertner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and evoid section 1446 withholding on your share of partnership income.

Form W-9 (Rev. 8-2013)



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Time: 05:38PM

Depart: 06Oct14

Date

Description

06Oct14

Visa

Amount: 12000.00 Auth: 042469 Signature on

Room: (b) (7)(E)

Room Type: (b) (7)(E)

Number of Guests (b) (7)(E)

Rate: \$0.00

Clerk: MMB

Time: 01:59PM

Folio Number: (b) (7)(E)

Charges

Credits 12000.00

(b) (7)(C), (b) (7)(E)



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Date

Time: 05:38PM

Description

Depart: 06Oct14

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Room Type: (b) (7)(E)

Number of Guests: (b) (7)(E)

Rate: \$0.00

Clerk: MMB

Time: 01:59PM

Folio Number: (b) (7)(E)

Charges Credits

(b) (6), (b) (7)(C), (b) (7)(



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Date

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Depart: 060ct14

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Clerk: MMB

Time: 01:59PM

Folio Number: (b) (7)(E)

Charges

Credits

(b) (6), (b) (7)(C), (b) (7)(E)



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

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Fairfield Inn & Suites by Marrlott Chicago Downtown / River North

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Credits

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Charges

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Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Folio Number: (b) (7)(E)

Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Date

Time: 05:38PM

Description

Depart: 06Oct14

Time: 01:59PM

Rate: \$0.00

Room: (b) (7)(E)

Room Type:(b) (7)(E)

Number of Guests:(b) (7)(E)

Charges

Clerk: MMB

Judicial Watch3 - USSS003629



Fairfield Inn & Suites by Marriott Chlcago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Arrive: 29Sep14

Date

07Oct14

Secret Service

Time: 05:38PM

Depart: 07Oct14

Description

Visa

06Oct14

Amount: 12000.00 Auth: 050711 Signature on File

Visa

Amount: 3340.62 Auth: 050144 Signature on

Room: (b) (7)(E)

Room Type: (b) (7)(E)

Number of Guests:(b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

Folio Number: (b) (7)(E

Charges

Credits

12000.005

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(b) (6), (b) (7)(C), (b) (7)(E)



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

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Time: 05:38PM

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Number of Guests: (b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

Folio Number:(b) (7)(E)

Charges



Fairfield Inn & Sultes by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Arrive: 29Sep14

Secret Service

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Date

Time: 05:38PM

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Number of Guests:(b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

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Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312,836,1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

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Number of Guests:(b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

Folio Number: (b) (7)(E)

Charges

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Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

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Chicago IL 60654

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Time: 08:08AM

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Charges

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Fairfield Inn & Suites by Marriott Chicago Downtown / River North

Depart: 07Oct14

60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Date

Time: 05:38PM

Description

Room:(b) (7)(E)

Room Type: (b) (7)(E)

Number of Guests(b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

Folio Number:(b) (7)(E)

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Judicial Watch3 - USSS003635



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Room:(b) (7)(E)

Room Type: (b) (7)(E)

Number of Guests (b) (7)(E)

Rate: \$0.00

Clerk: AHS

Arrive: 29Sep14

Date

Time: 05:38PM

Description

Depart: 07Oct14

Time: 08:08AM

Folio Number: (b) (7)(E)

Charges

Credits

(b) (6), (b) (7)(C), (b) (7)(E)



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Date

Time: 05:38PM

Description

Room: (b) (7)(E)

Room Type:(b) (7)(E)

Number of Guests: (b) (7)(E)

Rate: \$0.00

Clerk: AHS

Time: 08:08AM

Folio Number (b) (7)(E)

Charges

Credits

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Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312,836,1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

Time: 05:38PM

Description

Depart: 07Oct14

Time: 08:08AM

Rate: \$0.00

Room: (b) (7)(E)

Room Type; (b) (7)(E)

Number of Guests(b) (7)(E)

Charges

Credits

(b) (6), (b) (7)(C), (b) (7)(E)

Date

Clerk: AHS

Folio Number:(b) (7)(E)

Judicial Watch3 - USSS003638



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Secret Service

60 W Illinois

Chicago IL 60654

Secret Service

Arrive: 29Sep14

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Time: 05:38PM

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Depart: 07Oct14

Charges

Time: 08:08AM

Rate: \$0.00

Room: (b) (7)(E)

Room Type:(b) (7)(E)

Number of Guests: (b) (7)(E)

Folio Numbe

Clerk: AHS

Credits

(b) (6), (b) (7)(C), (b) (7)(E)

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

(Rev. December 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

III (GIT)	T November Col Vice			ALM ALMAN
	Name (as shown on your income tax return)			
	Clargran LLC			
ci	Business name/disregarded entity name, if different from above			
age	Fairfield Inn by Marriott Chicago River North			
Print or type Specific Instructions on page	Check appropriate box for federal tax classification: ☐ Individual/sple proprietor	estate		
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=	Exempt payee		
P. S.	☐ Other (see instructions) ►			
- E	Address (number, street, and apt. or suite no.)	Requ	ester's name and address (op	tional)
ě	60 W Illinois St.	55.5	River North 1664-50117	10
8	City, state, and ZIP code	60 Collection Drive	U	
See	Chicago, IL 60654	9.0411	cago, IL 60693-0960	
	List account number(s) here (optional)	1700		
reside entitle TIN or Note. numb		on page 3. For other imber, see Haw to get a	Employer identification r	number
	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification numb			
Ser	n not subject to backup withholding because; (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding, and	kup withholding, or (b) I have to report all interest or div	ve not been notified by the idends, or (c) the IRS has r	Internal Revenue notified me that I am
. I an	n a U.S. citizen or other U.S. person (defined below).			
Certifi pecaus nteres genera nstruc	cation instructions. You must cross out item 2 above if you have been se you have falled to report all interest and dividends on your tax return. It paid, acquisition or abandonment of secured property, cancellation of lly, payments other than interest and dividends, you are not required to tions on page 4.	For real estate transaction debt, contributions to an in	is, item 2 does not apply. F	For mortgage
sign Here	Signature of U.S. person ►	Date ►	6/14/13	
Gen	eral Instructions'	Note, If a requester gives	you a form other than Form	n W-9 to request

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

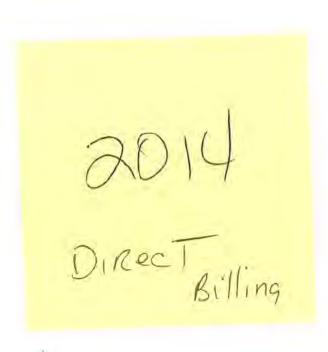
- An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301,7701-7).

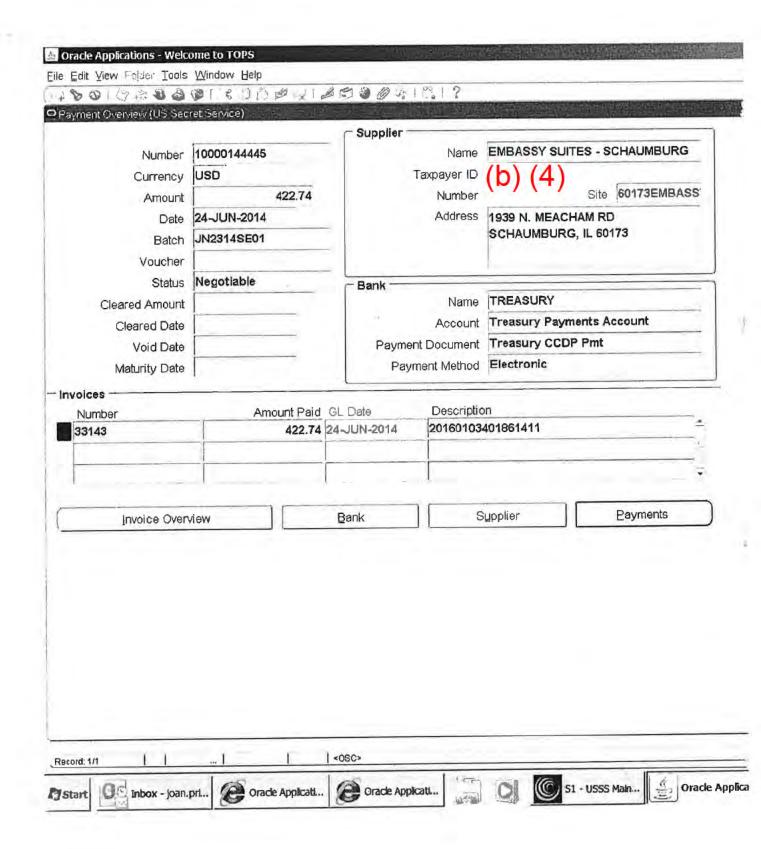
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form W-9 (Rev. 12-2011)

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE:	DATE(S) OF VISIT:
TRIP# 201-601 -034-0186-1	<u>U-1</u>
Hotel address (City / State) is on in-	voice
Hotel Invoice # or HT# is listed o	n the TOPs printout
Invoice should be either dated of	r date stamped
Signature approval of GS-14	
GS-14 not listed as occupant of	hotel
Lodging cost & misc. cost (furnit	ure removal/av set up should be broken out separately







1939 N. MEACHAM RD • SCHAUMBURG, IL 60173
TELEPHONE (847) 397-1313 • FAX (847) 397-9007
RESERVATIONS
www.embassysuites.com or 1 800 EMBASSY

NAME & ADDRESS

ORIGINAL

U.S SECRET SERVICES

ATTN:(b) (6), (b) (7)(C) 525 W. VAN BUREN SUITE 900 CHICAGO, IL 60607 INVOICE #
INVOICE DATE
CURRENT DATE
YOUR ACCOUNT #
YOUR P/O #

33143 5/27/2014 5/27/2014 (b) (7)(E)

PAGE

(b) (7)(E), (b) (6), (b) (7)(C)

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ID FINAL PAYMENT VI

POCENTRACE GOODS AND/OR PARTICLE RECEIVED ARE

ACCEPTABLE.

PARTIAL PAYMENT ID FINAL PAYMENT VI

GOODS AND/OR PARTICLE STREETING ARE

ACCEPTABLE.

(b) (6), (b) (7)(C)

SATC CHI

FOR FRANK P. BENEDETION

O

(b) (7)(E)

I

(b) (7)(E)

PAYMENT DUE UPON RECEIPT

QUESTIONS CONCERNING THIS INVOICE? CALL: (b) (6), (b) (7)(C)

PLEASE PAY THIS AMOUNT

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT:

422.74



EMBASSY SUITES

HOTELS.

1939 N. MEACHAM RD • SCHAUMBURG, IL 60173 TELEPHONE (847) 397-1313 • FAX (847) 397-9007 RESERVATIONS

NAME & ADDRESS

IN CASE OF ERROR ON YOUR BILL

The Federal Truth in Lending Act requires propmpt correction of billing mistakes.

- 1. If you think your bill is wrong or if you need more information about an item on your bill:
 - a) Do not write on the bill. On a separate sheet of paper write the following (you may telephone your inquiry, but DOING SO WILL NOT PRESERVE YOUR RIGHTS UNDER THIS LAW);
 - i) Your name and account number
 - ii) A description of the error and why (to the extent you can) you believe it is an error. If you only need more information, explain the item you arenot sure about, and if you wish, ask for evidence of the charge such as a copy of the charge voucher. Do not send in your copy of a charge voucher or other document unless you have a duplicate copy for your records.
 - iii) The dollar amount of the suspected error.
- iv) Any other information (such as your address) which you think will help the company to identify you or the reason for your complaint or inquiry.
 - b) Send your billing error notice to the address shown on your billing statement. Mail it as soon as you can, but in any case, early enough to reach the Hotel within 60 days after the bill was mailed to you.
- 2. The Hotel must acknowledge all letters pointing out possible error within 30 days, unless the necessary correction can be made during those 30 days. Within 90 days after receiving your letter, the company must either correct the error or show why the bill was correct. Once the bill has been explained, the company has no further obligation except as provided in paragraph 5 below.
- 3. After notification, neither the Hotel nor an attorney nor a collection agency may send you letters or take other collection action concerning the disputed amount; but the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or the other creditors as delinquent, until the unquiry as been answered. HOWEVER, YOU REMAIN OBLIGATED TO PAY THE PARTS OF YOUR BILL NOT IN DISPUTE.
- 4. If it is determined that the Hotel has made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out the Hotel has not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. The Hotel must send you a statement of what you owe, and you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges can be charged to you.
- 5. If the Hotels explanation does not satisfy you and you notify the Hotel IN WRITING that you still refuse to pay the disputed amount, the Hotel may report you to credit bureaus and other creditors and may pursue normal collection procedures. But any such report must indicate that the amount is disputed, and you must be advised as to who has received such reports. Once the matter has been settled between you and the Hotel, follow-up notices must be sent to those to whom you have been reported as delinquent.
- 6. Companies that do not follow these rules are not allowed to collect the first \$50 of a disputed amount, even if the bill turns out to be
- 7. You may have the right to withhold payment of an amount you still owe for merchandise or services if you first try in good faith to return them or give the merchant a chance to correct the problem. There are two limitations on this right:
- a) You must have made the purchase in your home state or within 100 miles of your home (whichever is farther), and
- b) The purchase price must have been more than \$50. However, these limitations do not apply if the merchant is owned or operated by the Hotel or if the Hotel mailed the advertisement for goods or services to you.

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U.S. SECRET WHAVICE
2014 JUN 13 AN 9: 36
CHICAGO FIELD UFFICE

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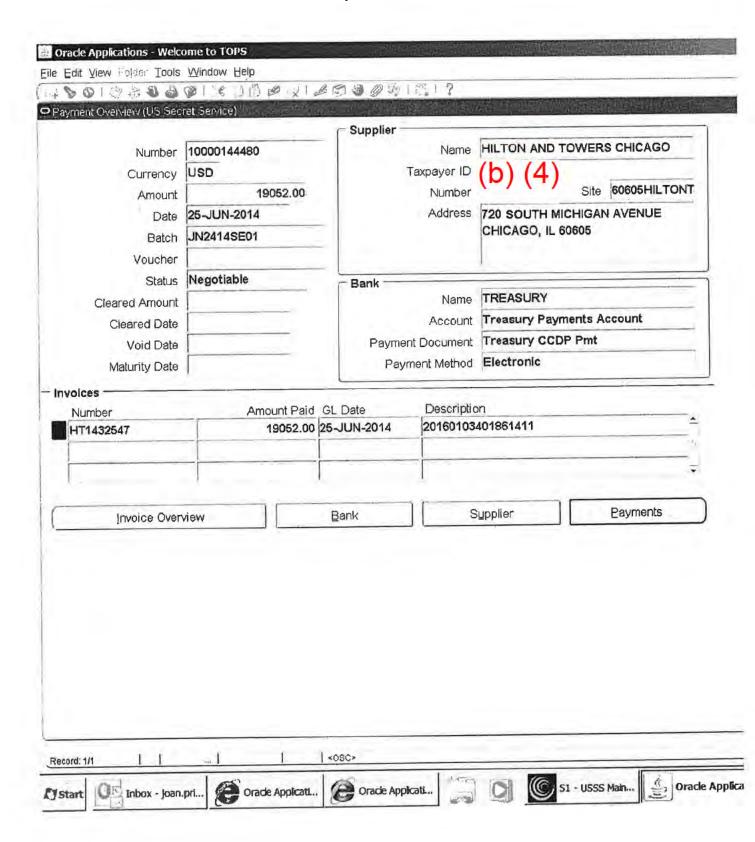
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(b) (6), (b) Stained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) Stained via FOIA by Judicial Watch, Inc. (b) (7)(E)

CHICAGO	<u>O FIELD OFFICE HOTEL DIRECT BILL CH</u>	ECKLIST:			
PROTECT	TEE: POTUS	DATE(S) OF VISIT:		•	
TRIP #: 2	201-601-034-0186-14-11	*			
Hot	tel address (City / State) is on invoice	777			
Но	otel Invoice # or HT# is listed on the TO	Ps printout			
Inv	oice should be either dated or date st	amped			
Sig	nature approval of GS-14				
☑ GS	-14 not listed as occupant of hotel		9		
\(\) Loo	dging cost & misc. cost (furniture remo	oval/av set up should	be broke	n out se	parately
HU	^				





T- 3 175 (T- 677)	A TYMETO D	T 17 7	mrost
PAYMENT	AUTHOR	LZA	TILON

PO/CN/TN/OTHER #_ GOODS AND/OR SERVICES RECEIVED ARE ACCEPTA

UNITED STATES SECRET SERVICE ATTN:(b) (6), (b) (7)(C) 525 W. VAN BUREN ST. CHICAGO, IL 60607

> INVOICE NUMBER: CUSTOMER ID:

SSU

WIKARE BENEDETTO

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE HILTON CHICAGO.

GUEST ROOM CHARGES FOOD AND BEVERAGE CHARGES MISCELLANEOUS SUBTOTAL PAYMENTS, DEPOSITS & ADJUSTMENTS

Room Rate(b) (7)(E)

First Day.

Last Day:

Room Rate x +otal # nights: (b) (7)(E)

(b) (7)(E)

19,052.00

0.00

TOTAL:

19,052.00

IT HAS BEEN OUR PLEASURE SERVING YOU, WE LOOK FORWARD TO YOUR NEXT VISIT TO HILTON CHICAGO.

"PLEASE REMIT TO": 720 SOUTH MICHIGAN AVE CHICAGO IL 60605 TEL 312-922-4400

Total tax + misc eap

ORIGINAL (b) (7)(E) ⁴

ngh和z(b) (7)

PAGE 1

ORIGINAL DATE: 6/4/2014

HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES UNITED STATES SECRET SERVICE

GUEST NAME	ROOM NUMBER	DEPARTURE ROOM & TAX DATE	FOOD AND BEVERAGE CHARGES	TELEPHONE MISCELL	ANE SHOPS OUS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)	(b)	(7)(C). (k)	(7)	(E

PAGE 2

ORIGINAL DATE: 6/4/2014

HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES UNITED STATES SECRET SERVICE

GUEST NAME	ROOM	DEPARTURE	ROOM & TAX	FOOD AND	TELEPHONE MISCELLANE	SHOPS	OTHER	PAYMENTS	TOTAL
1	NUMBER	DATE	25.75	BEVERAGE	OUS	1	(E)	DEPOSITS	
		Level Tille to	4	CHARGES		1000	1.0	military and the	

(b) (6), (b) (7)(C), (b) (7)(E)

TOTAL (b) (7)(E) 0.00 19,052.00

HILTON

(b) (6), (b) Stained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)



Obbiled S. Sective to Se. /ice

CHICAGO FIELD OFFICE

Telephone: (312) 353-5431 - Main

FAX: (312) 353-1225



То:	_{FMD-} (b) (6), (b) (7)(C)	Date: June 20, 2014			
From:	CHICAGO FIELD OFFICE - (b) (6), (b) (7)(C)	Pages to follow: 4			
Subjec	t: HILTON AND TOWERS HOTEL				
Messa	ge:				
HELL	O (b) (6), (b) (7)(C), (b) (7)(E), (b) (7)(D)				
ATTA	CHED TO FAX IS THE INVOICE AND STATEMENT	OF GUEST FOLIO			
CHAR	RGES FOR THE ABOVE HOTEL. AMOUNT ENTER	ED IN TOPS ON 6/20/14, WAS			
\$19,0	52.00. PO # IS HT1432547. THANKS.				
Reply F	Requested:				
NOTE: The privileged,	his message is intended only for the use of the individual to whom (or the entity to which confidential, and/or exempt from disclosure under applicable law. If the reader of this me	n) it is addressed and may contain information that is ssage is not the intended recipient or the employee of			

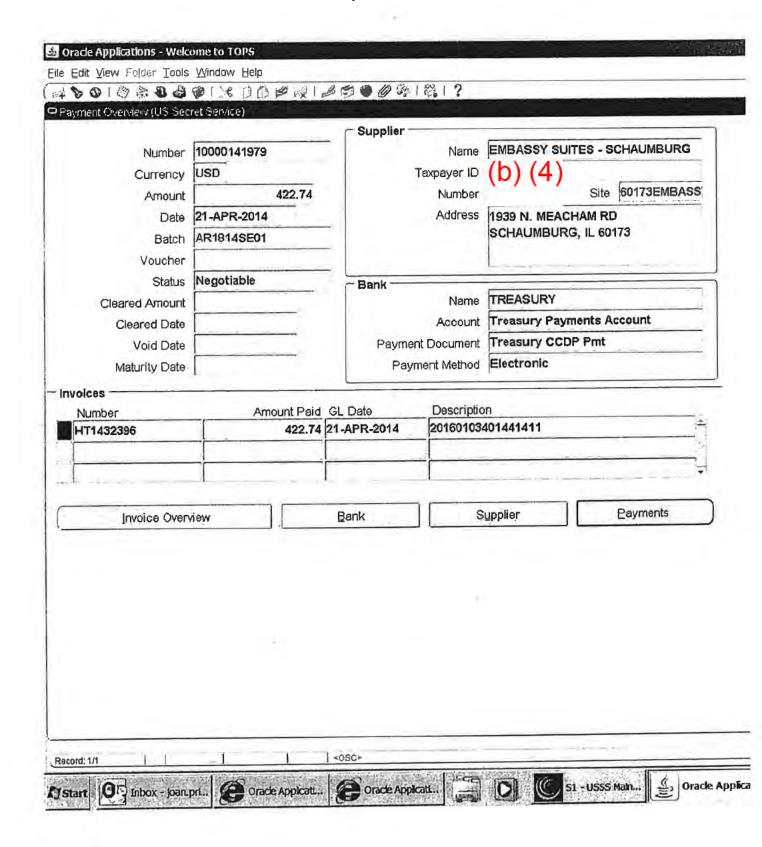
agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original to us via the

UNITED STATES SECRET SERVICE
This form was electropically produced via Completon by USSS/ADMIN/MNO/PAR-

U.S. Postal Service at the address listed above. Thank you.

SSF 4035 (09/2002)

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:
PROTECTEE: DATE(S) OF VISIT:
TRIP#: 201-601-034-0144
Hotel address (City / State) is on invoice
Hotel Invoice # or HT# is listed on the TOPs printout
Invoice should be either dated or date stamped
Signature approval of GS-14
GS-14 not listed as occupant of hotel
Lodging cost & misc. cost (furniture removal/av set up should be broken out separately
$A \leftarrow 1$





EMBASSY SUITES

HOTELS.

Chicago/Schaumburg/Woodfield

1939 N. Meacham Road

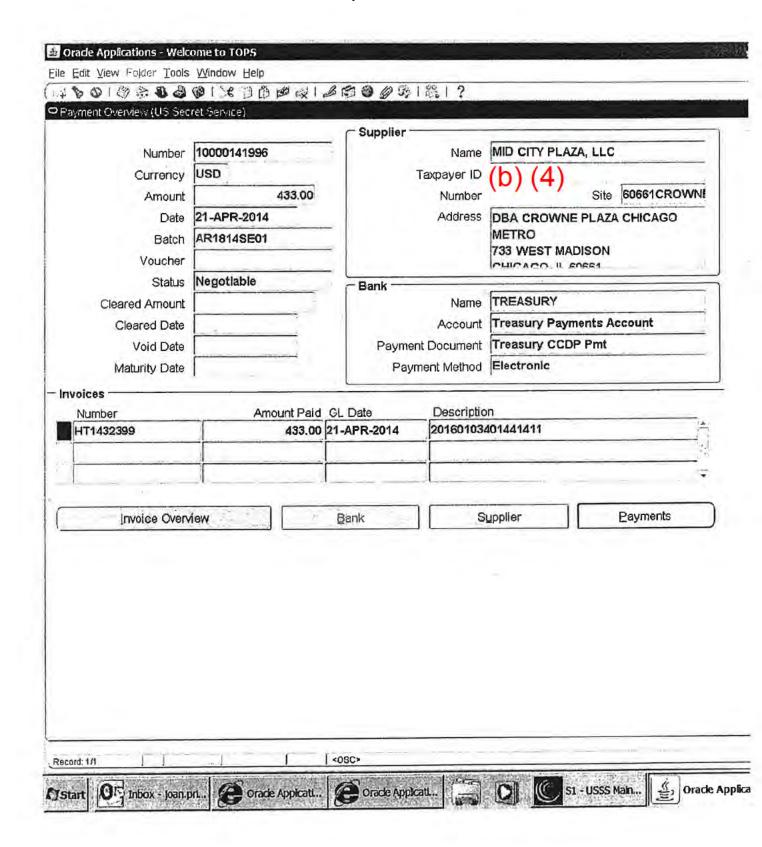
Schaumburg, IL 60173

Dear^(b) (6), (b) (7)(C)

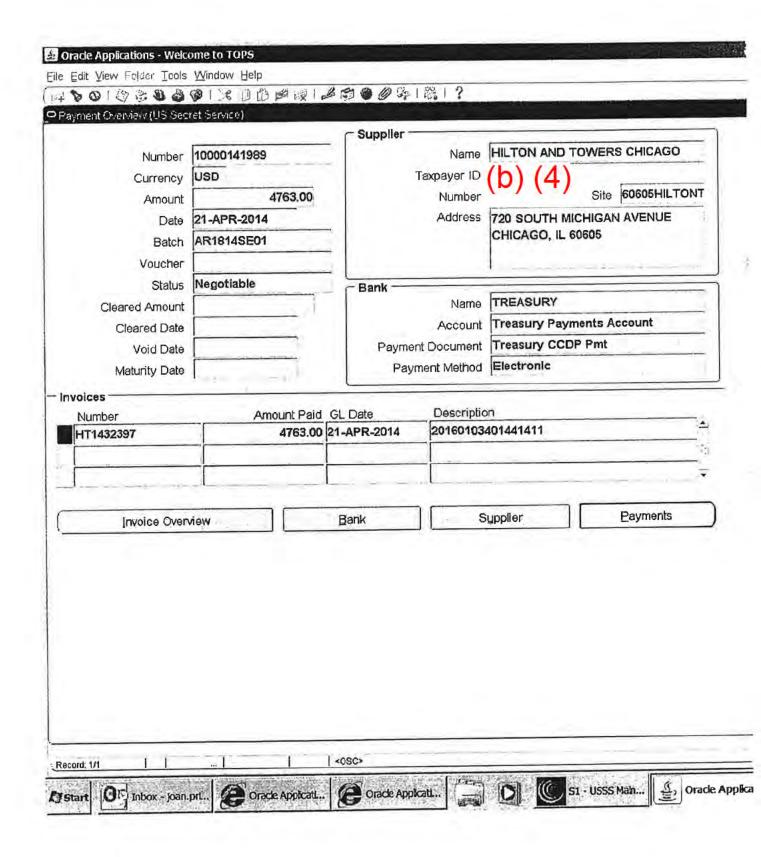
Thank you for contacting me this morning	. I have included (b) (6), (b) (7)(C) invoice for his stay with
the Embassy Suites Schaumburg April	2014. If you have any questions, please let me know
Thank you	PAYMENT AUTHORIZATION
Shannon	PARTIAL PAYMENT FINAL PAYMENT PO/CN/TN/OTHER #
(6.000)	GOODS AND/OR SERVICES RECEIVED ARE
	DATE (b) (6), (b) (7)(C)
11/11/22291	4//(0//4
HT1432396	SAIC CHI DATE
F: 1 A = 11	FOR FRANK P. BENEDETTO
First Day = (b	(/)(上)
last Day =	AG AR ST
Cast Do (-	8 5 1
Room Rate = ,	
Room Rate x T	otal # of Nights = ==
	(b) (7)(E)
- 1 a Tiver + Mi	~ 6
otal Taxes + Mi	(b) (7)(E)
	(b) (7)(E)
	(F422.74)

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:	
PROTECTEE: DATE(S) OF VISIT:	
TRIP#: 201-601-031-0144 -14-11	
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TOPs printout	
Invoice should be either dated or date stamped	
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture removal/av set up should be broken ou	ut separately
'NI #A	



CHICAGO FIELD OFFICE HOTEL DIRECT BILL CH	IECKLIST:
PROTECTEE: POTUS	DATE(S) OF VISIT:
TRIP#: 201-601-034-0144 -14-11	
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TC	Ps printout
Invoice should be either dated or date st	amped
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture rem	oval/av set up should be broken out separately



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Obtained via FOIA by Judicial Watch, Inc.

PAYME	NT AUTHOR	IZATION	
PARTIAL PAYME	NT FI	NAL PAYMEN	TT X
GOODS AND/OR ACCEPTABLE	CEDITER	RECEIVED	ARE

(D) (b), (D) (/

UNITED STATES SECRET SERVICE

ATTN:(b) (6), (b) (7)(C) 525 W. VAN BUREN SUITE(b) (7)(E)

CHICAGO, IL 60607

INVOICE NUMBER:

CUSTOMER ID:

UST

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE HILTON CHICAGO.

GUEST ROOM CHARGES
FOOD AND BEVERAGE CHARGES
MISCELLANEOUS
SUBTOTAL
PAYMENTS, DEPOSITS & ADJUSTMENTS

(b) (7)(E)

4,763.00

Room Ratex Total#

HT1432397 First Day = (b) (7)(E) Last Day =

Room Rate=

Rate= Taxes+ misc. Exp. = (b) (7)(E)

(b) (7)(E)

TOTAL:

4,763.00

HILTON CHICAGO.

"PLEASE REMIT TO": 720 SOUTH MICHIGAN AVE CHICAGO IL 60605 TEL 312-922-4400

ORIGINAL (b) (7)(E)

Judicial Watch3 - USSS003710

ORIGINAL DATE: 4/8/2014

HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES UNITED STATES SECRET SERVICE

PAGE 1

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)), (b)	(7	(C),	(b) ((7)	(E

тотаL (b) (7)(E)

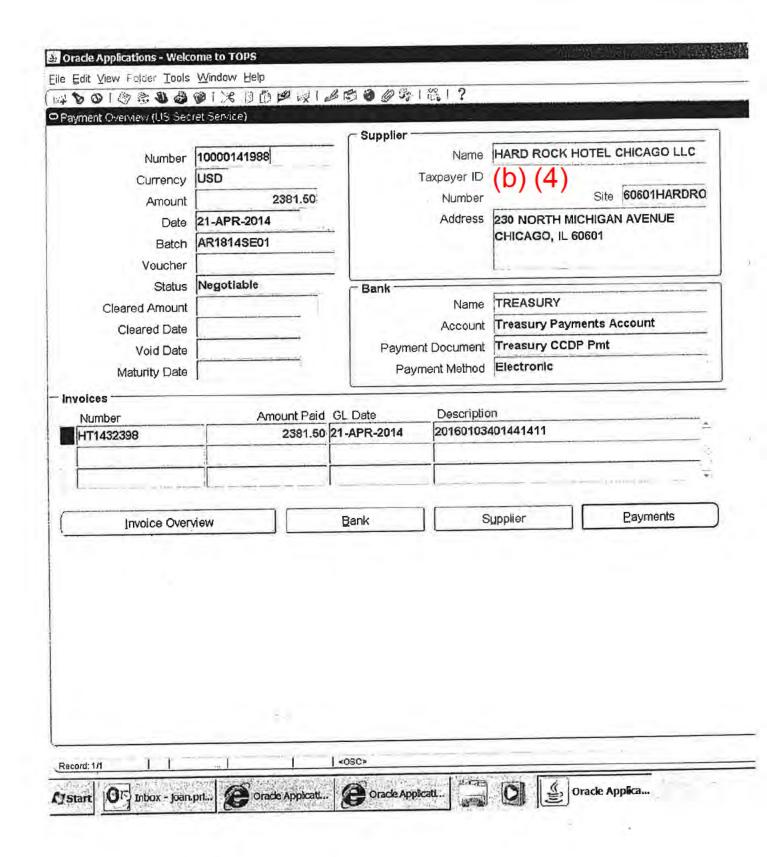
0.00

4,763.00

D.E. SCHOLL SHAVICE ZOLWAPR TO PH 3: LE CHICAGO FIELD UFFICE

HILTON

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:
PROTECTEE: DATE(S) OF VISIT:
TRIP#: 201 60) 034 0144 14-11
Hotel address (City / State) is on invoice
Hotel Invoice # or HT# is listed on the TOPs printout
Invoice should be either dated or date stamped
Signature approval of GS-14
GS-14 not listed as occupant of hotel
Lodging cost & misc. cost (furniture removal/av set up should be broken out separately
VA

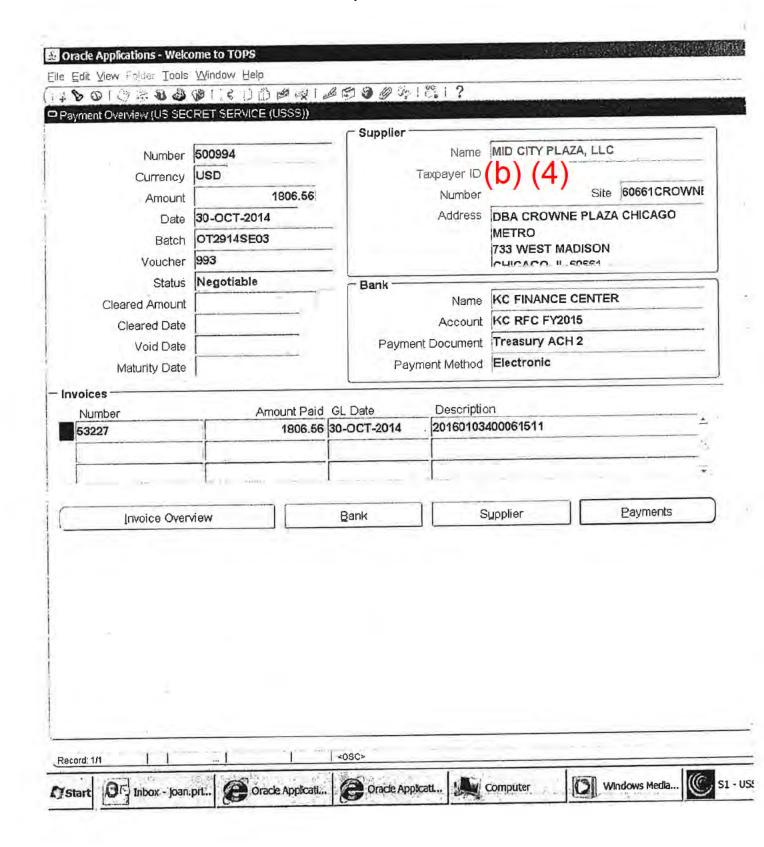




CHICAGO

	PAYMENT A	UTHORIZATION		
United States Secret Se 525 W. Van Buren Suite(b) (7)(E) Chicago, IL 60607	po/cn/tn/other # goods and/or ser acceptable. Date goods red/d/ (b) (6), (b) (SAIC CHI	RVICES RECEIVED A	IRE 14 E	
(b) (6), (b)	(7)(C)	, (b) (7)(E)	
	Total Amount Due	\$2,381	.50	
A 1.5% finance fee will apply to any	outstanding amounts 30 days	per contract. HT/	1432398	,
Please contact me if you have any que	estions at 312-334-6454	First	Day = (b) (7)(E)
Thank you for your business.		Last		
Sincerely,	REMIT PAYMENT TO:			(E)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Hard Rock Hotel Finance Dept. 230 N. Michigan Ave. Chicago, IL 60601	Room Rat	ete=(b)(7)	4 of
Accounts Receivable Clerk) (6), (b) (7)(C)@hardrockhotelchicago.com	(b	(7)(E)	N	idts=
otal taxes + M	isc. Exp. =	b) (7)(E)	D

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CH	IECKLIST:
PROTECTEE:	DATE(S) OF VISIT:
TRIP#: 201 -601- 034-0006-15	-1)
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TO	OPs printout
Invoice should be either dated or date s	tamped
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture rem	oval/av set up should be broken out separately





10-14-14

(b) (7)(E)Room No. 9045 **US Secret Service** Folio No. Cashier No. : 75 525 West Van Buren, Ste (b) (7)(E) A/R Number SECRET SV Arrival 09-29-14 Chicago IL 60607 Group Code (b) (7)(E)Departure 10-07-14 **United States** Company Conf. No. Membership No. Rate Code US Secret Service, Invoice No. Page No. 1 of 1 53227

(b) (6), (b) (7)(C), (b) (7)(E)

Total 1,806.56 0.00

Balance 1,806.56

HT 1533062

Fird Day; (b) (7)(E)

PAYMENT AUTHORIZATION

PARTIAL PAYMENT FINAL PAYMENT FO/CN/TN/OTHER #
GOODS AND/OR SERVICES RECEIVED ARE
ACCEPTABLE.
DATE GOODS REC'D

Photo

10/15/17 DATE

+ Room Rake, (b) (7)(E)

Room Rate (b) (7)(E)

+nta taxes × (b) (7)(E)

(b) (7)(E)

Crowne Plaza Chicago Metro Downtown 733 West Madison Street Chicago, Illinois 60661 Tel:(312)829-5000 Fax:(312)602-2199



Obtained via FOIA by Judicial Watch, Inc.



10-14-14

(b) (7)(E) Folio No. Cashier No. : 75 Room No. : 9045 **US Secret Service** 525 West Van Buren, Ste^(b) (7)(E) Arrival 09-29-14 A/R Number SECRET SV Chicago IL 60607 Group Code (b) (7)(E) Departure : 10-07-14 **United States** Conf. No. Company Rate Code : Membership No. : Page No. : 1 of 2 US Secret Service, Invoice No. : 53227

(b) (6), (b) (7)(C), (b) (7)(E)

Obtained via FOIA by Judicial Watch, Inc.



10-14-14

US Secret Service 525 West Van Buren, Ste^(b) (7)(E) Chicago IL 60607 **United States**

US Secret Service,

Folio No.

(b) (7)(E) A/R Number (b) (7)(E)Group Code Company

Membership No. : Invoice No. : 53227 Cashier No. : 75

Room No. : Arrival

9045 09-29-14 Departure : 10-07-14

Conf. No.

Rate Code :

Page No. : 2 of 2

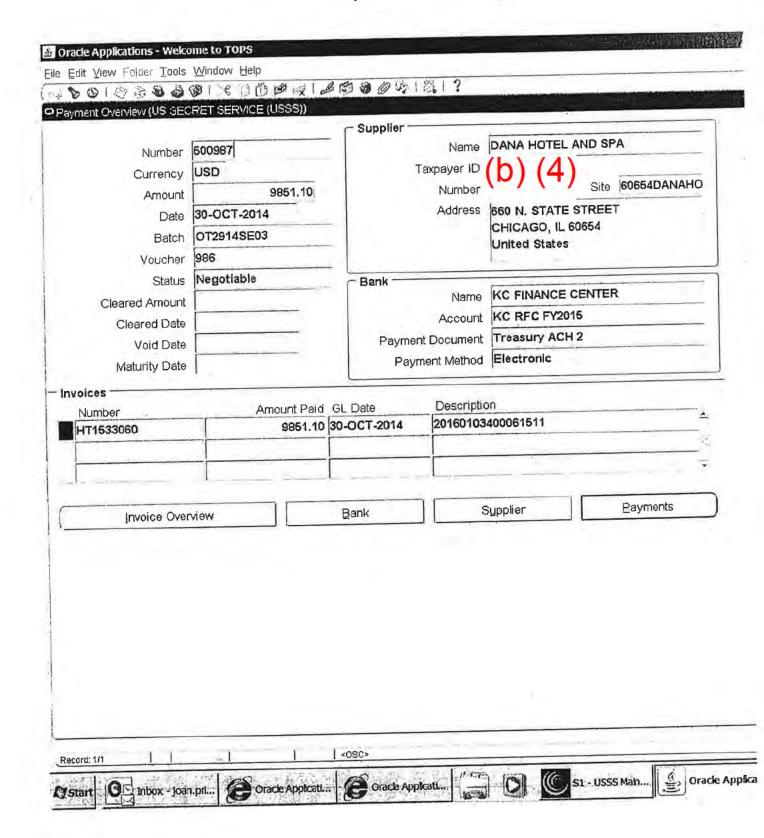
Date	Description Charges Credit			Credits				
(b)	(6),	(b)	(7)	(C),	(b)	(7	')(E	Ξ)

SECRET SV

Total 1,806.56 0.00 Balance 1,806.56

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CH	HECKLIST:
PROTECTEE:	DATE(S) OF VISIT:
TRIP #: 201-601-034-006-15-1)	
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TC	Ps printout
Invoice should be either dated or date st	tamped
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture rem	oval/av set up should be broken out separately



M dana hotel and spa

(b) (6), (b) (7)(C) 525 West Van Buren Suite(b) (7)(E)

Chicago IL 60607

United States

PAYMENT AUTHORIZATION

FINAL PAYMENT PARTIAL PAYMENT PO/CN/TN/OTHER #. GOODS AND/OR SERVICES RECEIVED ARE ACCEPTABLE. United States Secret Service Date: DATE GOODS REC'D 10-06-14 AR Account Number: USSS SAIC - CHI Amount Paid

Date BILI No. Inv. No. Description Credit Balance (b) (6), (b) (7)(C), (b) (7)(E)

HT 1533060 CHICAGO FIELD OFFICE First Day: (b) (7)(E) Last Day :: room Rate(D) (7)(E) # nights 660 north state street | chicago, Illinois | 312.202.6000 phone | 312.202.6033 fax | danahotelandspa.com



United States Secret Service (b) (6), (b) (7)(C) 525 West Van Buren Suite(b) (7)(E) Chicago IL 60607 United States

Date:

10-06-14

A/R Account Number:

USSS

Amount Paid: \$

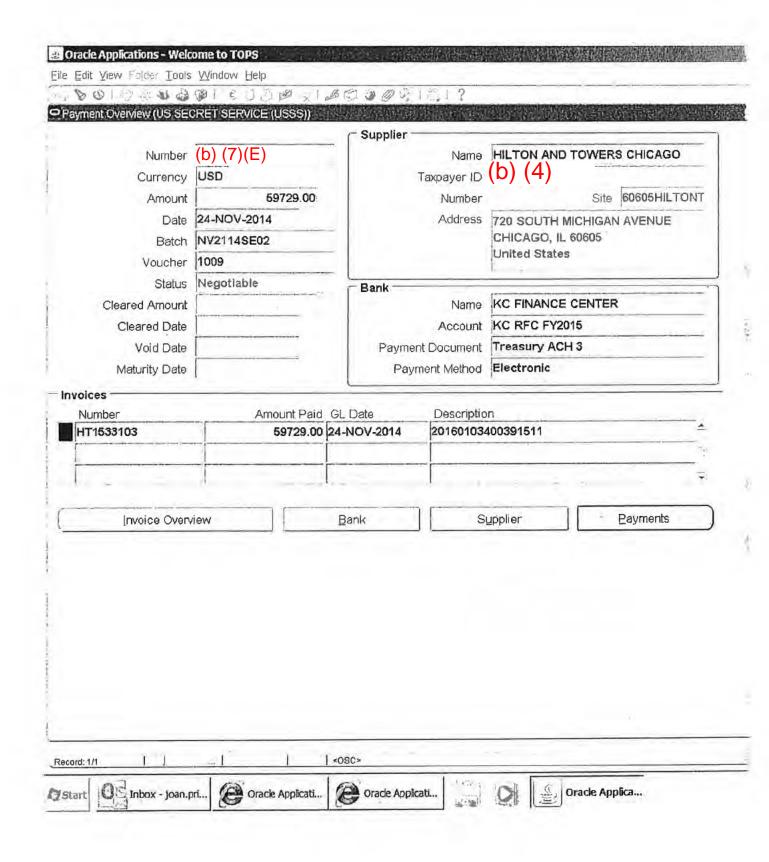
Date Inv. No. Bill No. Description Debit Credit Balance
(b) (6), (b) (7)(C), (b) (7)(E)

Aging Summary:

Up to 30 31 - 60 61 - 90 91 - 120 121 and Over
9,851.10 0.00 0.00 0.00

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST: PROTECTEE: _______ DATE(S) OF VISIT: _______ TRIP #: 201-601-039-15-11 Hotel address (City / State) is on invoice Hotel Invoice # or HT# is listed on the TOPs printout Invoice should be either dated or date stamped Signature approval of GS-14 GS-14 not listed as occupant of hotel Lodging cost & misc. cost (furniture removal/av set up should be broken out separately





Obtained via FOIA by Judicial Watch, Inc.

PAYMENT AUTHORIZATION

PARTI PO/CN	AL PAYMENT [FI	NAL PAYMEN	DE
GOODS ACCES	AND/OR SERVICES TABLE. GOODS REC'D	RECEIVED	ARE
1000	214	10/3	rell
CE	ORIGINAL DATE:	DA 10/20/2014	TE

UNITED STATES SECRET SERVICE

ATTN: (b) (6), (b) (7)(C)

950 H. STREET

WASHINGTON, DC 20223

INVOICE NUMBER:

CUSTOMER ID:

MSS

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE HILTON CHICAGO.

(b) (7)(E)

FOOD AND BEVERAGE CHARGES
MISCELLANEOUS
SUBTOTAL
PAYMENTS, DEPOSITS & ADJUSTMENTS

11,883.**₹**4 0.00

HT1533114

F. 15 Day: (b) (7)(E)

Last Day:

0 + (b) (7)(E)

(b) (7)(E)
Total Litax + misc exp

 $_{(7)(6)}^{\pm} U_{5} = (b) (7)(E)$

\$11,883,44

TOTAL: (11,883,44)

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT TO HILTON CHICAGO.

"PLEASE REMIT TO": 720 SOUTH MICHIGAN AVE CHICAGO IL 60605 TEL 312-922-4400

ORIGINAL

ORIGINAL DATE: 10/20/2014

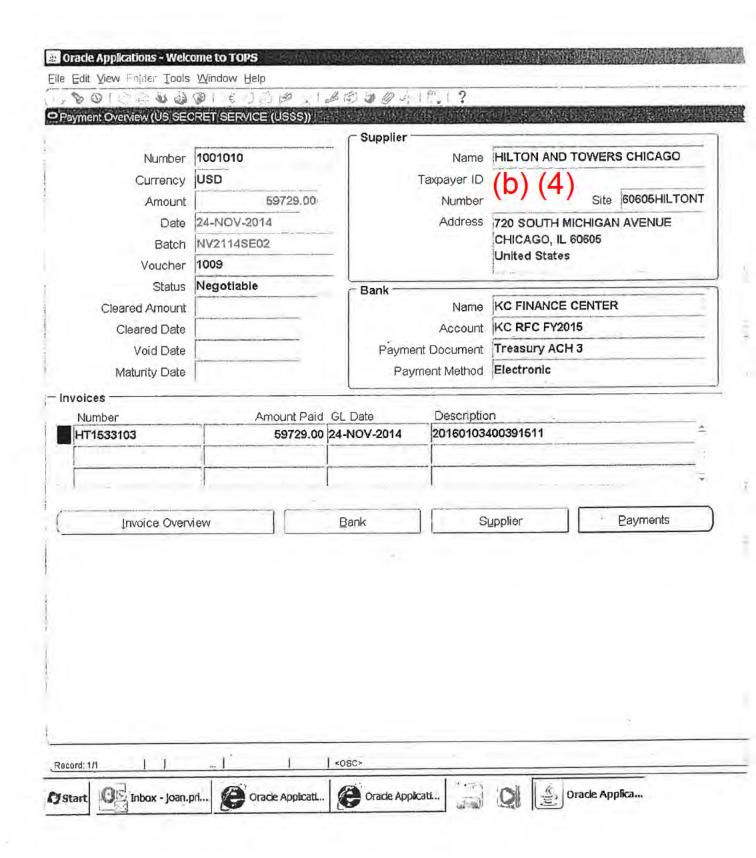
HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES UNITED STATES SECRET SERVICE



TOTAL (b) (7)(E)

0.00 11,883.44

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:	
PROTECTEE: DATE(S) OF VISIT:	-
RIP#: 261-601-034-0039-15-11	
Hotel address (City / State) is on invoice	
Hotel Invoice # or HT# is listed on the TOPs printout	
Invoice should be either dated or date stamped	
Signature approval of GS-14	
GS-14 not listed as occupant of hotel	
Lodging cost & misc. cost (furniture removal/av set up should be broken out separate	tely



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PAYMENT AUTHORIZATION

PARTIAL PAYS PO/CN/TN/OT	HER #	CETUED APE	BHIGA	AON 5	S
GOODS AND/O ACCEPTABLE. DATE GOODS R	R SERVICES RE	CEIVED AND	8	3- A0	SECRET
SA	W	"/10/14	FIELD	7	S
HI	ORIGINAL DATE:	10/24/2014	OFFICE	2:43	BRVIC

(b) (7)(E) ATTN: (b) (6), (b) (7)(C) 720 S MICHIGAN AVE CHICAGO, IL 60605

INVOICE NUMBER: CUSTOMER ID:

ESS200

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE HILTON CHICAGO.

GUEST ROOM CHARGES
FOOD AND BEVERAGE CHARGES
MISCELLANEOUS (b) (7)(E)
SUBTOTAL
PAYMENTS, DEPOSITS & ADJUSTMENTS

HT 15 33103

Rate \times # of nights = (b) (7)(E)

Last

misc/tax \times # of nights = (b) (7)(E)

wisc/tax \times # of nights = (b) (7)(E) (c) (7)(E)

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT TO HILTON CHICAGO.

"PLEASE REMIT TO": 720 SOUTH MICHIGAN AVE CHICAGO IL 60605 TEL 312-922-4400

ORIGINAL

PAGE 1

ORIGINAL DATE: 10/24/2014

HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES **EASTLAKE-SECURITY DEPARTMENT**

GUEST NAME	ROOM NUMBER	DEPARTURE ROOM & TA	X FOOD AND BEVERAGE CHARGES		MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
b)	(6)	, (b)	(7	')(C),	(k	o)	(7)(E

PAGE 2

ORIGINAL DATE: 10/24/2014

HILTON CHICAGO STATEMENT OF GUEST FOLIO CHARGES EASTLAKE-SECURITY DEPARTMENT

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE MISCELLANE OUS	Part Walter Control	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)	, (b)	(7)(C)	, (b)	(7)	(E)

TOTAL (b) (7)(E) 0.00 59,579.00

PAGE 1

RIGINAL DATE: 10/24/2014

HILTON CHICAGO STATEMENT OF MISCELLANEOUS CHARGES EASTLAKE-SECURITY DEPARTMENT

DATE REFERENCE DESCRIPTION AMOUNT

TOTAL

150.00

HILTON

Invoice No.

Hilton Chicago 720 S Michigan Ave Chicago, Illinois 60605 312-922-4400 fax 312-663-6538

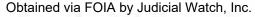
Name (omer b) (6), (b) (7)(C)				10/28/2014
Address City Phone	· paramiga,	Z	Order No. Rep FOB		
Qty	(b) (7)(E)	Description		Unit Price	TOTAL \$150.00
•	yment Details Master Account		Ship Taxe:	SubTotal oping & Handling s State	\$150.00 \$0.00 \$0.00
/				oping & Handling	\$0.00

Call (b) (6), (b) (7)(C) with questions at: (b) (6), (b) (7)(C)

MAKE CHECK PAYABLE TO: HILTON CHICAGO

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TOTAL PAID	\$23,442.96	\$42,413.55	\$53,294.84	\$1,744.00		\$23,401.16
A TE	11/14/2012	11/14/2012	11/15/2012	11/21/2012	11/28/2012	12/4/2012
NAME	Conrad Hotel	Fairmont Hotel/Chicago	Sheraton Chicago	Marriott Oak Brook	Fairmont Hotel/Chicago	Intercontinental Hotel
CREDIT OR					c55.82	
AMT	\$23,442.96	\$42,413.55	\$53,294.84	\$1,744.00		\$23,401.16
(11034				21035	
	(b) (7)(E) 2162	2162	2162	2162	2162	2162





Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:39PM

Depart: 30Nov14

Date

Description

30Nov14

Visa

File

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Time: 02:29PM

Folio Number:(b) (7)(E)

Charges

eredits

6774.60



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

Date

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:39PM

39PM Depart: 30Nov14

Description

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Time: 02:29PM

Folio Number: (b) (7)(E)

Charges

Credits



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:39PM

Depart: 30Nov14

Description

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Time: 02:29PM

Folio Number: (b) (7)(E)

Charges

Credits



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312,836,1700



Usss

Date

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:39PM

Description

Depart: 30Nov14

Room Type: HSE

Room: GRP

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Time: 02:29PM

Folio Number:(b) (7)(E)

Charges

Credits

(b) (6), (b) (7)(C), (b) (7)(E)

Judicial Watch3 - USSS003854



Fairfield Inn & Suites by Marriott Chicago Downtown / River North

Depart: 30Nov14

60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

Date

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:39PM

Description

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Time: 02:29PM

Folio Number:(b) (7)(E)

Charges

Credits



Fairfield Inn & Sultes by Marrlott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700

Room: GRP

Room Type: HSE Number of Guests: 0



Usss

Date

60 W Illinois

Chicago IL 60654

Us Secret Service

Arrive: 24Nov14

Time: 01:200M

Description

Time: 01:39PM Depart:

Depart: 30Nov14

Time: 02:29PM

Rate: \$0.00

Clerk: RWH

Folio Number:(b) (7)(E)

Charges

Credits

(b) (6), (b) (7)(C), (b) (7)(E)

Judicial Watch3 - USSS003856



Fairfield Inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

60 W Illinois

Chicago IL 60654

Us Secret Service

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Arrive: 24Nov14

Time: 01:39PM

Depart: 30Nov14

Time: 02:29PM

Folio Number(b) (7)(E)

Date

Description

Charges

Credits



Fairfield inn & Suites by Marriott Chicago Downtown / River North 60 West Illinois St Chicago, IL 60654 312.836.1700



Usss

60 W Illinois

Chicago IL 60654

Us Secret Service

Room: GRP

Room Type: HSE

Number of Guests: 0

Rate: \$0.00

Clerk: RWH

Arrive: 24Nov14

Time: 01:39PM

Depart: 30Nov14

Time: 02:29PM

Folio Number: (b) (7)(E)

Date

Description

Charges

credits

(b) (6), (b) (7)(C), (b) (7)(E)

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

Want your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

Request for Taxpayer

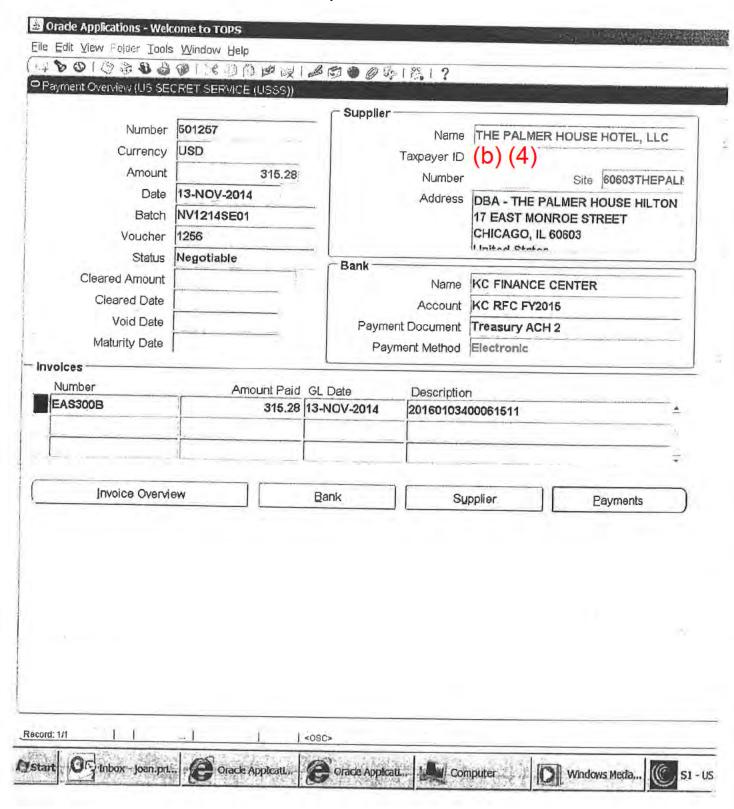
Give Form to the requester. Do not

Internal Ravenue Service			
Name (as shown on your income tax return)			**
Clargran LLC			
al Bushass name/disregarded entity name, if different from above			
Fairfield Inn by Marriott Chicago River North			
Fairfield Into by Marriott Chicago River North Check appropriate box for federal fex classification: Individual/sole proprietor Check appropriate box for federal fex classification: Individual/sole proprietor Coorporation Coorporation	Partnership Trui		☐ Exampt payer
Limited liability company. Enter the tax classification (C=C corporation, S Cher (see instructions)		equestor's name and addre	re (ontional)
Address (number, street, and apt. or suite no.)	14.1		CARE OF STREET
60 W Illinois St.		River North 1664-5	
		2960 Collection Driv hicago, IL 60693-096	
# Chicago, IL 60654		meago, ic popo oc	
List account number(e) hare (uptional)		-	
Taxpayer Identification Number (TIN)		h	
sident alten, sole proprietor, or disregarded chary, see the fact this local lities, it is your employer identification number (EiN). If you do not have a r vite. If the account is in more than one name, see the chart on page 4 for g mber to enter.		(b) (4)	ndion number
		-1. / / /	
der penalties of perjury, I certify that:			
Service (IRS) that I am subject to backup withholding as a lost of a land no longer subject to backup withholding, and			me), and by the internal Rovenue is has notified me that I a
Service (IRS) that I am subject to backup withholding and no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below). I am a U.S. citizen or other U.S. person (defined below). Allication instructions. You must cross out item 2 above II you have been suse you have falled to report all interest and dividends on your tax returning the fall and coulsition or abandonment of secured property, cancellation interest and dividends, you are not required the payments other than interest and dividends, you are not required to	ckup withholding, or (b) (re to report all interest or an notified by the IRS that n. For real estate fransac	dividends, or (c) the IRS you are currently subjections, Item 2 does not a	to beckup withholding
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CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

EL DIRECT BILL CHECKLIST:
PROTECTEE:
DATE(S) OF VISIT:
TRIP #: 201-601-034-0006-15-1)
Hotel address (City / State) is on invoice
W under the second seco
Hotel Invoice # or HT# is listed on the TOPs printout
Invoice at the TOPS printout
Invoice should be either dated or date stamped
Signature and Stamped
Signature approval of GS-14
GS-14 not listed as occupant of hotel
as occupant of hotel
Lodging cost & misc. cost /s
N A
Lodging cost & misc. cost (furniture removal/av set up should be broken out separately

SEPTEMBER 2014





AUTHORIZATION Obtained via FOIA by Judicial Watch, Inc. PARTIAL PAYMENT PO/CN/TN/OTHER #_

GOODS AND/OR SERVICES RECEIVED ARE

ACCEPTABLE. DATE GOODS REC'D

SAIC - CHI

(b) (7)(E)ATTN: (b) (6), (b) (7)(C)

ORIGINAL DATE:

9/29/2014

INVOICE NUMBER: CUSTOMER ID:

EAS300B (b) (7)(E)

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE THE PALMER HOUSE HILTON.

GUEST ROOM CHARGES FOOD AND BEVERAGE CHARGES MISCELLANEOUS SUBTOTAL PAYMENTS, DEPOSITS & ADJUSTMENTS

TOTAL:

315.28

315.28

315.28

0.00

0.00

0.00

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT THE PALMER HOUSE HILTON.

"PLEASE REMIT TO": 17 E MONROE ST CHICAGO IL 60603 TEL 312-726-7500

ORIGINAL

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STATEMENT OF GUEST FOLIO CHARGES (b) (7)(E) THE PALMER HOUSE HILTON

FOOD AND TELEPHONE MISCELLANE

DEPARTURE ROOM & TAX

DATE

ROOM

GUEST NAME

ORIGINAL DATE: 9/29/2014

BEVERAGE

TOTAL

PAYMENTS DEPOSITS

OTHER

315.28

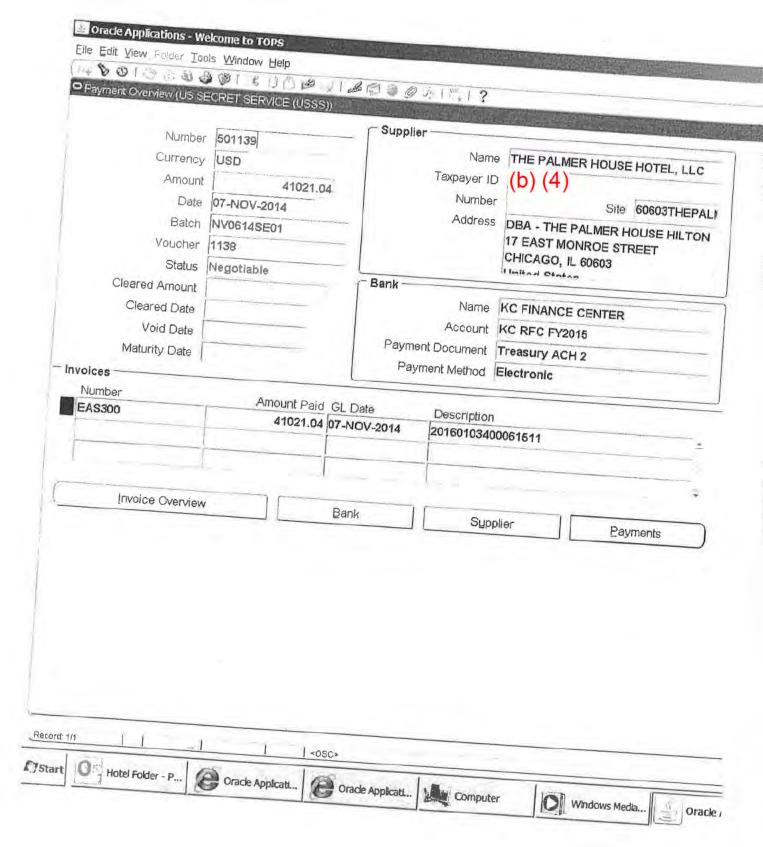
SHOPS

TOTAL

(b) (6), (b) (b) (7)(E)

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTE	E:		DATE(S) OF VISIT:	
TRIP #: 20	1-601-034	-0006-15-11		
Hotel	address (City / Star	te) is on invoice		•
Hotel	Invoice # or HT#	is listed on the TO	Ps printout	
A		r dated or date sta		
Şignat	ure approval of G	S-14		
Ø5-14	not listed as occu	pant of hotel		
Lodgin	g cost & misc. co	st (furniture remov	/al/av set up should be	broken out separately





(b) (7)(E)ATTN: (b) (6), (b) (7)(C)

ORIGINAL DATE:

9/29/2014

INVOICE NUMBER: CUSTOMER ID:

Judicial Watch3 - USSS003868

SERVICES RENDERED IN CONNECTION WITH YOUR MEETING HELD AT THE THE PALMER HOUSE HILTON.

11		
HT 1533 133		(b) (7)(E)
GUEST HOOM CHARGES		(8) (1)(2)
MISCELLANEOUS (b)	(7)(E)	a value
SUBTOTAL PAYMENTS, DEPOSITS &	ADJUSTMENTS PAYMENT AUTHORIZATIO	41,021.04 0.00
11715220111	PARTIAL PAYMENT FINAL DA	YMENT
-H-1533001	GOODS AND/OR SERVICES RECE	CHICAGO
Elect Davi ? (14	ACCEPTABLE.	AVED ARE SO SO SO
First pay 10 14	DATE GOODS REC'D	15/14 BOT 1
Rate (b) (7)(E)	12	15/14
	SAIC - CHI	DATE S S
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(b) $(7)(E)$ $(x)(7)(E)$	(b) (7)(E)	5 - 35
	7 <u>)(</u> E)	
\times (b) (7)(E) (b)	(7)(E)	
	7)(E) TOTAL:	41,021.04
(441	631 04)	
IT HAS BEEN OUR PLEA	ASURE SERVING YOU, WE LOOK FORWARD TO Y	OUR NEXT VISIT TO
	THE PALMER HOUSE HILTON.	
"PLEASE HEMI	T TO": 17 E MONROE ST CHICAGO IL 60603 TEL 3	
september:	ORIGINAL OCTOBER	(L) (T) (E
=1,13	1 - C-V-V-	= (b) (7)(E
2 ()	サ のられて	EUTE IN
# nights Rate	(b) (7)(E)	(D) (1)(E)
# nights Rate (k) (7)(E) < (k)	o) (7)(E)	X (b) (/)(E) □
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ORIGINAL DATE: 9/29/2014

THE PALMER HOUSE HILTON STATEMENT OF GUEST FOLIO CHARGES (b) (7)(E)

PAGE 1

GUEST NAME	ROOM NUMBER	DATE ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANE	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)	, (b)	(7)((2),	(b) (7)(E

ORIGINAL DATE: 9/29/2014

THE PALMER HOUSE HILTON STATEMENT OF GUEST FOLIO CHARGES (b) (7)(E)

PAGE 2

GUEST NAME	ROOM NUMBER	DEPARTURE ROOM & TAX DATE	FOOD AND BEVERAGE CHARGES	TELEPHONE MISCELLA O	NE SHOPS US	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)	(b)	(7)(C).	(b)	(7)(E)

TOTAL 0.00 40,871.04

HILTON



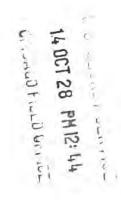
FMD-(b) (6), (b) (7)(C)

U. S. Secret Sel /ice Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE

Telephone: (312) 353-5431 - Main

FAX: (312) 353-1225



Date: October 29, 2014

From: CHICAG	O FIELD OF	FICE - (b) (6), (b) (7)(C)	Pages to follow: 4
Subject: HILTON	HOTEL AND	INN	
Message:			
HELLO (b) (6),	(b) (7)(C)		
ATTACHED TO	FAX IS THE	NVOICE BILL, AND STATE	MENT OF GUEST FOLIO
CHARGES FOR	THE ABOVE	HOTEL. ENTERED IN TOP	S ON 10/28/14. PO NUMBER
IS HT1533064.	TOTAL OF B	ILL IS \$41,021.04. THANKS.	
		į.	
Reply Requested:	☐ YES	□NO	
privileged, confidential, and/o	r exempt from disclosu	re under applicable law. If the reader of this mess	it is addressed and may contain information that it age is not the intended recipient or the employee of it any dissemination, distribution, or copying of the tely by telephone, and return the original to us via the

UNITED STATES SECRET SERVICE This form was electronically produced via OmniForm by USSS/ADMIN/MNO/PARS

U.S. Postal Service at the address listed above. Thank you.

SSF 4035 (09/2002)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) Obtained via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) dialed via FOIA by Judicial Watch, Inc. (b) (7)(E)

(b) (6), (b) (b) (7)(E)

(b) (6), (b) (b) (7)(E)

THE PALMER HOUSE HILTON STATEMENT OF MISCELLANEOUS CHARGES

(b) (7)(E)

DESCRIPTION

REFERENCE

DATE

ORIGINAL DATE: 9/29/2014

AMOUNT

Obtained via FOIA by Judicial Watch, Inc.

150.00

TOTAL

Report Period: 7/1/2014 thru 1/20/2017

Passenger Name 011.034

P.Code Invoice # Inv Date

Trip Begin Date

A/L Ticket

FOP INV Amt

Ticket Routing

Trip End Date

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(b) (6), (b) (7)(C), (b) (7)(E)
Multiple Records Not Responsive to FOIA Request
(b) (6), (b) (7)(C), (b) (7)(E)

Multiple Records Not Responsive to FOIA Request
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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

Multiple Records Not Responsive to FOIA Request

Report Period: 7/1/2014 thru 1/20/2017

(b) (6), (b) (7)(C), (b) (7)(E)

Multiple Records Not Responsive to FOIA Request

Report Period: 7/1/2014 thru 1/20/2017

Multiple Records Not Responsive to FOIA Request

(b)
$$(6)$$
, (b) (7) (C), (b) (7) (E)

Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C), (b) (7)(E)
Multiple Records Not Responsive to FOIA Request

Report Period: 7/1/2014 thru 1/20/2017

Record Not Responsive to FOIA Request (b) (6), (b) (7)(C), (b) (7)(E)

Invoice # Inv Date

Trip Begin Date

A/L Ticket

FOP INV Amt

Ticket Routing

Trip End Date

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C), (b) (7)(E) Multiple Records Not Responsive to FOIA Request

Report Period: 7/1/2014 thru 1/20/2017

Multiple Records Not Responsive to FOIA Request (b) (6), (b) (7)(C), (b) (7)(E)

Multiple Records Not Responsive to FOIA Request (b) (6), (b) (7)(C), (b) (7)(E)

Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Not Responsive to FOIA Request

(b) (6), (b) (7)(C), (b) (7)(E)

Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

A/L Ticket

Record Not Responsive to FOIA Request (b) (6), (b) (7)(C), (b) (7)(E)

P.Code Invoice # Inv Date

Trip Begin Date

FOP INV Amt

Ticket Routing

Trip End Date

Multiple Records Not Responsive to FOIA Request

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name (b) (6), (b) (7)(C), (b) (7)(E)

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Trip Begin Date A/L Ticket

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Report Period: 7/1/2014 thru 1/20/2017

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Ticket Routing

Trip End Date

LRC Air/Rail Detail Report by Project Code

Report Period: 7/1/2014 thru 1/20/2017

Trip Begin Date

<u>Passenger Name</u> <u>RO P.Code Invoice # Inv Date</u> Record Not Responsive to FOIA Request

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A/L Ticket

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name P.Code Invoice # Inv Date Trip Begin Date A/L Ticket

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice Invoi

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LRC Air/Rail Detail Report by Project Code

Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice # Inv Date Trip Begin Date A/L Ticket FOP INV Amt Ticket Routing Trip End Date

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Report Period: 7/1/2014 thru 1/20/2017

Passenger Name RO P.Code Invoice Invoi

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C), (b) (7)(E)

LRC Air/Rail Detail Report by Project Code

Report Period: 7/1/2014 thru 1/20/2017

Passenger Name
(b) (6), (b) (7)(C), (b) (7)(E)

RO P.Code Invoice # Inv Date

Trip Begin Date

A/L Ticket

FOP INV Amt

Ticket Routing

Trip End Date

Rental Company

Car Type Car Type Disc

Return Date

of Cars

Rate

Days

Total Value

LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017

Conf #

State Country Inv Date

Passenger Name

P.Code

Pick up City

Multiple Records Not Responsive to FOIA Request (b) (6), (b) (7)(C) (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT 09/30/2014 49144866US1-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 1 \$75 05 \$225 15 011 034 CHICAGO O HARE INTERNATIONAL APT IL US 09/30/2014 49144951US2-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 \$75 05 \$225.15 011 034 CHICAGO O HARE INTERNATIONAL APT IL US 09/30/2014 49144996US5-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 1 \$75 05 \$225 15 011 034 CHICAGO O HARE INTERNATIONAL APT 09/30/2014 49145032US6-US BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 1 \$75 05 \$225.15 011 034 CHICAGO O HARE INTERNATIONAL APT 09/30/2014 49145077US2-MINI VAN 10/03/2014 US BUDGET MVAR 09/30/2014 \$75 05 \$225 15 Record Not Responsive to FOIA Request (b) (6), (b) (7)(C) CHICAGO O HARE INTERNATIONAL APT 10/16/2014 G4RVBH-THRIFTY RENT A CAR **ICAR** INTERMEDIATE CAR 10/17/2014 10/21/2014 1 \$14 00 \$56 00 Record Not Responsive to FOIA Request 011 034 CHICAGO O HARE INTERNATIONAL APT 10/18/2014 390557391COUNT-MINI VAN 10/19/2014 10/20/2014 1 \$85 00 \$85.00 Multiple Records Not Responsive to (b) (6), (b) (7)(B) (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT US 11/20/2014 01587853US1-BUDGET ICAR INTERMEDIATE CAR 11/20/2014 11/24/2014 1 \$12.58 \$50 32 011 034 CHICAGO O HARE INTERNATIONAL APT US INTERMEDIATE CAR 11/21/2014 01587887US0-BUDGET **ICAR** 11/21/2014 11/24/2014 \$14 40 \$43 20 CHICAGO O HARE INTERNATIONAL APT ILUS 09/30/2014 49145501US6-BUDGET MVAR MINI VAN 10/01/2014 10/03/2014 1 \$72 00 \$144 00 Record Not Responsive to FOIA Request (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT US 10/16/2014 390522750COUNT-ALAMO MVAR MINI VAN 10/18/2014 10/21/2014 \$45 00 \$135 00 (b) (6), (b) (7)(C) CHICAGO O HARE INTERNATIONAL APT US 10/17/2014 G3544171060-HERTZ. MVAR MINI VAN 10/18/2014 10/21/2014 \$99.00 \$297 00 Record Not Responsive to FOIA Request (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT IL US 11/22/2014 L3786374-01 DOLLAR RENT A CAR **ICAR** INTERMEDIATE CAR 11/22/2014 11/26/2014 1 \$31.50 \$126 00 011 034 CHICAGO O HARE INTERNATIONAL APT IL US DOLLAR RENT A CAR 11/23/2014 L3786325 **ICAR** INTERMEDIATE CAR 11/23/2014 11/26/2014 1 \$14 00 \$42 00 Record Not Responsive to FOIA Request (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT US 11/20/2014 01587958US1-BUDGET **ICAR** INTERMEDIATE CAR 11/20/2014 11/24/2014 1 \$12.58 \$5032 (b) (6), (b) (7)(C) CHICAGO O HARE INTERNATIONAL APT IL US 11/24/2014 01724352US0 BUDGET MVAR MINI VAN 11/24/2014 11/26/2014 \$115 90 \$231 80 011 034 CHICAGO O HARE INTERNATIONAL APT ILUS 11/24/2014 01724419US4-BUDGET MVAR MINI VAN 11/24/2014 11/26/2014 1 \$115 90 \$231 80 011 034 CHICAGO O HARE INTERNATIONAL APT US 11/24/2014 01724401US0-BUDGET MVAR MINI VAN 11/24/2014 11/26/2014 1 \$115 90 \$231.80 CHICAGO O HARE INTERNATIONAL APT US 09/30/2014 49145119US2-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 1 \$75 05 \$225 15 CHICAGO O HARE INTERNATIONAL APT US 09/30/2014 49145205US4-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 \$75 05 \$225 15 CHICAGO O HARE INTERNATIONAL APT US 10/03/2014 \$75 05 \$225 15 11. 09/30/2014 49145343US2 BUDGET MVAR MINI VAN 09/30/2014 CHICAGO O HARE INTERNATIONAL APT US 09/30/2014 49145286US1-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 \$75 05 \$225 15 011 034 CHICAGO O HARE INTERNATIONAL APT 10/16/2014 G4RYZH-THRIFTY RENT A CAR INTERMEDIATE CAR 10/18/2014 10/21/2014 \$14 00 \$42 00 Multiple Records Not Responsive (b) (6), (b) (7)(C) US 10/16/2014 390520757COUNT-MVAR MINI VAN 10/18/2014 (b) (7)(E) 011 034 CHICAGO O HARE INTERNATIONAL APT ALAMO 10/21/2014 \$45.00 \$135.00 011 034 CHICAGO O HARE INTERNATIONAL APT IL US 10/16/2014 390521970COUNT-ALAMO MVAR MINI VAN 10/18/2014 10/21/2014 \$45 00 \$135 00 011 034 CHICAGO O HARE INTERNATIONAL APT 11. US 10/16/2014 390522079COUNT-ALAMO MVAR MINI VAN 10/18/2014 10/21/2014 1 \$45.00 \$135 00 10/16/2014 390522189COUNT-011 034 CHICAGO O HARE INTERNATIONAL APT IL. US ALAMO MVAR MINI VAN 10/21/2014 \$45.00 \$135 00 10/18/2014 US 011 034 CHICAGO O HARE INTERNATIONAL APT 10/16/2014 390522289COUNT-ALAMO MVAR MINI VAN 10/18/2014 10/21/2014 \$45 00 \$135 00 CHICAGO O HARE INTERNATIONAL APT 10/16/2014 390522368COUNT-ALAMO MVAR MINI VAN 10/18/2014 10/21/2014 \$45 00 \$135 00 CHICAGO O HARE INTERNATIONAL APT 10/17/2014 G35432637D9-HERTZ MINI VAN 10/21/2014 \$297 00 US MVAR 10/18/2014 \$99.00 US 09/30/2014 49146330US2-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 \$75.05 \$225 15 CHICAGO O HARE INTERNATIONAL APT П. CHICAGO O HARE INTERNATIONAL APT US 09/30/2014 49144747US1-BUDGET MVAR MINI VAN 09/30/2014 10/03/2014 \$54 15 \$162.45 011 034 CHICAGO O HARE INTERNATIONAL APT 09/30/2014 49144749US3-MINI VAN 09/30/2014 10/03/2014

LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E) 011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014 49144458US6-	BUDGET	MVAR	MINI VAN	09/30/2014 1	0/03/2014	1	\$75 05	3	\$225 15
(b) (c), (b) (1)(c)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014 49144476US3-	BUDGET	MVAR	MINI VAN	09/30/2014	0/03/2014	1	\$75 05	3	\$225 15
	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014 49144361US0-	BUDGET	MVAR	MINI VAN	09/30/2014	0/03/2014	1	\$54 15	3	\$162 45
	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014 49144073US6-	BUDGET	MVAR	MINI VAN	09/30/2014	0/03/2014	1	\$75 05	3	\$225 15
	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014 01723816US3-	BUDGET	MVAR	MINI VAN	11/24/2014 1	1/26/2014	1	\$115 90	2	\$231 80
	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014 01722668US3-	BUDGET	MVAR	MINI VAN	11/24/2014 1	1/26/2014	1	\$115 90	2	\$231 80
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Multiple Records Not Responsive to FOIA Request

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INTERMEDIATE CAR INTERMEDIATE CAR

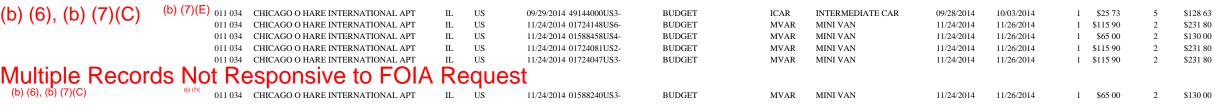
10/13/2014 11/21/2014 10/21/2014 11/24/2014 1 \$24 1 \$13 \$192 00 \$39 00 \$130 00

LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017

Passenger Name	RO	P.Code	Pick up City	State	Country	Inv Date Conf #	Rental Company	Car Type	Car Type Disc	Pick up Date	Return Date	# of Cars	Rate	# Days	Total Value
/Jultiple Red	cord	s N	lot Responsive	e to	FC	IA Request	t								
(b) (6), (b) (7)(C)	(b) (7)(•	IL		10/18/2014 390557350COUNT-	ALAMO	MVAR	MINI VAN	10/19/2014	10/20/2014	. 1	\$85 00	1	\$85 00
ecord Not Responsive to FOIA	Request												,		,
o) (6), (b) (7)(C)	(b) $(7)(E$	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/13/2014 G3544618336-	HERTZ	ICAR	INTERMEDIATE CAR	10/13/2014	10/21/2014	. 1	\$24 00	8	\$192 00
(0), (0), (1)(0)	(5) (7)(2	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390523682COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524083COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524402COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524508COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524576COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524801COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014 390524728COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	. 1	\$45 00	3	\$135 00
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•		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014 49143395US0-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014		\$75.05		\$225 15
•		011 034 011 034	CHICAGO O HARE INTERNATIONAL APT CHICAGO O HARE INTERNATIONAL APT	IL IL	US US	09/30/2014 49143395US0- 09/30/2014 49145980US2-	BUDGET BUDGET	MVAR MVAR	MINI VAN MINI VAN	09/30/2014 09/30/2014	10/03/2014	. 1	\$75 05	3	\$225 15
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VIUITIPIE b) (6), (b) (7)(C)		011 034 011 034 011 034 011 034 011 034	CHICAGO O HARE INTERNATIONAL APT	IL IL IL IL	US US US US US US US US	09/30/2014 49143395US0- 09/30/2014 49145980US2- 10/13/2014 G35439745F0- 10/16/2014 390520703COUNT- 10/17/2014 G35432541D8- 11/20/2014 01587801US5- 11/24/2014 01588290US4-	BUDGET BUDGET HERTZ ALAMO HERTZ	MVAR MVAR ICAR MVAR FFAR ICAR FFAR	MINI VAN MINI VAN INTERMEDIATE CAR MINI VAN FULL SIZE OTHER	09/30/2014 09/30/2014 10/13/2014 10/18/2014 10/18/2014 11/20/2014 11/24/2014	10/03/2014 10/18/2014 10/21/2014 10/21/2014 11/24/2014 11/26/2014	. 1 . 1 . 1 . 1	\$75 05 \$36 40 \$45 00 \$134 00 \$12 58 \$225 62	3 5 3 3 4 2	\$225 15 \$182 00 \$135 00 \$402 00 \$50 32 \$451 24
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LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017

Multiple Records Not Responsive to FOIA Request



A 41. 44		
Auth#		



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: (b) (6), (b) (7)(C)		Trip#	201-601-034-0144-14-1	11
LOCATION OF ADVANCE: O'Hare				
CITY & STATE: Chicago, IL			NTRY: USA	
DATE OF VISIT: 04/02/14		0.01		
NAME OF VENDOD O				
NAME OF VENDOR: Servisair				
VENDOR TAX ID #: (b) (4)	D.J. O. I	1- 000 D	11 00040	
VENDOR ADDRESS: 10600 W. Hig VENDOR CONTACT PERSON: (b)	gins Ra., Sui	te 606, Rosemont	IL 60018	
VENDOR TELEPHONE NUMBER:		`		
AUTHORIZED AMOUNT: Not to Ex		0.00	~	
(THIS AMOUNT MUST NOT BE EXCEED OF PLACING THE ORDER / RESERVATION PURPOSE OF EXPENDITURE: (b) (b) (7)(E)	ED WITHOUT O	BTAINING ADDITION	NAL AUTHORIZATION IN A OR SERVICES.)	DVANCE
EXACT LOCATION WHERE EQUIP (b) (7)(E)	PMENT WILL	BE USED OR SE	RVICES PROVIDED:	
PPD REQUISITION NUMBER:	OPS-	14-073		
CHECK THIS BOX IF PAYMENT VIA EMER		E ORDER (PURCHASES E	XCEEDING \$3,000.00)	
OPS SA: (b) (6), (b) (7)(C)			LANGUAGE TO STATE	
DATE REQUESTED: 03/29/14		DATE A	PPROVED: 03/30/14	
PROCUREMENT CONTACT PERS	ON:			
PLEASE FORWARD PAYMENT IN	IVOICE TO T	HE FOLLOWING	ADDRESS:	
FAX: (202) 757-1164	-OR-	COMMUNICATION: Budget P. O. Box 6500 Springfield, VA		
Please note that payment shall be m required vendor information. For fastes				
OPERATIONS SUPERVISORY APPROVA	L OF EXPENDI	TURE REQUEST:	DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)				
APPROVING OFFICIAL AUTHORIZATION OR LESS: LAM (b) (6), (b) (7)(C)	FOR EXPEND	ITURES OF \$3,000	DATE OF APPROVAL:	
LAW				



Service Agreement

135 Blaine Street Gary, IN 46406 Phone: 219-949-7000 Fax: 219-949-1008 Monday, May 19, 2014 Page 1 of 2

Customer : (b) (7)(E)

Billing Address

COMMUNICATIONS CENTER PPD PO BOX 6500 SPRINGFIELD, VA 22150 Service Address

COMMUNICATIONS CENTER

(b) (7)(E)

Contact: (b) (6), (b) (7)(C)
Phone: (b) (6), (b) (7)(C)

Qty	Rate	Total
Work Order#: 6867244 (b) (7)(E)	\$1,695.00	\$1,695.00
(b) (7)(E)		
(b) (7)(E) 6867245		and an
	(b) (7)(E) CONTACT: (b) (6), (b) (7)(C) (b) (7)(E)	Work Order#: 6867244 (b) (7)(E) \$1,695.00 CONTACT: (b) (6), (b) (7)(C) (b) (7)(E) Work Order#: 6867245



Service Agreement

135 Blaine Street Gary, IN 46406 Phone: 219-949-7000

Fax: 219-949-1008

Monday, May 19, 2014 Page 2 of 2

Customer: (b) (7)(E)

Billing Address

COMMUNICATIONS CENTER PPD PO BOX 6500 SPRINGFIELD, VA 22150

Service Address

COMMUNICATIONS CENTER 5039 S GREENWOOD AVE CHICAGO, IL 60615

> Contact; (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

Qty

Rate

Total

Total For Event: Terms: \$1,695.00 **NET 30**

Delivery date

(b) (7)(E)

If you accept this agreement please sign and return to Service Sanitation

135 Blaine Street Gary, IN 46406 F 219.949.1008

Signature: Date:

Print Name:

Auth#			



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

•					
ADVANCE AGENT: A	TSAIC (b) (6), (b) (7)(0	Trip#	201-601-034-0186-14-11		
LOCATION OF ADVANCE: PO					
CITY & STATE: Chicago, IL		COU	NTRY: USA		
DATE OF VISIT: May 22 -	- 23, 2014		Y***		
NAME OF VENDOR: Service S	anitation				
VENDOR TAX ID #: (b) (4)					
VENDOR ADDRESS: 135 BI	aine Street, Gary,	IN			
VENDOR CONTACT PERSON	(b) (6), (b) (7)(C)				
VENDOR TELEPHONE NUMB		0			
AUTHORIZED AMOUNT: Not t	o Exceed \$1,6	95.00			
(THIS AMOUNT MUST NOT BE EXC OF PLACING THE ORDER / RESER PURPOSE OF EXPENDITURE (b) (7)(E)	VATION WITH THE V	BTAINING ADDITION ENDOR FOR ITEMS	VAL AUTHORIZATION IN ADVANCE OR SERVICES.)		
EXACT LOCATION WHERE EGO (b) (7)(E) PPD REQUISITION NUMBER:	QUIPMENT WILL	BE USED OR SE	RVICES PROVIDED:		
CHECK THIS BOX IF PAYMENT VIA		ORDER (PURCHASES E	XCEEDING \$3,000.00)		
OPS SA:					
DATE REQUESTED:		DATE A	PPROVED:		
PROCUREMENT CONTACT P	ERSON:				
PLEASE FORWARD PAYMEN	T INVOICE TO TH	E FOLLOWING	ADDRESS:		
FAX: (202) 757-1164 -OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150					
Please note that payment shall it required vendor information. For fa					
OPERATIONS SUPERVISORY APPR	ROVAL OF EXPENDIT	TURE REQUEST:	DATE OF APPROVAL:		
ATSAIC (b) (6), (b) (7)(C)					
APPROVING OFFICIAL AUTHORIZA OR LESS:	TION FOR EXPENDI	TURES OF \$3,000	DATE OF APPROVAL:		
LAM (b) (6), (b) (7)(C)					



Service Agreement

135 Blaine Street Gary, IN 46406

Wednesday, October 15, 2014 Page 1 of 2

Phone: 219-949-7000 Fax: 219-949-1008

Customer: (b) (7)(E)

Billing Address

COMMUNICATIONS CENTER PPD PO BOX 6500 SPRINGFIELD, VA 22150

Service Address COMMUNICATIONS CENTER

> Contact: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

Qty Total Rate Sunday, October (0) (7) 2014 Work Order#: 6929229 \$1,695.00 \$1,695.00 (6), (b) (7)(C) (b) (7)(E) Tuesday, Octobe 2014 6929230



Service Agreement

135 Blaine Street Gary, IN 46406 Phone: 219-949-7000 Fax: 219-949-1008

Wednesday, October 15, 2014 Page 2 of 2

Customer: (b) (7)(E)

Billing Address

COMMUNICATIONS CENTER PPD PO BOX 6500 SPRINGFIELD, VA 22150

Service Address

COMMUNICATIONS CENTER

Contact: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

Qty

Print Name:

Rate

Total

Total For Event: Terms: \$1,695.00 NET 10

1(b) (7)(E):014

	gn and return to Service Sanitation 135 Blaine Street
	Gary, IN 46406
	F 219.949.1008
Signature:	Date:

Delivery Date:

Status: Quote Quote #: q38623

Event Beg: Mon 10 2014(b) (7)(E)

Event End: Mon 10

Operator:

Customer #: (b) (7)(E) (b) (6), (b) (7)(C) Phone United States Secret Service

Old Executive Office Building

Washington, DC 20502

Event Type: Tax ID (b) (4)

AAA Rental System

Requested By: (b) (6), (b) (7)(C), (b) (6), (b) (7)(C)

Sales Rep: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C) E-Mall: (b) (6), (b) (7)(C)

Delivery and Pickup

Event Location:

Event Address: Delivery SPECS:

Delivery: Pickup Date:

10 2014 (b) (7)(E) 10 2014 (b) (7)(E)

On-Site Contact: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

(b) (7)(E)

ty Res	ntal Equipment		Base Rate		Each	Price
		-		/		\$450.00
		Y Y				\$600,00
						\$360.00
						\$0.00
ı						\$125.00
\			•		/_	\$120.00
1						Price
					4-	\$250.00
						\$150.00

THANK YOU FOR CONSIDERING AAA RENTALI

Quote

All will-call returns are due by noon on the due date. IMPORTANT. Please read before signing: A large-print copy of the terms and conditions set forth ON BOTH SIDES of this agreement is available upon request and at www.asarental.com's FAQ section. Customer agrees to all terms and conditions on BOTH SIDES of this agreement. Pre-payments or reservation deposits are not refundable. Please order carefully, Credit Card; Customer (1) agrees to rental charges; (2) authorizes ass to bill charge to customer's credit card, I have carefully reviewed all information for accuracy! * NOTE: Unless arranged in advance, deliveries and pick ups are GROUND FLOOR 'tail gate' only. All equipment must be returned clean. Cleaning charges are at least 50% of rental rate. FOR DELIVERY CUSTOMERS: In addition to the terms on the back of this agreement, please note: "Unless AAA Credit has been pre-extended, ALL charges must be settled no later than 24 hours prior to delivery. * Freight is to and from a reasonable ground floor distance from the truck, unless arranged in advance. Missing, damaged or solled equipment charges will be levied upon the drivers return to AAA HO.

TRUCK #. DRIVER:

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature: **United States Secret Service**

Freight Charges: \$400.00 Subtotal: \$2,055.00 iChgo Lease Tax: \$0.00 Total: \$2,055.00 Paid: \$0.00 Amount Due: \$2,055.00

Rental:

\$1,655.00

Status: Quote Quote #: q38625

Event Beg: Sun 10(b)(7)(E)

Event End: Sun 10

Operator: (b) (6), (b) (7)(C)

Customer#: (b) (7)(E) (b) (6), (b) (7)(C)Phone **United States Secret Service**

Old Executive Office Building

(b) (7)(E)

Washington, DC 20502

Fax

Event Type: Tax ID(b) (4)

Man O'Neal LLC

Requested By: (b) (6), (b) (7)(C), (b) (6), (b) (7)(C)

Sales Rep: (b) (6), (b) (7)(C) E-Mail: (b) (6), (b) (7)(C)

Delivery and Pickup

Delivery: (b) (7)(E) Pickup Date:

2014 2014

On-Site Contact: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

Event Location: Event Address: Delivery SPECS:

Qty Rental Equipment Each Price \$875.00 \$203.00 \$480.00 \$35.00 \$48.00 \$15.00 Price \$250.00 \$150.00 \$36.00

THANK YOU FOR CONSIDERING AAA RENTALI

Quote

All will-call returns are due by noon on the due date. IMPORTANT, Please read before signing: A large-print copy of the terms and conditions set forth ON BOTH SIDES of this agreement is available upon request and at www.aaarental.com's FAQ section. Customer agrees to all terms and conditions on BOTH SIDES of this agreement. Pre-payments or reservation deposits are not refundable. Please order carefully. Credit Card: Customer (1) agrees to rental charges; (2) authorizes as to bill charge to customer's credit card. I have carefully reviewed all information for accuracy! * NOTE: Unless arranged in advance, deliveries and pick ups are GROUND FLOOR 'tail gate' only. All equipment must be returned clean. Cleaning charges are at least 50% of rental rate. FOR DELIVERY CUSTOMERS: In addition to the terms on the back of this agreement, please note: * Unless AAA Credit has been pre-extended, ALL charges must be settled no later than 24 hours prior to delivery. * Freight is to and from a reasonable ground floor distance from the truck, unless arranged in advance. Missing, damaged or soiled equipment charges will be levied upon the drivers return to AAA HQ.

DRIVER TRUCK #: CREW DATE

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature:

United States Secret Service

\$1,656.00	Rental:
\$36.00	Sales:
\$400.00	Freight Charges:
\$2,092.00	Subtotal:
\$0.00	iChgo Lease Tax:
\$2,092.00	Total:
\$0.00	Pald:
\$2,092.00	Amount Due:



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: SA	(b) (6), (b) (7)(C)	Trip#	201-601	-034-0006-15-11
LOCATION OF ADVANCE: 15	55 N. Astor Street,	Suite 41	400	
CITY & STATE: Chicago, Illino			NTRY:	USA
DATE OF VISIT: 10/2/14				
NAME OF VENDOR: Andersor	Elevator Co, Sout	hwest Industries	Inc.	
VENDOR TAX ID #: (b) (4)				
VENDOR ADDRESS: 2801 S	outh 19th Avenue, E	Broadview, IL 60	155	
VENDOR CONTACT PERSON:				
VENDOR TELEPHONE NUMBER				
AUTHORIZED AMOUNT: Not to	Exceed \$390.0	00		
(THIS AMOUNT MUST NOT BE EXCE OF PLACING THE ORDER / RESERVE PURPOSE OF EXPENDITURE: (b) (7)(E)	ATION WITH THE VE	TAINING ADDITION NDOR FOR ITEMS	OR SERV	HORIZATION IN ADVANCE (ICES.)
EXACT LOCATION WHERE EQ	UDMENT WILL D	E LICED OR CE	NUCES	DDOV/IDED:
(b) (7)(E)	IOIPMENT WILL BI	E USED OR SER	KVICES	PROVIDED:
PPD REQUISITION NUMBER:				
CHECK THIS BOX IF PAYMENT VIA E		PRDER (PURCHASES E	XCEEDING	\$3,000.00)
OPS SA:				
DATE REQUESTED:		DATE A	PPROVI	ED:
PROCUREMENT CONTACT PE	RSON:			
PLEASE FORWARD PAYMEN	I INVOICE TO THE	FOLLOWING A	ADDRES	SS:
FAX: (202) 757-1164	-OR-	COMMUNICAT ATTN: Budget P. O. Box 6500 Springfield, VA	Coordina	
Please note that payment shall b required vendor Information. For fa				
OPERATIONS SUPERVISORY APPR	OVAL OF EXPENDITU	IRE REQUEST:	DATE O	F APPROVAL:
ATSAIC (b) (6), (b) (7)(C)				
APPROVING OFFICIAL AUTHORIZATOR LESS:	TION FOR EXPENDITU	JRES OF \$3,000	DATE O	F APPROVAL:
LAM (b) (6), (b) (7)(C)				



BRANCH: 10600 L	3 HiggiUs
Bute 606	On
ROSEMONT I	C 60018
847-298-6140 Ta	(b) (4)

No. 250160

BRANCH CODE (LOIGHT AIRPORT GODE

Ires				DATE	10-19	1-20-14		KD	
CUSTOMER USS							FLT	. No	
				STA	ATA	ST	D	ATD	
CHARGE TO		4.3.5.5.4.5.00		ROUTE IN:	INTERNATI		OMESTIC S	TRANSBO	RDER [
				OUT:	201.5111211				Г
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CLEANING SERVICE:	MAJOR MINOR			LAVS WATER			EMOVE D		
TECHNICAL SERVICE:			TRANSIT			TURN ARC	DUND		
PASSENGER SERVICE:				INBOUND OUTBOUND TRANSIT	0	REMAIN DISEMB LAYOVE	ARK 🗆		
OPERATIONS SERVICE:				& BALANCE OHT PLAN		CLEARANG	CES CATIONS		
ADDITIONAL MANPOWER			TILLTER	HRS.	RATE	\$	¢		
				L					
ADDITIONAL EQUIPMENT				HAS.	RATE	\$			
(b) (7)		Ξ)		· t			500	∞
DE-ICING SERVICES	ė			GALLONS	RATE	\$	•		
MISCELLANEOUS									
	- 10 -	ALL	THORIZATION OF S	EDVICES			-	TOTAL C	HARCE
Customer hereby requests	that Contacts and			FINE CO.	nd materials o	at factly about a	the charges	\$	AHGI
indicated. Customer agrees on account of loss or daped and materials included the company of the	to indemnify and of to property of, ms for consequer	hold Se	rvisair harmless from	and against al person(s), arisi caused or con	claims and lial	bllitles, by whome connection with s ervisair's neglige	soever made,	500	00
		C	OMPLETION OF SE	RVICES					
All services required to be p been satisfactorily complet	erformed by Servi	sair have	9						
releases Servisair from any fu of the performance of such	irther obligations or	n accour	y nt						



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: SA (b) (6), (b) (7)(C)	Trip# 201-601-034-0006-15-11				
LOCATION OF ADVANCE: 600 Emerson St., Evanston, IL					
CITY & STATE: Evanston, IL & Chicago, IL	COUNTRY: USA				
DATE OF VISIT: 10/2/2014					
MANUEL OF LIEUE OF LAND					
NAME OF VENDOR: AAARental.com					
VENDOR TAX ID #: (b) (4)	400				
VENDOR ADDRESS: 3020 W. 167th St., Markham, IL 60- VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)	428				
VENDOR TELEPHONE NUMBER: 708-210-1200					
AUTHORIZED AMOUNT: Not to Exceed \$2,995.00					
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING A	DDITIONAL AUTHORIZATION IN ADVANCE				
OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR	R ITEMS OR SERVICES.)				
PURPOSE OF EXPENDITURE:					
(b) (/)(E)					
EXACT LOCATION WHERE EQUIPMENT WILL BE USED	OR SERVICES PROVIDED:				
(b) (7)(E)					
(~) (.)(~)					
DDD DECUNISITION NUMBER.					
PPD REQUISITION NUMBER:					
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURC	CHASES EXCEEDING \$3,000.00)				
EMERGENCY PURCHASE ORDER NUMBER:	A. A. M. A.				
OPS SA:					
DATE REQUESTED:	DATE APPROVED:				
PROCUREMENT CONTACT PERSON:	W 1111-02-0-10-1-1				
	Taut Oleonia				
PLEASE FORWARD PAYMENT INVOICE TO THE FOLLO	WING ADDRESS:				
T.V. (200) TTT 1101					
	UNICATIONS CENTER (PPD)				
	Budget Coordinator				
P. O. Box 6500 Springfield, VA 22150					
Spinight.	Cid, VA 22100				
Please note that payment shall be made within 30 days of our	receipt of a valid invoice and all				
required vendor information. For fastest service, please fax invo	lice to the fax number listed above.				
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQU	EST: DATE OF APPROVAL:				
	25.7. 1. 21.12. 1. 12.21. 12.11.22				
ATSAIC (b) (6), (b) (7)(C)					
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$	3,000 DATE OF APPROVAL:				
OR LESS:					
LAM (b) (6), (b) (7)(C)					

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PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: SA (b) (6), (b) (7)(C)	Trip# 201-601-034-0006-15-11
LOCATION OF ADVANCE: 1555 N. Astor Street, Suite 41	
CITY & STATE: Chicago, Illinois 60610	COUNTRY: USA
DATE OF VISIT: 10/2/14	
NAME OF VENDOR: SYTE Corporation	
VENDOR TAX ID #: (b) (4)	
VENDOR ADDRESS: 1642 N. Bosworth Ave, Chicago, IL	. 60642
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)	
VENDOR TELEPHONE NUMBER: 773-276-5192	
AUTHORIZED AMOUNT: Not to Exceed \$ 2769.00	
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING A OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FO	ADDITIONAL AUTHORIZATION IN ADVANCE R ITEMS OR SERVICES.)
PURPOSE OF EXPENDITURE: (b) (7)(E)	
(b) (7)(E)	
EXACT LOCATION WHERE EQUIPMENT WILL BE USED (b) (7)(E)	OR SERVICES PROVIDED:
PPD REQUISITION NUMBER:	
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PUR	CHASES EXCEEDING \$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:	
OPS SA:	175 10000150
	DATE APPROVED:
PROCUREMENT CONTACT PERSON:	
PLEASE FORWARD PAYMENT INVOICE TO THE FOLLO	WING ADDRESS:
ATTN: P. O. E	NUNICATIONS CENTER (PPD) Budget Coordinator Box 6500 field, VA 22150
Please note that payment shall be made within 30 days of our required vendor information. For fastest service, please fax inventors and the service of the s	
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQU	DEST: DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF SOR LESS:	\$3,000 DATE OF APPROVAL:
LAM (b) (6), (b) (7)(C)	

PPD PAER (10/2012)



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: A	TSAIC (b) (6), (b) (7)(C	Trip#	201-601-034-0039-15-11
LOCATION OF ADVANCE: P	OTUS Residence		
CITY & STATE: Chicago, IL		COU	NTRY: USA
DATE OF VISIT: October	19 – 20, 2014		
NAME OF VENDOR: Service S	Sanitation, Inc.		
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 135 B	laine Street, Gary, I	N	
VENDOR CONTACT PERSON	(b) (6), (b) (7)(C)		
VENDOR TELEPHONE NUMBER	BER: (219) 949-7000)	
AUTHORIZED AMOUNT: Not (THIS AMOUNT MUST NOT BE EXI OF PLACING THE ORDER / RESER PURPOSE OF EXPENDITURE (b) (7)(E)	CEEDED WITHOUT OF	TAINING ADDITIO	NAL AUTHORIZATION IN ADVANCE OR SERVICES.)
EXACT LOCATION WHERE E (b) (7)(E) PPD REQUISITION NUMBER CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE OF	EMERGENCY PURCHASE		
OPS SA:			
DATE REQUESTED:		DATE A	APPROVED:
PROCUREMENT CONTACT F	PERSON:		
PLEASE FORWARD PAYME	NT INVOICE TO TH	E FOLLOWING	ADDRESS:
FAX: (202) 757-1164	-OR-	COMMUNICAT ATTN: Budget P. O. Box 6500 Springfield, VA	
Please note that payment shall required vendor information. For t			
OPERATIONS SUPERVISORY APP	ROVAL OF EXPENDIT	URE REQUEST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZA OR LESS:	ATION FOR EXPENDIT	URES OF \$3,000	DATE OF APPROVAL:
LAM (b) (6), (b) (7)(C)			

Auth#		



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: (b) (6), (b) (7)(C)	Trip#	201-601-034-0039-15-11
LOCATION OF ADVANCE: Chicago State University Jones Convocation Center			
CITY & STATE: Chicago, IL COUNTRY: USA			
DATE OF VISIT: 10/19/14			
NAME OF VENDOR: Alan O'Ne	eal LLC		
VENDOR TAX ID #: (b) (4)		90 90 90 90 90 90 90 90 90 90 90 90 90 9	
VENDOR ADDRESS: 3020 We		rkham, IL 60426	
VENDOR CONTACT PERSON			
VENDOR TELEPHONE NUMBER: (b) (6), (b) (7)(C)			
AUTHORIZED AMOUNT: Not 1	to Exceed \$ 20	92.00	
(THIS AMOUNT MUST NOT BE EXC OF PLACING THE ORDER / RESER	EEDED WITHOUT OF	BTAINING ADDITION	NAL AUTHORIZATION IN ADVANCE S OR SERVICES.)
PURPOSE OF EXPENDITURE			
EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:			
(b) (7)(E)		
PPD REQUISITION NUMBER:			
CHECK THIS BOX IF PAYMENT VIA		ORDER (PURCHASES E	EXCEEDING \$3,000.00)
OPS SA:	DEN NOWBEN.		
DATE REQUESTED:		DATE APPROVED:	
PROCUREMENT CONTACT P	FRSON:	DATE	WINOVED.
PLEASE FORWARD PAYMEN	eneterikaniersky za	IF FOLLOWING	ADDRESS:
7 EEASE I GIOVANO I AVIIILEI			
FAX: (202) 757-1164	-OR-	COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
Please note that payment shall i required vendor information. For fa			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:			DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)_ PPD/O	PS		

	Auth#		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS: LAM (b) (6), (b) (7)(C)	DATE OF APPROVAL:		



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: (b) (6), (b)) (7)(C)	Trip#	201-601-034-0039-15-11				
LOCATION OF ADVANCE: Martin Luther King Junior Community Center 4314 S. Cottage Grove Avenue							
CITY & STATE: Chicago, IL							
DATE OF VISIT: 10/20/2014							
NAME OF VENDOR: AAA Rental S	ystem						
VENDOR TAX ID #: (b) (4)							
VENDOR ADDRESS: 3020 West 16	37th Street, M	arkham, IL 60426					
VENDOR CONTACT PERSON: (b)(f							
VENDOR TELEPHONE NUMBER:							
AUTHORIZED AMOUNT: Not to Ex	ceed \$ 2	055.00					
(THIS AMOUNT <u>MUST</u> NOT BE EXCEEDED OF PLACING THE ORDER / RESERVATION	ED WITHOUT O	OBTAINING ADDITION	NAL AUTHORIZATION IN ADVANCE				
PURPOSE OF EXPENDITURE: (b)		TENDOT TOTT TEND	ON OZNIJOZOJ				
	(,)(=)						
EXACT LOCATION WHERE EQUIP	MENT WILL	BE USED OR SE	RVICES PROVIDED: Parking				
(b) (7)(E)							
PPD REQUISITION NUMBER:							
CHECK THIS BOX IF PAYMENT VIA EMERI		SE ORDER (PURCHASES E	EXCEEDING \$3,000.00)				
OPS SA:	NOWIDEIX.						
DATE REQUESTED:		DATE A	APPROVED:				
PROCUREMENT CONTACT PERS	ON:	12,00					
PLEASE FORWARD PAYMENT IN	VOICE TO T	HE FOLLOWING	ADDRESS:				
FAX: (202) 757-1164	-OR-	COMMUNICA"	TIONS CENTER (PPD)				
		ATTN: Budget					
		P. O. Box 6500					
		Springfield, VA	22150				
Please note that payment shall be made required vendor information. For fastes							
OPERATIONS SUPERVISORY APPROVA	L OF EXPEND	ITURE REQUEST:	DATE OF APPROVAL:				
ATSAIC (b) (6), (b) (7)(C)_PPD/OPS							
APPROVING OFFICIAL AUTHORIZATION OR LESS:	FOR EXPEND	OITURES OF \$3,000	DATE OF APPROVAL:				
LAM (b) (6), (b) (7)(C)							



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT:	SA (b) (6), (b) (7)	(C) Trip#: 201-601-034-0039-15-11
		ernational Airport 10000 West O'Hare Ave 60666
CITY & STATE: Chica	go, Illinois	COUNTRY: USA
DATE OF VISIT: 1	0/19/2014 to 10/20/2014	
NAME OF VENDOR O	and the least	
NAME OF VENDOR: Se		
VENDOR TAX ID #: (b)		4600 Danier Hitaria 00040
VENDOR CONTACT D	ERSON: (b) (6), (b) (7)(C	te #606 Rosemont, Illinois 60018
	NUMBER: (b) (6), (b) (7)(
AUTHORIZED AMOUN		
AUTHORIZED AWOUN	1. Not to Exceed \$ 50	10,00
(THIS AMOUNT MUST NOT OF PLACING THE ORDER PURPOSE OF EXPEND	RESERVATION WITH THE V	BTAINING ADDITIONAL AUTHORIZATION IN ADVANCE VENDOR FOR ITEMS OR SERVICES.)
(b) (7)(l		
(b) (7)(E)		BE USED OR SERVICES PROVIDED:
PPD REQUISITION NU	MBER:	
CHECK THIS BOX IF PAY	MENT VIA EMERGENCY PURCHASE	E ORDER (PURCHASES EXCEEDING \$3,000.00)
EMERGENCY PURCHA		TO NOTIN (1 OTTO POLO ENOLES INO 40,000.00)
OPS SA:	TOL OTTOLITY TOTTOLITY	
DATE REQUESTED:		DATE APPROVED:
PROCUREMENT CONT	TACT PERSON:	
	desira especial especial	HE FOLLOWING ADDRESS:
FAX: (202) 757-1164	-OR-	COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
		days of our receipt of a valid invoice and all asse fax invoice to the fax number listed above.
OPERATIONS SUPERVISO	RY APPROVAL OF EXPENDIT	TURE REQUEST: DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		

	Auth#			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS: LAM (b) (6), (b) (7)(C)	DATE OF APPROVAL:			



BRANCH: 10600W Higgins	SERVICE ORDER
Site 609 Posemont IL 60018	No. 25063
847-298-6140 Tay (b) (4)	BRANCH CODE (NOIGH ASHE)
DATE: 11-25-14	ORO

			847-298-0					-			
CUSTOMER USSS						-25			06		
COSTOMEND 99.3	***********	*1937584					ALC: NO PERSONS			No	
			******				A			ATD	
CHARGE TO				ROUTE IN:	INT	ERNATIO		DOME	STIC 🗆	TRANSBOR	
				OUT:							
CONTRACT		NO	N-CONTRACT			SCHEDU	LED 🗆			NON-SCHED	ULED R
RAMP SERVICE:	POS/ORIG.		TRANSIT				DIVERSION			CHAR	
	TERM/POS. TERM/ORIG. FREIGHTER			OFF LOAD ONLOAD CREW CHG.				DELAY	YED 🔲	\$	e
CLEANING SERVICE:	MAJOR MINOR			LAVS WATER				REMO GARB	AGE		
TECHNICAL SERVICE:			TRANSIT	. 🗆			TURN	AROUND			
PASSENGER SERVICE:				INBOUND			0514		ERSION:		
				OUTBOUND			DISE	IAIN ON EMBARK OVER			
OPERATIONS SERVICE:				& BALANCE GHT PLAN				ANCES	ions 🗆		
ADDITIONAL MANPOWER	bar and			HRS.	IR	RATE	\$		c		
ADDITIONAL EQUIPMENT				HRS.	E	ATE	\$		e		
(b) (7)	(E)									250	00)
DE-ICING SERVICES				GALLONS	F	RATE	. \$		e		
MISCELLANEOUS											
							_				
_		AUI	HORIZATION OF S	SERVICES			ell-			TOTAL C	HARGE
Customer hereby requests indicated, Customer agrees on account of loss or dama and materials including claim (b) (6)	to indemnify and	hold Serv	he customer's risk isair harmless from to or death of any	, the services a n and against al person(s), arisi	I claim:	of or in co	ilities, by whonnection w	nomsoev	er made, services	\$	
Kervisair REPRESENTATIVE	(.)(-)		AUTHORIZED E	CUSTOMER	REPRES	SENTATIVE			-		
Partition Tier Theoret Print		co	MPLETION OF SE	SIN MARKET STATE OF THE STATE O							
All services required to be p been satisfactorily complet releases Servisair from any fu of the performance of such	ted and Custome orther obligations o	sair have									
			CUSTOMER RE	PRESENTATIVE							

Auth#		
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PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b) (6), (b) (7)(C)	Trip# 201-601-034-0078-15-11
	ITY & STATE: Chicago, IL
SITE(s)/LOCATION: Copernicus Center	
SITE(s)/LOCATION cont'd: 5216 W. Lawrence Ave.	COUNTRY: USA
VENDOR NAME: AAA Rental	
VENDOR TAX ID #: (b) (4)	
VENDOR ADDRESS: 3020 W. 167th Street, Ma	arkham, IL, 60428
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)
VENDOR TELEPHONE NUMBER: 708-210-12	200
AUTHORIZED AMOUNT: (Not to Exceed) \$	2,347.00
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OF PLACING THE ORDER / RESERVATION WITH TH	T OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE IE VENDOR FOR ITEMS OR SERVICES.)
ITEM OR SERVICE: (b) (7)(E)	
PURPOSE OF EXPENDITURE: (b) (7)(E)	
ADDRESS WILEDE FOLUDATIVE WILL DE LIS	on on one word province. (b) (7)/E)
ADDRESS WHERE EQUIPMENT WILL BE US (b) (7)(E)	SED OR SERVICES PROVIDED: (D) (7)(E)
PPD REQUISITION NUMBER:	DATE REQUESTED: 11/22/14
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHA	ASE ORDER (PURCHASES EXCEEDING \$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:	DATE APPROVED:
PROCUREMENT CONTACT PERSON:	
PLEASE FORWARD INVOICE TO THE FOLL	OWING ADDRESS:
FAX: (202) 757-1710 -OR-	COMMUNICATIONS CENTER (PPD)
170. (202) 707 1710	ATTN: Budget Coordinator
	P. O. Box 6500
	Springfield, VA 22150
Please note that payment shall be made within 15 of	days of our receipt of a valid invoice and all required
vendor information. For fastest service, please fa	
OPERATIONS SUPERVISORY APPROVAL OF EXPEN	NDITURE REQUEST: DATE OF APPROVAL:
	The same of the sa
ATSAIC (b) (6), (b) (7)(C)	
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDESS:	NDITURES OF \$3,000 OR DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(0	

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PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b) (6)), (b) (7)(C)	Trip# 201	-601-034-0078-15-11
DATE OF VISIT: 11-25-14		Y & STATE: Chicago, IL	
SITE(s)/LOCATION: Chicago's O'	Hare Airport		
SITE(s)/LOCATION cont'd:		COUNTRY	: USA
VENDOR NAME: Servisair		1	
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 10006 W. Hi			
VENDOR CONTACT PERSON: (b)	o) (6), (b) (7)(0	C)	
VENDOR TELEPHONE NUMBER	847-298-6410	(b) (6), (b) (7)(C)	
AUTHORIZED AMOUNT: (Not to	Exceed) \$ 25	0.00	
(THIS AMOUNT MUST NOT BE EXCEED OF PLACING THE ORDER / RESERVATION OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (L	1 (7)(E)		
PORPOSE OF EXPENDITURE. (L) (/)(<u>L</u>)		
ADDRESS WHERE EQUIPMENT (b) (7)(E)	WILL BE USE	ED OR SERVICES PRO	VIDED:
PPD REQUISITION NUMBER:		DATE REQUES	STED: 11/22/14
CHECK THIS BOX IF PAYMENT VIA EMER	RGENCY PURCHASE	ORDER (PURCHASES EXCEEDI	NG \$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER	₹:	DATE	APPROVED:
PROCUREMENT CONTACT PERSO	N:		
PLEASE FORWARD INVOICE TO	THE FOLLO	WING ADDRESS:	
FAX: (202) 757-1710	CENTER (PPD) dinator		
Please note that payment shall be ma vendor information. For fastest servi			
OPERATIONS SUPERVISORY APPROV	AL OF EXPENDI	TURE REQUEST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)			V - 1 - 1
APPROVING OFFICIAL AUTHORIZATIO LESS:	N FOR EXPEND	ITURES OF \$3,000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager	b) (6), (b) (7)(C)		

Customer #: (b) (7)(E)

Event Type: Tax ID (b) (4)



3020 W. 167th Street Markham, IL 60428 saarental.com 708-210-1200 Phone 708-210-1267 Fax

Status: Reservation

Contract #: 55126

Event Beg: Tue 1,10 (7)(E)

Event End: Tue 1

Operator:

AAA Rental System

Terms: On Account

United States Secret Service

Old Executive Office Building

(b) (7)(E)

Washington, DC 20502

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

Requested By:

Sales Rep: (b) (6), (c) (7)(C) Phone: (b) (6), (b) (7)(C) E-Mail: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) Phone

Delivery and Pickup

Delivery: Pickup Date:

2014 2014

On-Site Contact: (b) (6), (b) (7)(C) Phone: (b) (6), (b) (7)(C)

Event Location: Event Address: Delivery SPECS:

Qty Rental Equipment Base Rate Price \$125.00 \$600.00 \$250.00 \$240.00 \$85.00 \$30.00 \$125.00 \$15.00 \$40.00 \$70.00 Price \$175.00 \$175.00 \$99.00 \$160.00

We appreciate your business. Thank you!

Rental Contract

All will-call returns are due by noon on the due date. IMPORTANT. Please read before signing: A large-print copy of the terms and conditions set forth ON BOTH SIDES of this agreement is available upon request and at www.saarental.com's FAQ section. Customer agrees to all terms and conditions on BOTH SIDES of this agreement. Pre-payments or reservation deposits are not refundable. Please order carefully. Credit Card: Customer (1) agrees to rental charges; (2) authorizes as to bill charge to customer's credit card. I have carefully reviewed all information for accuracy! * NOTE: Unless arranged in advance, deliveries and pick ups are GROUND FLOOR 'tall gate' only. All equipment must be returned clean Cleaning charges are at least 50% of rental rate. FOR DELIVERY CUSTOMERS: In addition to the terms on the back of this agreement, please note: * Unless AAA Credit has been pre-extended, ALL charges must be settled no later than 24 hours prior to delivery. * Freight is to and from a reasonable ground floor distance from the truck, unless arranged in advance. Missing, damaged or soiled equipment charges will be levied upon the drivers return to AAA HQ.

TRUCK #: DRIVER: CREW

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature:

United States Secret Service

\$1,580.00	Rental:
\$158.00	E.P.P.:
\$259.00	Sales:
\$350.00	Freight Charges:
\$2,347.00	Subtotal:
\$0.00	iChgo Lease Tax:
\$2,347.00	Total:
\$0.00	Paid:
\$2,347.00	Amount Due:

LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017 I Obtained via FOLA by Judicial Watch, Inc. Return Date # of Cars Pick up Date

10/18/2014

10/18/2014

10/18/2014

10/18/2014

10/19/2014

10/19/2014

10/21/2014

10/21/2014

10/21/2014

10/21/2014

10/20/2014

10/20/2014

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)\$45.00 3 \$135.00 10/18/2014 10/21/2014 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/18/2014 10/21/2014 \$45.00 3 \$135.00 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/18/2014 10/21/2014 \$45.00 3 \$135.00 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO \$45.00 3 \$135.00 10/18/2014 10/21/2014 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/21/2014 \$45.00 3 \$135.00 MINI VAN 10/18/2014 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/21/2014 \$45.00 3 \$135.00 CHICAGO O HARE 10/16/2014 ALAMO MINI VAN 10/18/2014 011.034 10/21/2014 \$45.00 3 \$135.00 10/18/2014 CHICAGO O HARE 10/16/2014 ALAMO MINI VAN 011.034 10/21/2014 \$45.00 3 \$135.00 MINI VAN 10/18/2014 CHICAGO O HARE 10/16/2014 ALAMO 011.034 \$45.00 \$135.00 10/21/2014 CHICAGO O HARE 10/16/2014 ALAMO MINI VAN 10/18/2014 011.034 10/18/2014 10/21/2014 \$45.00 3 \$135.00 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/18/2014 10/21/2014 \$45.00 \$135.00 10/16/2014 ALAMO MINI VAN 011.034 CHICAGO O HARE \$45.00 3 \$135.00 10/18/2014 10/21/2014 CHICAGO O HARE 10/16/2014 ALAMO MINI VAN 011.034 3 \$135.00 MINI VAN 10/18/2014 10/21/2014 \$45.00 10/16/2014 ALAMO 011.034 CHICAGO O HARE \$135.00 10/18/2014 10/21/2014 \$45.00 3 MINI VAN 011.034 CHICAGO O HARE 10/16/2014 ALAMO 10/21/2014 \$45.00 3 \$135.00 10/18/2014 CHICAGO O HARE 10/16/2014 ALAMO MINI VAN 011.034 \$45.00 3 \$135.00 10/21/2014 MINI VAN 10/18/2014 CHICAGO O HARE 10/16/2014 ALAMO 011.034 \$45.00 3 \$135.00 10/18/2014 10/21/2014 10/16/2014 ALAMO MINI VAN

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MINI VAN CHICAGO O HARE 10/18/2014 ALAMO Multiple Records Not Responsive to FOIA Request

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\$135.00

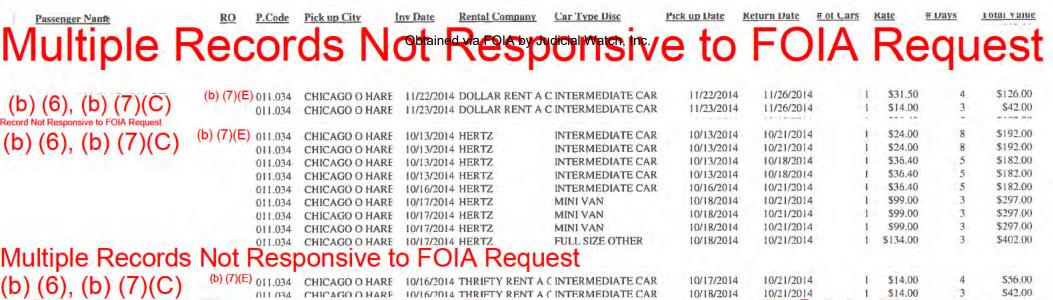
\$85.00

\$85.00

3

Record Not Responsive to FOIA Requirements					Car Type Disc						Total Value
	011.034	CHICAGO O HARE	Obtaine	devia FOIA by	Judiciak Watch; Hno.R	09/28/2014	10/03/2014	1	\$25.73	5	\$128.63
(b) (6), (b) (7)(C) (b) (7)(E)	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	, t 4	\$75.05	3	\$225.15
(-) (-), (-) (-)	011.034	CHICAGO O HARE	09/30/2014	BUDGET	MINI VAN	09/30/2014	10/03/2014	1	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE	09/30/2014	BUDGET	MINI VAN	09/30/2014	10/03/2014		\$75.05	3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	1	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE	09/30/2014	BUDGET	MINI VAN	09/30/2014	10/03/2014		\$75.05	3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	/1	\$75.05	.3	\$225.15
	011.034	CHICAGO O HARE	09/30/2014	BUDGET	MINI VAN	09/30/2014	10/03/2014	J	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	1	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	- 0	\$75.05	3	\$225,15
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	1	\$75.05	. 3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	-0	\$54.15	3	\$162.45
	011.034	CHICAGO O HARE	09/30/2014	BUDGET	MINI VAN	09/30/2014	10/03/2014	1	\$54.15	3	\$162.45
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	-3	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	1	\$75.05	3	\$225,15
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	- 3	\$54.15	3	\$162.45
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	09/30/2014	10/03/2014	1 1 1	\$75,05	3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	-3	\$75.05	3	\$225.15
	011.034	CHICAGO O HARE			MINI VAN	09/30/2014	10/03/2014	1 1	\$75.05	. 3	\$225.15
	011.034	CHICAGO O HARE		BUDGET	MINI VAN	10/01/2014	10/03/2014	-3	\$72.00	2	\$144,00
	011.034	CHICAGO O HARE			INTERMEDIATE CAR	11/20/2014	11/24/2014	11	\$12.58	4	\$50.32
	011.034	CHICAGO O HARE		BUDGET	INTERMEDIATE CAR	11/20/2014	11/24/2014	-0	\$12.58	4	\$50.32
	011.034	CHICAGO O HARE			INTERMEDIATE CAR	11/20/2014	11/24/2014	1	\$12.58	4	\$50.32
	011.034	CHICAGO O HARE		BUDGET	INTERMEDIATE CAR	11/21/2014	11/24/2014	-	\$14.40	3	\$43.20
	011.034	CHICAGO O HARE	11/21/2014		INTERMEDIATE CAR	11/21/2014	11/24/2014	1	\$13.00	3	\$39.00
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	- 1	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1 19	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1)	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014		\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1.9	\$65.00	2	\$130.00
	011.034	CHICAGO O HARE	11/24/2014		FULL SIZE OTHER	11/24/2014	11/26/2014	1	\$225.62	2	\$451.24
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014		\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	i isl	\$65.00	2	\$130.00
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014	1	\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014	11/26/2014		\$115.90	2	\$231.80
	011.034	CHICAGO O HARE			MINI VAN	11/24/2014		1	\$65.00	2	\$130.00

Multiple Records Not Responsive to FOIA Request





Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656036 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522921 Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 10:04 Return Date/Time: 10/23/2014 11:48

Miles/kms: 271

Car Class : MVAR Requested Class : MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2014/TOYOTA/SIE
 ES488792
 2AM163
 11557/11828/271

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail		2-0-0		+
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	135.00
EXTRA - TIME & DISTANCE	2	DAY	121.00	242.00
XTRA - TIME & DISTANCE	2	HOUR	40.00	80.00
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00
		Sub '	Total	487.00
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	54.92
VLCRF 1.30/DAY	6	DAY	1.30	7.80
	Total Charges	(USD)		597.72



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656059 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN: (b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390523222 Driver (b) (6), (b) (7)(C)

Pickup Date/Time : 10/18/2014 10:04 Return Date/Time : 10/23/2014 10:53

Miles/kms: 101

Car Class: MVAR

Requested Class: MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2015/CHRYSLER/
 FR561509
 E169344
 172/273/101

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
EXTRA - TIME & DISTANCE	2	DAY	121.00	242.00	
EXTRA - TIME & DISTANCE	1	HOUR	40.00	40.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00	
		Sub	Total	447.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	50.48	
VLCRF 1.30/DAY	6	DAY	1.30	7.80	
	Total Charges	(USD)		553.28	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6). (b) (7)(C) Payment Terms

Payment Due Within 30 days of invoice date



Fed Tax Id: (b) (4)

Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656078 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390523328 Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:30 Return Date/Time: 10/23/2014 10:54

Miles/kms: 256

Car Class : MVAR Requested Class : MVAR

Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2015/CHRYSLER/ FR538190 FNL4729 1938/2194/256

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
EXTRA - TIME & DISTANCE	2	DAY	121.00	242.00	
EXTRA - TIME & DISTANCE	2	HOUR	40.00	80.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00	
		Sub	Total	487.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	54.92	
VLCRF 1.30/DAY	6	DAY	1.30	7.80	
	Total Charges	(USD)		597.72	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C) DEHI COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656083 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN: (b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390523598 Driver: (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:31 Return Date/Time: 10/23/2014 12:07

Miles/kms: 248

Car Class : MVAR Requested Class : MVAR

Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2014/CHRYSLER/ ER448272 V882910 9149/9397/248

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
EXTRA - TIME & DISTANCE	2	DAY	121.00	242.00	
EXTRA - TIME & DISTANCE	3	HOUR	40.00	120.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00	
		Sub	Total	527.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	59.36	
VLCRF 1.30/DAY	6	DAY	1.30	7.80	
	Total Charges	(USD)		642.16	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)_{@EHI.COM} Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656071 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN: (b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390523407 Driver (b) (6), (b) (7)(C) Pickup Date/Time: 10/18/2014 09:31 Return Date/Time: 10/23/2014 10:42

Miles/kms: 271

Car Class : MVAR

Requested Class: MVAR

Vehicle Information

Yr/Make/Model

VIN

License No

Beg/End/Distance

2015/DODGE/GRC FR548779 E169376 150/421/271

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
EXTRA - TIME & DISTANCE	2	DAY	121.00	242.00	
EXTRA - TIME & DISTANCE	2	HOUR	40.00	80.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00	
		Sub	Total	487.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	54.92	
VLCRF 1.30/DAY	6	DAY	1.30	7.80	
	Total Charges	(USD)		597.72	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)_@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430656049 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN(b) (6), (b) (7)(C)

PO B OX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390523065 Driver:(b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 10:03 Return Date/Time: 10/23/2014 10:42

Miles/kms: 226

Car Class: MVAR Requested Class: MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2015/CHRYSLER/
 FR553306
 E168947
 1074/1300/226

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
EXTRA-TIME & DISTANCE	2	DAY	121.00	242.00	
EXTRA - TIME & DISTANCE	1	HOUR	40.00	40.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	6	DAY	5.00	30.00	
		Sub	Total	447.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	6	DAY	8.00	48.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	50.48	
VLCRF 1.30/DAY	6	DAY	1.30	7.80	
	Total Charges	(USD)		553.28	



Remit Payment in USD to

EAN SERVICES LLC SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C) @EHI.COM Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref# Invoice Date

3765311 430655594 (b) (7)(E)31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522750

Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:08 Return Date/Time: 10/20/2014 19:39

Miles/kms: 167

Car Class: MVAR Requested Class: MVAR Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2015/DODGE/GRC FR536088 E168520 4554/4721/167

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub	Γotal	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655599 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN: (b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number : 390522079 Driver (b) (6), (b) (7)(C)

Pickup Date/Time : 10/18/2014 09:55 Return Date/Time : 10/20/2014 20:29

Miles/kms: 199

Car Class ; MVAR Requested Class ; MVAR

Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2014/DODGE/GCA ER429295 GFS9273 6593/6792/199

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub '	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3,90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)_@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655608 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522368 Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:31 Return Date/Time: 10/20/2014 20:30

Miles/kms: 148

Car Class : MVAR Requested Class : MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2014/TOYOTA/SIE
 ES498627
 V785130
 11169/11317/148

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 1	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref# Invoice Date

3765311 430655590 (b) (7)(E)31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390520757 Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 10:26 Return Date/Time: 10/20/2014 20:29

Miles/kms: 354

Car Class : MVAR Requested Class: MVAR Vehicle Information

Yr/Make/Model VIN 2015/DODGE/GRC

License No.

Beg/End/Distance

FR567350 E169328 392/746/354

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail				
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00
		Sub 7	Total	150.00
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08
VLCRF 1.30/DAY	3	DAY	1.30	3.90
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75
AUTO RENTAL TAX		PERCENT	12.00	20.52
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68
	Total Charges	(USD)		231.93



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C) @EHI.COM Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref# Invoice Date

3765311 430655603 (b) (7)(E)31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522189

Driver(b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:31 Return Date/Time: 10/20/2014 20:29

Miles/kms: 242

Car Class : MVAR

Requested Class: MVAR

Vehicle Information

Yr/Make/Model License No

2015/DODGE/GRC FR536092

Beg/End/Distance

E168938 1101/1343/242

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date.



Fed Tax Id (b) (4)

Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655611 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522289 Driver: (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 09:08 Return Date/Time: 10/20/2014 21:11

Miles/kms: 202

Car Class : MVAR Requested Class : MVAR

Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2015/DODGE/GRC FR567349 E169323 796/998/202

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 1	Γotal	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655595 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO BOX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390522025 Driver (b) (6), (b) (7)(C)

Pickup Date/Time : 10/18/2014 10:01 Return Date/Time : 10/20/2014 20:29

Miles/kms: 188

Charge Datell

Car Class: MVAR

Requested Class: MVAR

Vehicle Information

Yr/Make/Model

VIN

License No

Beg/End/Distance

2014/DODGE/GRC ER385829

385829 942DQR

2R 9648/9836/188

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail	-		D 14	Acres a local	
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 7	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655497 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

Rental Information

Reservation Number: 390523682 Driver(b)(6),(b)(7)(C)

Pickup Date/Time: 10/18/2014 08:45 Return Date/Time: 10/20/2014 20:16

Miles/kms: 159

Car Class : MVAR Requested Class : MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2015/DODGE/GRC
 FR548791
 E168859
 796/955/159

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 7	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date



Consolidated Inv. # Rental Agreement # Bill Ref# Invoice Date

3765311 430655517 (b) (7)(E)31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390524728 Driver:(b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 08:24 Return Date/Time: 10/20/2014 20:16

Miles/kms: 232

Car Class : MVAR

Requested Class: MVAR

Vehicle Information

Yr/Make/Model

VIN

ER323189

License No WLT2580

Beg/End/Distance 19666/19898/232

2014/DODGE/GCA Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 7	Total	150.00	
CUSTOMER FACILITY CHARGE 8,00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C) @EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655522 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

RentalInformation

Reservation Number: 390524801 Driver(b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 07:47 Return Date/Time: 10/21/2014 08:00

Miles/kms: 115

Car Class : MVAR

Requested Class : MVAR

Vehicle Information

Yr/Make/Model VIN

2014/DODGE/GCA ER3228

VIN License No ER322820 GDC8085 Beg/End/Distance 14785/14900/115

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail				
Description TIME & DISTANCE	Qty 3	Period DAY	Rate 45.00	Amount 135.00
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00
		Sub 7	otal	150.00
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08
VLCRF 1.30/DAY	3	DAY	1.30	3.90
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75
AUTO RENTAL TAX		PERCENT	12.00	20.52
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68
	Total Charges	(USD)		231.93



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR.

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Fed Taxld:(b) (4)

Consolidated Inv. # Rental Agreement # Bill Ref# Invoice Date

3765311 430655504 (b) (7)(E)31-Oct-2014

Bill Tolnformation

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRINGFIELD, VA - 22150

Rental Information

Reservation Number: 390524402 Driver:(b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 08:45 Return Date/Time: 10/21/2014 11:13

Miles/kms: 444

Car Class: MVAR Requested Class: MVAR Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2014/CHRYSLER/ ER444471 10873/11317/444 697GZV

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	4	DAY	45.00	180.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	4	DAY	5.00	20.00	
		Sub *	Total	200.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	4	DAY	8.00	32.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	22.78	
VLCRF 1.30/DAY	4	DAY	1.30	5.20	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	27.36	
CHICAGO TRANSACTION TAX		PERCENT	8.00	18.24	
	Total Charges	(USD)		308,33	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C) @EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655515 (b) (7)(E) 31-Oct-2014

Bill To Information

DHSS OFFICIAL

ATTN(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

Rental Information

Reservation Number: 390524576 Driver: (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 08:24 Return Date/Time: 10/21/2014 10:54

Miles/kms: 258

Car Class : MVAR Requested Class : MVAR

Vehicle Information

 Yr/Make/Model
 VIN
 License No
 Beg/End/Distance

 2015/DODGE/GRC
 FR548768
 E168753
 1631/1889/258

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	4	DAY	45.00	180.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	4	DAY	5.00	20.00	
		Sub 7	Total	200.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	4	DAY	8.00	32,00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	22.78	
VLCRF 1.30/DAY	4	DAY	1.30	5.20	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	27.36	
CHICAGO TRANSACTION TAX		PERCENT	8.00	18.24	
	Total Charges	(USD)		308.33	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141 (b) (6), (b) (7)(C)_@EHI.COM Payment Terms

Payment Due Within 30 days of invoice date



Rental Agreement # Bill Ref # Invoice Date 3765311 430655498 (b) (7)(E) 31-Oct-2014

Bill Telnformation

DHSS OFFICIAL

ATTN:(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

Rental Information

Reservation Number: 390524083 Driver (b) (6), (b) (7)(C)

Pickup Date/Time: 10/18/2014 08:44 Return Date/Time: 10/20/2014 20:18

Miles/kms: 136

Car Class : MVAR Requested Class : MVAR

Vehicle Information

Consolidated Inv. #

Yr/Make/Model VIN License No Beg/End/Distance 2014/CHRYSLER/ ER343572 592NJU 16427/16563/136

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description	Qty	Period	Rate	Amount	
TIME & DISTANCE	3	DAY	45.00	135.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	3	DAY	5.00	15.00	
		Sub 7	Total	150.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	3	DAY	8.00	24.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	17.08	
VLCRF 1.30/DAY	3	DAY	1.30	3.90	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	20.52	
CHICAGO TRANSACTION TAX		PERCENT	8.00	13.68	
	Total Charges	(USD)		231.93	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430655511 (b) (7)(E) 31-Oct-2014

Bill Tolnformation

DHSS OFFICIAL

ATTM:(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

Rental Information

Reservation Number: 390524508 Driver: (b) (6), (b) (7)(C)

Picku p Date/Time: 10/18/2014 08:45 Return Date/Time: 10/21/2014 11:14

Miles/kms: 135

Car Class: MVAR Requested Class: MVAR

Vehicle Information

Yr/Make/Model VIN License No Beg/End/Distance 2014/CHRYSLER/ ER397896 P7376B 15185/15320/135

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 4	Period DAY	Rate 45.00	Amount 180.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	4	DAY	5.00	20.00	
		Sub 1	Total	200.00	
CUSTOMER FACILITY CHARGE 8.00/DAY	4	DAY	8.00	32.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	22.78	
VLCRF 1.30/DAY	4	DAY	1.30	5.20	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	27.36	
CHICAGO TRANSACTION TAX		PERCENT	8.00	18.24	
	Total Charges	(USD)		308.33	



Remit Payment in USD to EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.



Fed Taxld: (b) (4)

Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date 3765311 430664969 (b) (7)(E) 31-Oct-2014

Bill Tolnformation

DHSS OFFICIAL

ATTN(b) (6), (b) (7)(C)

PO B OX 6500

SPRI NGFIELD, VA - 22150

Rental Information

Reservation Number: 390557350

Driver:(b) (6), (b) (7)(C)

Pickup Date/Time: 10/19/2014 13:01 Return Date/Time: 10/20/2014 06:39

Miles/kms: 62

Car Class : MVAR

Requested Class: MVAR

Vehicle Information

Yr/Make/Model 2014/TOYOTA/SIE VIN

License No

Beg/End/Distance

ES501299 V785315 5619/5681/62

Rental Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL - 60666

Return Branch

CHICAGO OHARE AIRPORT 560 BESSIE COLEMAN DRIVE

CHICAGO, IL-60666

Charge Detail					
Description TIME & DISTANCE	Qty 1	Period DAY	Rate 85.00	Amount 85.00	
GOVERNMENT ADMIN RATE SUPPLEMENT	1	DAY	5.00	5.00	
		Sub	Total	90.00	
CUSTOMER FACILITY CHARGE 8,00/DAY	1	DAY	8.00	8.00	
CONCESSION RECOVERY FEE 11.10 PCT		PERCENT	11.10	10.13	
VLCRF 1.30/DAY	1	DAY	1.30	1,30	
LESSOR TAX 2.75/RNTL	1	RENTAL	2.75	2.75	
AUTO RENTAL TAX		PERCENT	12.00	12.17	
CHICAGO TRANSACTION TAX		PERCENT	8.00	8.11	
	Total Charges	(USD)		132.46	



Remit Payment in USD to

EAN SERVICES LLC

SERVICING ALAMO RENT A CAR

PO BOX 198154

ATLANTA, GA 30384-8154

For Billing Inquiries

Tel#:(877) 530-6141

(b) (6), (b) (7)(C) @EHI.COM

Payment Terms

Payment Due Within 30 days of Invoice date.

THE HERTZ CORPORATION

Phone: Fax:

1-888-333-6820 405-775-6770

E-mail:

CBDEPT@HERTZ.COM

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124

PO BOX 121124

DALLAS, TX 75312-1124

INVOICE

Rental Agreement No: 575720154 Invoice Date: 11/03/2014 Document:

924002183404

Renter: Account No.: CDP No.: CDP Name:

(b) (6), (b) (7)(C) (b) (7)(E)

DHSS

DHSS POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 575720154 G3544618336

Reservation ID: IATA/TACO:

(b) (7)(E)

Special Bill Info:

SOD011.034

MISCELLANEOUS INFORMATION

RENTAL DETAILS

Rate Plan: IN: USGPW Rented On:

OUT: USGPW 10/13/2014 16:23 LOC# 220110

CHICAGO O'HARE AP, IL Returned On:

10/20/2014 20:17 LOC# 220110 CHICAGO O'HARE AP, IL

COROLLA V396040 Car Description:

9161803

Veh. No.:

CAR CLASS Charged: C Rented: C Reserved: C

MILEAGE In: 8,312 Out: 7,965

Driven: 347

RENTAL CHARGES

WEEKS 10 192.00 192.00 EXTRA DAYS 1 0 27.00 27.00 GOV'T ADMIN RATE SUPPLEMENT 40.00 SUBTOTAL 259.00

CONCESSION FEE RECOVERY 31.04 ENERGY SURCHARGE 1.49 CUSTOMER FACILITY CHARGE 64.00

AMOUNT DUE

355.53 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 575720154

REMIT TO:

UNITED STATES

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124

Phone: Pax:

1-888-333-6820 405-775-6770 B-mail: CB CBDEPT@HERTZ . COM Document:

(b) (6), (b) (7)(C) (b) (7)(E)

11/03/2014

924002183404

Account No .:

Invoice Date:

AMOUNT DUE:

Judicial Watch3 - USSS004046

THE HERTZ CORPORATION

Phone: 1-888-333-6820 405-775-6770 E-mail: CBDEPT@HERTZ.COM



Rental Agreement No: 577331650 Invoice Date: 11/03/2014 Document: 934002185912

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124

DALLAS, TX 75312-1124

Renter: Account No.: CDP No.: CDP Name:

(b) (6), (b) (7)(C) (b) (7)(E) 69495 DHSS

POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 577331650 G3544827284 Reservation ID: IATA/TACO: (b) (7)(E)SOD011.034 Special Bill Info:

MISCELLANEOUS INFORMATION

RENTAL DETAILS

Rate Plan: IN: USGP5 OUT: USGP5

10/16/2014 12:59 LOC# 220110 Rented On: CHICAGO O'HARE AP, IL

10/21/2014 05:49 LOC# 220110 CHICAGO O'HARE AP, IL Returned On:

Car Description: SENTRA 1.8 859VPB

Veh. No.: 7557150

CAR CLASS Charged: C MILEAGE In: 4,847

Rented: C Out: 4,560 Reserved: C Driven: 287

RENTAL CHARGES

182.00 182.00 1 0 25.00 GOV'T ADMIN RATE SUPPLEMENT 207.00 SUBTOTAL CONCESSION FEE RECOVERY 24.48 ENERGY SURCHARGE 1.49 CUSTOMER FACILITY CHARGE 40.00

272.97 USD AMOUNT DUE

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 577331650

REMIT TO:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124 UNITED STATES

Phone: 1-888-333-6820 405-775-6770 Fax: B-mail: CH CBDBPT@HERTZ.COM

Document: Account No.:

Invoice Date:

(b) (6), (b) (7)(C) (b) (7)(E)

11/03/2014

934002185912

272.97 USD AMOUNT DUE:

THE HERTZ CORPORATION

1-888-333-6820 Phone: 405-775-6770 Fax: CBDEPT@HERTZ.COM E-mail:

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124

DALLAS, TX 75312-1124



Rental Agreement No: 578312755 Invoice Date: 994002187190 Document:

INVOICE

Renter: Account No .: CDP No. : CDP Name:

(b) (6), (b) (7)(C) (b) (7)(E) 69495

Driven:

DHSS

DHSS POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578312755 G3544171060 Reservation ID: (b) (7)(E) IATA/TACO: Special Bill Info: SOD011:034

MISCELLANEOUS INFORMATION

RENTAL DETAILS

IN: USGPD OUT: USGPD Rate Plan:

10/18/2014 07:52 LOC# 220110 Rented On: CHICAGO O'HARE AP, IL

10/20/2014 19:42 LOC# 220110 CHICAGO O'HARE AP, IL Returned On:

Car Description: N/L GR CRVN2W3N V944653

1006857 Veh. No.:

Reserved: R

In: 2,000 CAR CLASS Charged: R MILEAGE Out: 1,787 Rented: R

RENTAL CHARGES

297,00 3 @ 99.00 GOV'T ADMIN RATE SUPPLEMENT 15.00 SUBTOTAL 312.00 CONCESSION FEE RECOVERY 35.62 ENERGY SURCHARGE 1.49 CUSTOMER FACILITY CHARGE 24.00

AMOUNT DUE 373.11 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 578312755

REMIT TO:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124 UNITED STATES

1-888-333-6820 Phone: Fax: 405-775-6770 E-mail: CBDEPT@HERTZ.COM Renter: Account No.:

Document:

Invoice Date:

11/03/2014

994002187190

373.11 USD AMOUNT DUE:

Judicial Watch3 - USSS004048

THE HERTZ CORPORATION

Phone: 1-888-333-6820 405-775-6770 Fax: CBDEPT@HERTZ.COM E-mail:

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124

DALLAS, TX 75312-1124



Rental Agreement No: 578311646 Invoice Date: 11/03/2014 Document: 934002202960

Renter: Account No.: CDP No.: CDP Name:

 $^{\text{(b) (6)}}_{^{\text{(b) (7)(E)}}}$, (b) (7)(C) 69495 DHSS

Driven:

564

DHSS POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578311646 G35432637D9 Reservation ID: IATA/TACO: (b) (7)(E) Special Bill Info: SOD011.034

MISCELLANEOUS INFORMATION

RENTAL DETAILS

Rate Plan:

IN: USGPD OUT: USGPD 10/18/2014 07:48 LOC# 220110 Rented On:

CHICAGO O'HARE AP, IL

10/23/2014 13:13 LOC# 220110 CHICAGO O'HARE AP, IL Returned On:

Car Description: N/L GR CRVN2W3N V944658

1006907 Veh. No.:

CAR CLASS Charged: R MILEAGE In: 2,247 Rented: Out: 1,683 R

Reserved: R

RENTAL CHARGES 594.00 6 1 99.00 GOV'T ADMIN RATE SUPPLEMENT 30.00 SUBTOTAL 624.00 CONCESSION FEE RECOVERY 71.07 ENERGY SURCHARGE 1.49 CUSTOMER FACILITY CHARGE 48.00

AMOUNT DUE 744.56 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 578311646

REMIT TO:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124 UNITED STATES

Phone: 1-888-333-6820 Fax: 405-775-6770 E-mail: CBDEPT@HERTZ.COM

Document: Renter: Account No.:

Invoice Date:

11/03/2014 934002202960

AMOUNT DUE:

744.56 USD

THE HERTZ CORPORATION

Pax:

Phone: 1-888-333-6820 405-775-6770

E-mail:

CBDEPT@HERTZ.COM

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124

DALLAS, TX 75312-1124

INVOICE

Rental Agreement No: 578358115 Invoice Date: 11/03/2014 904002183671 Document:

Renter: Account No.: CDP No.: CDP Name:

(b) (6), (b) (7)(C) (b) (7)(E)69495 DHSS

DHSS POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578358115 Reservation ID: G35405687F0 (b) (7)(E)IATA/TACO: Special Bill Info: SOD011.034

MISCELLANEOUS INFORMATION

RENTAL DETAILS

Rate Plan:

Returned On:

OUT: USGPD IN: USGPD

Rented On: 10/18/2014 09:22 LOC# 220110 CHICAGO O'HARE AP, IL

10/20/2014 19:53 LOC# 220110 CHICAGO O'HARE AP, IL

Car Description: Veh. No.:

N/LGRCRV2WDVD3N KL9F5L 7522659

CAR CLASS Charged: R Rented: R MILEAGE In: 10,617 Out: 10,417

Reserved: R

Driven: 200

RENTAL CHARGES

297.00 GOV'T ADMIN RATE SUPPLEMENT 15.00 SUBTOTAL 312.00 CONCESSION FEE RECOVERY 35.62 ENERGY SURCHARGE 1.49 CUSTOMER FACILITY CHARGE 24.00

AMOUNT DUE

373,11 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 578358115

Invoice Date:

Document:

Account No.:

Renter:

REMIT TO:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124 UNITED STATES

Phone: Fax:

1-888-333-6820 405-775-6770 E-mail: CBD...
GRCBSOA NEW CBDEPT@HERTZ.COM

AMOUNT DUB:

373.11 USD

11/03/2014

(b) (7)(E)

904002183671 (b) (6), (b) (7)(C)

THE HERTZ CORPORATION

Phone: 1-888-333-6820 405-775-6770 E-mail: CBDEPT@HERTZ.COM



Rental Agreement No: 578312626 Invoice Date: 974002187611

Direct All Inquiries To:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124

Renter: Account No.: CDP No.: CDP Name:

(b) (6), (b) (7)(C) (b) (7)(E) 69495 DHSS

POB 6500 COMM CENTER SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578312626 Reservation ID: G35432541D8 (b) (7)(E)IATA/TACO: Special Bill Info: SOD011.034

MISCELLANEOUS INFORMATION

RENTAL DETAILS

Rate Plan: IN: CRD

IN: CRD OUT: 1854 10/18/2014 07:47 LOC# 220110 Rented On:

CHICAGO O'HARE AP, IL Returned On: 10/20/2014 19:40 LOC# 220110 CHICAGO O'HARE AP, IL

Car Description: SIRYUKONXLAWSNN D745CM

Veh. No.: 1859446

CAR CLASS Charged: T MILEAGE In: 20,746 Rented: T6 Out: 20,537

Reserved: T Driven: 209

RENTAL CHARGES

402.00 3 @ 134.00 GOV'T ADMIN RATE SUPPLEMENT 15.00 SUBTOTAL 417.00 CONCESSION FEE RECOVERY 47.29 ENERGY SURCHARGE I.49 CUSTOMER FACILITY CHARGE 24.00

AMOUNT DUE 489.78 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

Rental Agreement No: 578312626

REMIT TO:

THE HERTZ CORPORATION COMMERCIAL BILLING DEPT 1124 PO BOX 121124 DALLAS, TX 75312-1124 UNITED STATES

Phone: 1-888-333-6820 405-775-6770 Fax: E-mail: C CBDEPT@HERTZ . COM

Document: Account No.:

Invoice Date:

(b) (6), (b) (7)(C) (b) (7)(E)

11/03/2014

974002187611

AMOUNT DUE: 489.78 USD

00247967-4

CHILTER PARE, IT 000006017

12 TOYOTA COROLLA

:77-283-0898

Rate: GOVD CL9: IDAE SEPTZ
FUEL INVEL IN: FULL
FUEL IVEL OUT: FULL
MILERGE IN: 64294
TOTAL MIS DRIVEN: 996
VEH. CONDITION IN: SEE ATRACEED

IL COMED AT

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

MILE AT LESS TERRO ------

(b) (7)(E)

19/17/2014 1929 19/29/2014 1887 4 Dys 8 14.00 56.00 Days 56.00 TOTAL T & M 26.29 20-000% STATE TAY 20.00 GARS 4 Dyse 5.00 35,56 Place Jago Li .55 HOTOR VEHTAL . 55 I Ime 4 0988 8.00 CUSTOMER FAC 4 Dyse 1.26 5.04 ASSICTE PICS

okey to pry in IL (b) (6). (b) (7)(C)

LOSS DAMAGE TACLUDED

APCONNECTEE 11.100% 13.43 UNDER REE 25 INCLUDED

ADD'L DRIVER INCLUDED **TOTAL CHARGES**

194-27

NET DUE

194.27

PRIVING RESTRICTED TO COMINENTAL US,

LASHGA AND CANACA.

(b) (7)(E)

JILTIT/331

ID: 9020215296

TREDIT CARD/CASE PAYMENTS

15/20020215206/Kh/ 154_27/10/29/2014

ZERO BALANCE

0.00

JYAR21/331 49526092

00248059-0

CHILLER PARK, IL 009006917

CHEVROLE CRULE

177-223-0895

RATE: SOVE CLS: IOAR, 910091
FUEL LEVIL IR: FULL
FUEL HVIL OUT: FULL
MITERSE IN: 28402
MITERSE OUT: 28266
TOTAL MIS DRIVEN: 142
VER, CONDITION IN:
SEE ETTACHED

TIME IN 10/18/2014 1443 10/20/2014 0501 TIME OUT 2 Dys @ TOTAL I & H 9.00 STATE TEX 20.0000 .95 MOTOR VERTAX 16.00 2 Dys# 2.00 CUSTOMER FAC 2.52 2 Dyså 1.26 VEHICLE LICE 10.00 5.00 2 Dysi INCLUCED LOSS DAMAGE

OKRY & PRY
IN ITO (6), (6) (7)(C)

1-9-15

TA CLOSED AT

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

ADD'L DRIVER INCLUDED

PATHENTS

APCONRECTEE 11.100%

LOD'L DRIVER: Mone

(b) (7)(E)

NET DUE

70.57 70.97

4.50

TOD TO

DRIVING RESTRICTED TO CONTINUENTAL US,

ALASSA, AND CANADA

(b) (7)(E)

CREDIT CARD/CASE PAYMENTS

BB/A0020215206/NR/ 70.97/10/20/2014

TERO BALANCE

0.00

135 PJ083T/331 ID:00Z0Z15Z96 495Z6D92

HROBSI/335

TIME OUT

CEICAGO, IL 60666

ZI307057-2

TIME IN

147-73

0.00

MAZOA MAZDA 3

(2661 434-2326

RA CLOSED AT CHICAGO O'HARE FIELD

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

ADD'L DEIVER: NORE

(b) (7)(E)

DS

ID:DC5623

Rate: GOVD Cla: IDAR REBIZ FUEL LEVEL IN: FULL FUEL LEVEL OUT: FULL MITERGE IN: MILENGE OUT: 45703 TOTAL HLS DRIVEN: THE CONDITION IN: SEE ATTACHED

11/23/2014 1122 11/25/2014 2004 **CHARGES** 3 Dys 8 14.00 42.00 TOTAL T & M 42-00 STATE TAX 20.000% 20.16 GARS 3 Dyse 5.00 3 Dyse 9.99 15.00 PLATEPASS AL 29.97 HOTOR VIE TA 1 Itm8 2.75 2.75 CUSTOMER FAC 3 Dys8 2.00 3 Dys8 1.26 24.00 VEHICLE LICE 3.73 LOSS DAMAGE INCLUCED APCONRECTEE 11.100% 10-07 UNDER AGE 25

ADD'L DRIVER INCLUDED **TOTAL CHARGES **

MET DUE 147-73 PARMENTS -147-73

DRIVING RESIRICIED TO CONTINENTAL US,

ALASKA, AND CANADA

CREDIT CARD/CASH PATHENTS

AB/ADC5623/NA/ 147.73/11/25/2014

ZERO BALANCE CCCLUH/011 233445/011

49526002

CHICAGO, IL

TOTOTA

(266) 434-2226

RA CLOSED AT

CHICAGO O'HAME FIELD

HERTZ Rate: GOVE CLS: IDAR FUEL LEVEL IN: FULL FUEL LEVEL OUT: FULL MILEAGE OUT: 23976 1093 TOTAL MLS DRIVEN: VEH. CONDITION IN:

SEE ATTACHED

TIME IN TIME OUT 11/22/2014 1205 11/25/2014 1934 TOTAL T & E 126.00 33.56 20-000% STATE TAX 20-00 Z-75 32-00 4 Dys8 5.00 1 Itm8 2.75 4 Dys8 3.00 GARS MOTOR VER TA CUSTOMER FAC 4 Dys0 1.26 VEHICLE LICE 5.04 LOSS DAMAGE THETEDED

APCONRECTE 11.100%

UNDER AGE 25 INCLUDED ADD'L ORIVER INCLUDED

TOTAL CHARGES 236-12 236-12 MEI DUE

-236.12 PATHENTS

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

(b) (7)(E)LOD'L DRIVER: BORG

DRIVING RESTRICTED TO CONTINENTAL US,

ALASEA, AND CANADA

CREDIT CARD/CASH PAYMENTS

AB/ADCS 623/WA/ 236.12/11/25/2014

ZERO BALANCE

0-00

16.77

CCOLUM/011 ID:DCS623

233445/011 49526002