

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0186-14-11

- ☒ 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

N/A

Oracle Applications - Welcome to TOPS
File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number	10000144455
Currency	USD
Amount	2165.00
Date	24-JUN-2014
Batch	JN2314SE01
Voucher	
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier

Name	RESIDENCE INN BY MARRIOTT	
Taxpayer ID	(b) (4)	
Number		Site 60611MARRIO1
Address	201 EAST WALTON PLACE ATT: (b) (6), (b) (7)(C) CHICAGO, IL 60611	

Bank

Name	TREASURY
Account	Treasury Payments Account
Payment Document	Treasury CCDP Pmt
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432548	2165.00	24-JUN-2014	20160103401861411

Invoice Overview

Bank

Supplier

Payments

Record: 1/1
<OSC>

Start
Inbox - joan.prt...
Oracle Applicati...
Oracle Applicati...
S1 - USSS Main...
Oracle Applica

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



Residence Inn by Marriott
 Chicago Downtown
 Magnificent Mile

Chicago, IL 60611

DATE

T 312.943.9800

6/12/14

Invoice Number : 5713500007618

Us Secret Service
 Attn: (b) (6), (b) (7)(C), (b) (7)(E)
 525 W Van Buren Suite (b) (7)(E)
 Chicago, IL 60607

Invoice Date : 23May14
 Invoice Total : (b) (7)(E)
 Direct Bill : USSECL5
 Contract # :

\$433.00
 X Y (b) (7)(E)
 \$2165.00

CkOut Date	Nights	Guest Name	Folio Number	Folio Balance
------------	--------	------------	--------------	---------------

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

(b) (7)(E)

HT1432548

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

Last Day =

Room Rate = (b) (7)(E)

Room Rate x Total # of Nights = (b) (7)(E)

Total Taxes + Misc. Events =

(b) (7)(E)

305.00

\$2,165.00

\$1860.00

Current	31 - 60	61 - 90	Over 90	Total Due
(b) (7)(E)				

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

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.

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

Obtained via FOIA by Judicial Watch, Inc.

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

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CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0006-15-11

- ☒ 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

N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help



Payment Overview (US SECRET SERVICE (USSS))

Number 500990
 Currency USD
 Amount 7036.50
 Date 30-OCT-2014
 Batch OT2914SE03
 Voucher 989
 Status Negotiable
 Cleared Amount
 Cleared Date
 Void Date
 Maturity Date

Supplier

Name HARD ROCK HOTEL CHICAGO LLC
 Taxpayer ID (b) (4)
 Number Site 60601HARDRO
 Address 230 NORTH MICHIGAN AVENUE
 CHICAGO, IL 60601
 United States

Bank

Name KC FINANCE CENTER
 Account KC RFC FY2015
 Payment Document Treasury ACH 2
 Payment Method Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1533058	7036.50	30-OCT-2014	20160103400061511

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

<OSC>



Inbox - Joan, pri...



Oracle Applicati...



Oracle Applicati...



Computer



Windows Media...



S1 - US



PARTIAL PAYMENT ☐ FINAL PAYMENT ☒
 PO/CN/TN/OTHER # _____
 GOODS AND/OR SERVICES RECEIVED ARE
 ACCEPTABLE.
 DATE 10/15/14
 CHICAGO SAIC - CHI

United States Secret Service

Invoice

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

Total Amount Due

\$7,036.50 ✓

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,

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

REMIT PAYMENT TO:

Hard Rock Hotel
 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

First day: (b) (7)(E)
 Last day:

(b) (7)(E)

(b) (7)(E) (b) (7)(E)

September \$3,649.²⁰ + \$3387.³⁰ = \$7,036.⁵⁰
 October 4
 \$3,387.³⁰



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

U.S. AIR CTR. NEW YORK
 2014 OCT -6 AM 9:46
 CHICAGO FIELD OFFICE



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)						
Balance Due						7,036.50

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 and Over
7,036.50	0.00	0.00	0.00	0.00



U.S. DEPT. OF JUSTICE
 2014 OCT -6 AM 9:14
 CHICAGO FIELD OFFICE

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

Obtained via FOIA by Judicial Watch, Inc.

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TRAVEL CARD WORKSHEET										
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	HOTEL NAME	DATE	TOTAL PAID	TAX ID #

(b) (7)(E), (b) (4)

FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	HOTEL NAME	DATE	TOTAL PAID	TAX ID #
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(b) (7)(E), (b) (4)

Total	\$94,070.60
Credits	\$65.38
Statement Total	\$94,005.22



THE WHITEHALL HOTEL

Chicago's True Independent Boutique Hotel

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)			(b) (7)(E)
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT

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

10/30/2014

Visa

Visa

(\$2,258.20)

CHICAGO FILED
2014 NOV -3 PM 2:30
U.S. DISTRICT COURT
N.D. ILL.

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.



THE WHITEHALL HOTEL

Chicago's True Independent Boutique Hotel

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	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/28/2014	10/30/2014	(b) (7)(E)			(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.



THE WHITEHALL HOTEL

Chicago's True Independent Boutique Hotel

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	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/28/2014	10/30/2014	(b) (7)(E)			(b) (7)(E)
DATE	DESCRIPTION	NOTES	AMOUNT		

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

OTHER
10/30/2014

OTHER CHARGES
Visa

Visa

\$-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) THE WHITEHALL HOTEL, LLC		
Business name/disregarded entity name, if different from above THE WHITEHALL HOTEL		
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		
<input type="checkbox"/> Exempt payee		
Address (number, street, and apt. or suite no.) 105 E. DELAWARE PL. City, state, and ZIP code CHICAGO, IL 60611		Requester's name and address (optional)
List account number(s) here (optional)		

Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	
Social security number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	Employer identification number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px; text-align: center; color: red; font-weight: bold;"> (b) (4) </div>

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form 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	
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 failed 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 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),
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
- 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.

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)

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

Date	Time	Reference	Description	Amount
(b) (6), (b) (7)(C), (b) (7)(E)				

Continued on the next page

CHICAGO, ILL. 60611
2014 OCT 28 AM 11:07
U.S. SECRET SERVICE

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

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

Date	Time	Reference	Description	Amount
(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 : 3

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

Folio ID : (b) (7)(E)

No. Of Guest:

Room Number :

Room Rate :

Club Account:

Invoice Nbr: 1508238

Arrive Date: 18-OCT-14

Depart Date: 27-OCT-14

Date	Time	Reference	Description	Amount
(b) (6), (b) (7)(C), (b) (7)(E)				
28-OCT-14	09:13	VI	Visa	-18,904.40
*** 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

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

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

The Westin Chicago Northwest

400 Park Blvd.
Itasca, IL, 60143
Phone: (630) 773-4000 x
Fax: (630) 773-4087

EO #: 6480-3324035402

Event Check #: 6480-3331568372

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)	Contact: (b) (6), (b) (7)(C)
EO Name:	Phone:
Address: 525 West Van Buren St., Suite (b) (7)(E) Chicago IL, 60607 USA Minor Outlying Islands	Fax:
Payment Method: Credit Card	Onsite Contact:
PMS Group Code: (b) (7)(E)	Onsite Phone:
Department: Banquets	Event Seller: (b) (6), (b) (7)(C)
	Event Servicer: (b) (6), (b) (7)(C)

(b) (7)(E)

Quantity	Item	Unit Price	Total Price
----------	------	------------	-------------

(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 COPY

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: (b) (6), (b) (7)(C)
DRO No: 3624-3523
Sales Representative: (b) (6), (b) (7)(C)
Hotel CS Manager:
Hotel Sales Manager:

DRO Date: 10/18/2014
Show Name: (b) (7)(E)
Show Location: **Westin Chicago Northwest**
400 Park Blvd
Itasca, IL 60143

Conveyance Method: Pickup
Billing Method: Master

(b) (7)(E)

\$765.00

*Service Charges are NOT gratuities 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

DRO No:

(b) (7)(E)

Total:

\$765.00

Page 2 of 3

Marlborough

Relates to Job(s): 3624-4194

(b) (7)(E)

Total

\$765.00

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

Thank you for your business.

PSAV

Prepared For:

United States Secret Service

DRO No:

(b) (7)(E)

Total:

\$765.00

Page 3 of 3

Approved By: _____

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 must be received prior to delivery of equipment to Customer/show site.

Acceptance Signature

Date of Acceptance

Form W-9
(Rev. October 2007)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Crossroads Hospitality Management Company, LLC as agent for WCHNW LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership

☒ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) **P-C**

☐ Other (see instructions) **P**

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

400 Park Boulevard

City, state, and ZIP code

Itasca, Illinois 60143

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failed 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** other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See instructions on page 4.

Sign Here

Signature of
U.S. person

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

Date

10/29/14

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:

- 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
- 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
- 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.

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,

Ex-1000

Cat. No. 10231X

Form **W-9** (Rev. 10-2007)

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

HLT O'Hare LLC

Business name/disregarded entity name, if different from above

d/b/a Hilton Chicago O'Hare Airport

Check appropriate box for federal tax classification:

- ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
- ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
- ☐ Other (see instructions) ▶

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting
code (if any) _____

Address (number, street, and apt. or suite no.)

P.O. Box 66414

City, state, and ZIP code

Chicago, IL 60666

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Employer identification number

(b) (4)

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 failed 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 3.

Sign
Here

Signature of
U.S. person ▶

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

Date ▶

1-16-14

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),
- 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 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.

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



U. S. Secret Svc	Page Number	1		
10000 Memorial	Guest Number	(b) (7)(E)	Arrive Date	10-16-2014
Suite (b) (7)(E)	Folio ID		Depart Date	10-24-2014
Houston, TX 77024	No. Of Guest			
	Room Number			

Invoice

Date	Reference	Description	Charges	Credits
10-16-2014	VI	Visa		\$-9,484.27

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

10-23-2014	VI	Visa		\$-225.99
		** Total	\$9,710.26	\$-9,710.26
		** Balance	\$-0.00	
			Total \$9,484.27	

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

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



U. S. Secret Svc	Page Number	2		
10000 Memorial	Guest Number	(b) (7)(E)	Arrive Date	10-16-2014
Suite (b) (7)(E)	Folio ID		Depart Date	10-24-2014
Houston, TX 77024	No. Of Guest			
	Room Number			

Invoice

EXPENSE SUMMARY REPORT
Currency: USD

Date	Room & Tax	Food & bev	Telecom	Other	Total	Payment
(b) (6), (b) (7)(C), (b) (7)(E)						
Total	\$0.00	\$0.00	\$0.00	\$9,710.26	\$9,710.26	\$-9,710.26

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

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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
Aloft Hotel Chicago City Center

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
☐ Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
515 N Clark St.

City, state, and ZIP code
Chicago, IL 60654

List account number(s) here (optional)

Requester's name and address (optional)
Aloft Chicago 3800-501170
62960 Collection Drive
Chicago, IL 60693-0960

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For Individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--

Employer identification number

--	--	--	--

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failed 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 6/14/13

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:

- 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
- 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
- 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.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

W-9

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HHP-Schaumburg, LLC.

Business name/disregarded entity name, if different from above
Embassy Suites Schaumburg

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
☐ Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
1939 N. Meacham Road

City, state, and ZIP code
Schaumburg, IL 60173

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 failed 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 3.

Sign Here Signature of U.S. person ▶

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

Date ▶

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/w9 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:

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, 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.

EMBASSY

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

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10/21/2014 Page: 1

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GOV GROUP

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

CHICAGO IL 60607
UNITED STATES OF AMERICA

GTT

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10/21/2014 Page: 2

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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: 3

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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: 4

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GOV GROUP

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UNITED STATES OF AMERICA

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10/17/2014 12:00:00 AM

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10/21/2014 Page: 5

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

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

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10/17/2014 12:00:00 AM
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10/21/2014 Page: 6

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

-7,453.48

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)
PD ROSEMONT ASSOCIATES, LLC

Business name/disregarded entity name, if different from above
DBA EMBASSY SUITES HOTEL O'HARE ROSEMONT

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **P**
☐ Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
5500 NORTH RIVER ROAD

City, state, and ZIP code
ROSEMONT ILLINOIS 60018

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

(b) (4)

Part II Certification

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- 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 exempt from FATCA reporting is correct.

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Sign Here **Signature of U.S. person ▶**

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

Date ▶ 2/26/14

General Instructions

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- 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

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DOUBLESTAGE

Obtained via FOIA by 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

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Rate Plan:

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10/21/2014 Page: 1

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-12,495.54

5460 N. RIVER ROAD
ROSEMONT, IL 60018
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525 W VAN BUREN SUITE (b) (7)(E)
CHICAGO IL 60607
UNITED STATES OF AMERICA

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5460 N. RIVER ROAD
ROSEMONT, IL 60018
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10/21/2014 Page: 3

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UNITED STATES OF AMERICA

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5460 N. RIVER ROAD
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5460 N. RIVER ROAD
ROSEMONT, IL 60018
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UNITED STATES OF AMERICA

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10/21/2014 Page: 6

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

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CHICAGO IL 60607
UNITED STATES OF AMERICA

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10/21/2014 Page: 8

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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:
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10/21/2014 Page: 9

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BALANCE

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

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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)
PD ROSEMONT ASSOCIATES 2, LLC

Business name/disregarded entity name, if different from above
DBA DOUBLETREE HOTEL CHICAGO O'HARE ROSEMONT

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **P**
☐ Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
5460 NORTH RIVER ROAD

City, state, and ZIP code
ROSEMONT ILLINOIS 60018

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

	-		-

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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), and
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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 failed 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 3.

Sign Here **Signature of U.S. person ▶**

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

Date ▶

2/26/14

General Instructions

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

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Purpose of Form

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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).
- 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

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

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

Obtained via FOIA by Judicial Watch, Inc.

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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HHP-Schaumburg, LLC.

Business name/disregarded entity name, if different from above
Embassy Suites Schaumburg

Check appropriate box for federal tax classification.
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
☐ Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
1939 N. Meacham Road

City, state, and ZIP code
Schaumburg, IL 60173

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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Social security number

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Sign Here Signature of U.S. person ▶

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

Date ▶

10/11/13

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Hyatt Place Chicago/River North
66 W. Illinois Street
Chicago, IL 60654
Phone: 312.755.1600
Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

U.S. SECRET SERVICE
2014 OCT 23 AM 11:34
CHICAGO FIELD OFFICE

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.

Date	Description	Charges	Credits
------	-------------	---------	---------

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



Hyatt Place Chicago/River North
66 W. Illinois Street
Chicago, IL 60654
Phone: 312.755.1600
Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

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. 2 of 7

Folio Window (b) (7)(E)

Confirmation No.

Group Name United States Secret Service Oct.

Folio No.

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



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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. 3 of 7

Folio Window (b) (7)(E)

Folio No.

Confirmation No.

Group Name United States Secret Service Oct.

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



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Chicago, IL 60654
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US SECRET SERVICE
2014 OCT 23 AM 10:05
CHICAGO RIVER NORTH OFFICE

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.

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



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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. 5 of 7

Confirmation No.

Folio Window (b) (7)(E)

Group Name United States Secret Service Oct.

Folio No.

Date	Description	Charges	Credits
------	-------------	---------	---------

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



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66 W. Illinois Street
Chicago, IL 60654
Phone: 312.755.1600
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www.chicagorivernorth.place.hyatt.com

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. 6 of 7

Folio Window (b) (7)(E)

Confirmation No.

Group Name United States Secret Service Oct.

Folio No.

Date	Description	Charges	Credits
------	-------------	---------	---------

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



**HYATT
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Hyatt Place Chicago/River North
66 W. Illinois Street
Chicago, IL 60654
Phone: 312.755.1600
Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

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

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)			
10-22-14	Visa	XXXXXXXXXXXX1673 XX/XX	9,936.08

Total	9,936.08	9,936.08
--------------	----------	----------

Guest Signature

Balance	0.00
----------------	------

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.

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.

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

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)
Clargan LLC

Business name/disregarded entity name, if different from above
Hyatt Place Chicago River North

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
☐ Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
66 W Illinois St.

City, state, and ZIP code
Chicago, IL 60654

Requester's name and address (optional)
HP River North 2405-501170
62960 Collection Drive
Chicago, IL 60693-0960

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failed 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 ▶ 6/14/13

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:

- 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
- 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
- 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.

TRAVEL CARD WORKSHEET										
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	HOTEL NAME	DATE	TOTAL PAID	TAX ID #
(b) (7)(E), (b) (4)										

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

OK
10/12/14

CV-8-110 03-100-1101



Obtained via FOIA by Judicial Watch, Inc.
Hyatt Place Chicago/River North
66 W. Illinois Street
Chicago, IL 60654
Phone: 312.755.1600
Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

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
------	-------------	---------	---------

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



Hyatt Place Chicago/River North
 66 W. Illinois Street
 Chicago, IL 60654
 Phone: 312.755.1600
 Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

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. 2 of 5
 Folio Window (b) (7)(E)
 Folio No. (b) (7)(E)

Date	Description	Charges	Credits
------	-------------	---------	---------

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



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Fax: 312.755.1601
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INFORMATION INVOICE

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

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

Arrival 10-02-14

Departure 10-02-14

Page No. 3 of 5

Confirmation No.

Folio Window (b) (7)(E)

Group Name

Folio No. (b) (7)(E)

Date	Description	Charges	Credits
------	-------------	---------	---------

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



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INFORMATION INVOICE

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

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

Arrival 10-02-14

Departure 10-02-14

Page No. 4 of 5

Confirmation No.

Folio Window (b) (7)(E)

Group Name

Folio No. (b) (7)(E)

Date	Description	Charges	Credits
------	-------------	---------	---------

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



Hyatt Place Chicago/River North
 66 W. Illinois Street
 Chicago, IL 60654
 Phone: 312.755.1600
 Fax: 312.755.1601
www.chicagorivernorth.place.hyatt.com

INFORMATION INVOICE

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

Room No. (b) (7)(E)
 Arrival 10-02-14
 Departure 10-02-14
 Page No. 5 of 5
 Folio Window (b) (7)(E)
 Folio No. (b) (7)(E)

Confirmation No.

Group Name

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

10-02-14	Visa	XXXXXXXXXXXX (b) (7)(E) XX/XX	2,000.00
10-02-14	Visa	XXXXXXXXXXXX XX/XX	5,505.60

Total	7,505.60	7,505.60
--------------	----------	----------

Guest Signature

Balance	0.00
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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 goldpassport.com

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 Hyatt Place Chicago River North		
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		
<input type="checkbox"/> Exempt payee		
Address (number, street, and apt. or suite no.) 66 W Illinois St.		Requester's name and address (optional) HP River North 2405-501170
City, state, and ZIP code Chicago, IL 60654		62960 Collection Drive Chicago, IL 60693-0960
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failed 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 ▶ 6/14/13

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:

- 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
- 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
- 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.

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

Obtained via FOIA by Judicial Watch, Inc.

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)
HHP-Schaumburg, LLC.

Business name/disregarded entity name, if different from above
Embassy Suites Schaumburg

Check appropriate box for federal tax classification.
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
☐ Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
1939 N. Meacham Road

City, state, and ZIP code
Schaumburg, IL 60173

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
 [] [] [] - [] [] [] - [] [] [] [] [] []

Employer identification number
(b) (4)

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 failed 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 3.

Sign Here **Signature of U.S. person** **Date** **(b) (6), (b) (7)(C)** **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/w9 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).
- 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 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.



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: MMB

Arrive: 29Sep14
Time: 05:38PM
Depart: 06Oct14

Date
Description

Time: 01:59PM
Folio Number: (b) (7)(E)
Charges

06Oct14

Visa
Card #: VXXXXXXXXXXXXX (b) (7)(E) XXXX
Amount: 12000.00 Auth: 042469 Signature on
File

Credits

12000.00

(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

Depart: 06Oct14

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

(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

Depart: 06Oct14

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

(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

Depart: 06Oct14

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

(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

Depart: 06Oct14

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

(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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Rate: \$0.00

Clerk: MMB

Time: 01:59PM

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

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Fairfield Inn & Suites by Marriott
Chicago Downtown / River North

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312.836.1700



Secret Service

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Credits

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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

Time: 05:38PM

Depart: 07Oct14

Time: 08:08AM

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

Date

Description

Charges

Credits

06Oct14

Visa

Card #: VXXXXXXXXXXXXX (b) (7)(E) XXXX

Amount: 12000.00 Auth: 050711 Signature on

File

12000.00

07Oct14

Visa

Card #: VXXXXXXXXXXXXX (b) (7)(E) XXXX

Amount: 3340.62 Auth: 050144 Signature on

File

3340.62

(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

Room: (b) (7)(E)

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

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

Rate: \$0.00

Clerk: AHS

Arrive: 29Sep14

Time: 05:38PM

Depart: 07Oct14

Time: 08:08AM

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

Date

Description

Charges

Credite

(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

Room: (b) (7)(E)

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

Rate: \$0.00

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312.836.1700



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(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.

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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Clargan LLC

Business name/disregarded entity name, if different from above

Fairfield Inn by Marriott Chicago River North

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

60 W Illinois St.

City, state, and ZIP code

Chicago, IL 60654

List account number(s) here (optional)

Requester's name and address (optional)

FF River North 1664-501170

62960 Collection Drive

Chicago, IL 60693-0960

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failed 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.

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

Sign Here

Signature of
U.S. person ▶

Date ▶

6/14/13

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:

- 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
- 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
- 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.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____

DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0186-1U-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)

2014
Direct
Billing

Oracle Applications - Welcome to TOPS																				
File Edit View Folder Tools Window Help																				
Payment Overview (US Secret Service)																				
Number	10000144445																			
Currency	USD																			
Amount	422.74																			
Date	24-JUN-2014																			
Batch	JN2314SE01																			
Voucher																				
Status	Negotiable																			
Cleared Amount																				
Cleared Date																				
Void Date																				
Maturity Date																				
Supplier <table border="1"> <tr> <td>Name</td> <td colspan="3">EMBASSY SUITES - SCHAUMBURG</td> </tr> <tr> <td>Taxpayer ID</td> <td colspan="3">(b) (4)</td> </tr> <tr> <td>Number</td> <td></td> <td>Site</td> <td>60173EMBASS</td> </tr> <tr> <td>Address</td> <td colspan="3">1939 N. MEACHAM RD SCHAUMBURG, IL 60173</td> </tr> </table>					Name	EMBASSY SUITES - SCHAUMBURG			Taxpayer ID	(b) (4)			Number		Site	60173EMBASS	Address	1939 N. MEACHAM RD SCHAUMBURG, IL 60173		
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Taxpayer ID	(b) (4)																			
Number		Site	60173EMBASS																	
Address	1939 N. MEACHAM RD SCHAUMBURG, IL 60173																			
Bank <table border="1"> <tr> <td>Name</td> <td colspan="3">TREASURY</td> </tr> <tr> <td>Account</td> <td colspan="3">Treasury Payments Account</td> </tr> <tr> <td>Payment Document</td> <td colspan="3">Treasury CCDP Pmt</td> </tr> <tr> <td>Payment Method</td> <td colspan="3">Electronic</td> </tr> </table>					Name	TREASURY			Account	Treasury Payments Account			Payment Document	Treasury CCDP Pmt			Payment Method	Electronic		
Name	TREASURY																			
Account	Treasury Payments Account																			
Payment Document	Treasury CCDP Pmt																			
Payment Method	Electronic																			
Invoices																				
Number	Amount Paid	GL Date	Description																	
33143	422.74	24-JUN-2014	20160103401861411																	
<div> <div>Invoice Overview</div> <div>Bank</div> <div>Supplier</div> <div>Payments</div> </div>																				
Record: 1/1 ... <OSC>																				
<div> <div>Start</div> <div>Inbox - joan.pri...</div> <div>Oracle Applicati...</div> <div>Oracle Applicati...</div> <div>S1 - USSS Main...</div> <div>Oracle Applica</div> </div>																				



EMBASSY SUITES
HOTELS®

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 # 33143
INVOICE DATE 5/27/2014
CURRENT DATE 5/27/2014
YOUR ACCOUNT # (b) (7)(E)
YOUR P/O #

PAGE 1

DATE	FOLIO	DESCRIPTION	AMOUNT
------	-------	-------------	--------

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

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒
PO/CN/TH/OTHER #
GOODS AND/OR SERVICES RECEIVED ARE
ACCEPTABLE.

DATE GOODS REC'D

SAIC - CHI

FOR FRANK P. BENEDETTO

6/16/14
DATE

2014 JUN 13 AM 9:35
CHICAGO FIELD OFFICE

U.S. SECRET SERVICE

I
N
V
O
I
C
E

HT1432545
First Day: (b) (7)(E)
Last Day:
Room Rate

(b) (7)(E)

(b) (7)(E)

PHL -

PAYMENT DUE UPON RECEIPT

422.74

PLEASE PAY THIS AMOUNT

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT:



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 prompt 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 aren't 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 inquiry has 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 Hotel's 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 correct.

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.

U.S. SECRET SERVICE
2014 JUN 13 AM 9:35
CHICAGO FIELD OFFICE

I
N
V
O
I
C
E

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: POTUS DATE(S) OF VISIT:

TRIP #: 201-601-034-0186-14-11

- ☒ 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

N/A

Oracle Applications - Welcome to TOPS
File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number	10000144480
Currency	USD
Amount	19052.00
Date	25-JUN-2014
Batch	JN2414SE01
Voucher	
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier

Name	HILTON AND TOWERS CHICAGO
Taxpayer ID	(b) (4)
Number	Site 60605HILTON
Address	720 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605

Bank

Name	TREASURY
Account	Treasury Payments Account
Payment Document	Treasury CCDP Pmt
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432547	19052.00	25-JUN-2014	20160103401861411

Invoice Overview
Bank
Supplier
Payments

Record: 1/1
<OSC>

Start
Inbox - Joan.pri...
Oracle Applicati...
Oracle Applicati...
S1 - USSS Main...
Oracle Applica



PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

PO/CN/TN/OTHER # _____

GOODS AND/OR SERVICES RECEIVED ARE
ACCEPTABLE

DATE GOODS RECEIVED _____

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

SATC - CHI

DATE

6/16/14

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

FOR FRANK BENEDETTO

INVOICE NUMBER:

CUSTOMER ID:

SSU

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)

19,052.00

0.00

HT1432547

Room Rate (b) (7)(E)

First Day:

Last Day:

Room Rate x total # nights: (b) (7)(E)

(b) (7)(E)

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 exp

ORIGINAL
(b) (7)(E)

nights = (b) (7)(E)

(\$19,052) ✓

ORIGINAL DATE: 6/4/2014

**HILTON CHICAGO
STATEMENT OF GUEST FOLIO CHARGES
UNITED STATES SECRET SERVICE**

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)

HILTON

ORIGINAL DATE: 6/4/2014

HILTON CHICAGO
STATEMENT OF GUEST FOLIO CHARGES
UNITED STATES SECRET SERVICE

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)

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

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.



U. S. Secret Service

CHICAGO FIELD OFFICE

Telephone: (312) 353-5431 - Main

FAX: (312) 353-1225

U.S. SECRET SERVICE
2014 JUN 20 PM 3:00
CHICAGO FIELD OFFICE

To: **FMD-(b) (6), (b) (7)(C)**

Date: **June 20, 2014**

From: **CHICAGO FIELD OFFICE - (b) (6), (b) (7)(C)**

Pages to follow: **4**

Subject: **HILTON AND TOWERS HOTEL**

Message:

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

**ATTACHED TO FAX IS THE INVOICE AND STATEMENT OF GUEST FOLIO
CHARGES FOR THE ABOVE HOTEL. AMOUNT ENTERED IN TOPS ON 6/20/14, WAS
\$19,052.00. PO # IS HT1432547. THANKS.**

Reply Requested: ☐ YES ☐ NO

NOTE: This message is intended only for the use of the individual to whom (or the entity to which) it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or 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 U.S. Postal Service at the address listed above. Thank you.

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
N/A

File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number10000141979
CurrencyUSD
Amount422.74
Date21-APR-2014
BatchAR1814SE01
Voucher
StatusNegotiable
Cleared Amount
Cleared Date
Void Date
Maturity Date

Supplier
NameEMBASSY SUITES - SCHAUMBURG
Taxpayer ID(b) (4)
Number
Site60173EMBASS
Address1939 N. MEACHAM RD
SCHAUMBURG, IL 60173

Bank
NameTREASURY
AccountTreasury Payments Account
Payment DocumentTreasury CCDP Pmt
Payment MethodElectronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432396	422.74	21-APR-2014	20160103401441411

Invoice Overview

Bank

Supplier

Payments

Record: 1/1
<OSC>

Inbox - joan.pr...

Oracle Applicat...

Oracle Applicat...

S1 - USSS Main...

Oracle Applica



**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 (b) (7)(E) 2014. If you have any questions, please let me know

Thank you

Shannon

PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒
PO/CN/TN/OTHER # _____
GOODS AND/OR SERVICES RECEIVED ARE
ACCEPTED ☒
DATE 4/16/14

SAIC - CHI (b) (6), (b) (7)(C) 4/16/14
DATE

FOR FRANK P. BENEDETTO

CHICAGO FIELD OFFICE
2014 APR 16 PM 2:19
U.S. DEPT. OF JUSTICE

HT 1432396

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

Last Day =

Room Rate =

Room Rate x Total # of Nights

(b) (7)(E)

Total Taxes + Misc. Exp. (b) (7)(E)

(b) (7)(E)

\$422.74

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____

DATE(S) OF VISIT: _____

TRIP #: 201-601-034-044-14-11

- ☒ 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

N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number10000141996

CurrencyUSD

Amount433.00

Date21-APR-2014

BatchAR1814SE01

Voucher

StatusNegotiable

Cleared Amount

Cleared Date

Void Date

Maturity Date

Supplier

NameMID CITY PLAZA, LLC

Taxpayer ID(b) (4)

NumberSite60661CROWN

AddressDBA CROWNE PLAZA CHICAGO METRO 733 WEST MADISON CHICAGO, IL 60654

Bank

NameTREASURY

AccountTreasury Payments Account

Payment DocumentTreasury CCDP Pmt

Payment MethodElectronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432399	433.00	21-APR-2014	20160103401441411

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

<OSC>

Start

Inbox - joan.pr...

Oracle Applicati...

Oracle Applicati...

S1 - USSS Main...

Oracle Applica

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

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 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)
N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number	10000141989
Currency	USD
Amount	4763.00
Date	21-APR-2014
Batch	AR1814SE01
Voucher	
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier	
Name	HILTON AND TOWERS CHICAGO
Taxpayer ID	(b) (4)
Number	Site 60605HILTON
Address	720 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605

Bank	
Name	TREASURY
Account	Treasury Payments Account
Payment Document	Treasury CCDP Pmt
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432397	4763.00	21-APR-2014	20160103401441411

Invoice Overview Bank Supplier Payments

Record: 1/1 <OSC>

Start Inbox - joan.prt... Oracle Applicat... Oracle Applicat... S1 - USSS Mah... Oracle Applica



PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒
PO/CN/TN/OTHER # _____
GOODS AND/OR SERVICES RECEIVED ARE
ACCEPTABLE
DATE GOODS RECEIVED _____

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

SAIC - CHI

DATE

4/15/14

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

FOR FRANK P. BENEDETTO

INVOICE NUMBER:
CUSTOMER ID:

4/8/2014

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
0.00

Room Rate x Total #
of Nights (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

HT1432397
First Day =
Last Day =
Room Rate =
Total Taxes + Misc. Exp. =

(b) (7)(E)

TOTAL:

4,763.00

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

ORIGINAL

(b) (7)(E)

\$4763.00

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)

TOTAL	(b) (7)(E)	0.00	4,763.00
-------	------------	------	----------

CHICAGO FIELD OFFICE
2014 APR 10 PM 3:10
U.S. SECRET SERVICE

HILTON

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ 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 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

N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US Secret Service)

Number	10000141988
Currency	USD
Amount	2381.50
Date	21-APR-2014
Batch	AR1814SE01
Voucher	
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier

Name	HARD ROCK HOTEL CHICAGO LLC		
Taxpayer ID	(b) (4)		
Number		Site	60601HARDRO
Address	230 NORTH MICHIGAN AVENUE CHICAGO, IL 60601		

Bank

Name	TREASURY
Account	Treasury Payments Account
Payment Document	Treasury CCDP Pmt
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1432398	2381.50	21-APR-2014	20160103401441411

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

Start

Inbox - joan.pri...

Oracle Applicati...

Oracle Applicati...

Oracle Applica...



CHICAGO

PAYMENT AUTHORIZATION

United States Secret Service

525 W. Van Buren

Suite (b) (7)(E)

Chicago, IL 60607

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

PO/CN/TN/OTHER #

GOODS AND/OR SERVICES RECEIVED ARE

ACCEPTABLE.

DATE GOODS RECEIVED

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

4/15/14

SATC - CHI

DATE

Hotel Acct

FOR FRANK P. BENEDETTO

DATE INVOICE

INVOICE #

DESCRIPTION

AMOUNT

(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.

Please contact me if you have any questions at 312-334-6454

Thank you for your business.

Sincerely,

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

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

Accounts Receivable Clerk

(b) (6), (b) (7)(C)@hardrockhotelchicago.com

REMIT PAYMENT TO:

Hard Rock Hotel

Finance Dept.

230 N. Michigan Ave.

Chicago, IL 60601

HT1432398

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

Last Day =

Room Rate = (b) (7)(E)

Room Rate x Total # of Nights =

(b) (7)(E)

Total Taxes + Misc. Exp. = (b) (7)(E)

\$2381.50

Judicial Watch3 - USSS003736

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-681-034-0006-15-11

- ☒ 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
NA

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help



Payment Overview (US SECRET SERVICE (USSS))

Number **500994**
 Currency **USD**
 Amount **1806.56**
 Date **30-OCT-2014**
 Batch **OT2914SE03**
 Voucher **993**
 Status **Negotiable**
 Cleared Amount
 Cleared Date
 Void Date
 Maturity Date

Supplier

Name **MID CITY PLAZA, LLC**
 Taxpayer ID **(b) (4)**
 Number
 Site **60661CROWNE**
 Address **DBA CROWNE PLAZA CHICAGO
 METRO
 733 WEST MADISON
 CHICAGO, IL 60661**

Bank

Name **KC FINANCE CENTER**
 Account **KC RFC FY2015**
 Payment Document **Treasury ACH 2**
 Payment Method **Electronic**

Invoices

Number	Amount Paid	GL Date	Description
53227	1806.56	30-OCT-2014	20160103400061511

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

<OSC>



Inbox - Joan.pri...



Oracle Applicati...



Oracle Applicati...



Computer



Windows Media...



S1 - US



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

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)	Cashier No. :	75	Room No. :	9045
	A/R Number :	SECRET SVI	Arrival :	09-29-14	Departure :	10-07-14
	Group Code :	(b) (7)(E)	Conf. No. :		Rate Code :	
	Company :		Page No. :	1 of 1		
	Membership No. :					
Invoice No. :	53227					

Date	Description	Charges	Credits
------	-------------	---------	---------

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

Total	1,806.56	0.00
Balance	1,806.56	

PAYMENT AUTHORIZATION

HT 1533062

First Day : (b) (7)(E)
Last Day :

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

[Signature] 10/15/14
 SAIC - CHI DATE

+ Room Rate : (b) (7)(E)

Room Rate (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

+ taxes X (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

81806.56



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

10-14-14

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

Date	Description	Charges	Credits
------	-------------	---------	---------

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



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

10-14-14

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

Date	Description	Charges	Credits
------	-------------	---------	---------

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

Total	1,806.56	0.00
Balance	1,806.56	

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0006-15-11

- ☒ 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

N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help



Payment Overview (US SECRET SERVICE (USSS))

Number **500987**
 Currency **USD**
 Amount **9851.10**
 Date **30-OCT-2014**
 Batch **OT2914SE03**
 Voucher **986**
 Status **Negotiable**
 Cleared Amount
 Cleared Date
 Void Date
 Maturity Date

Supplier

Name **DANA HOTEL AND SPA**
 Taxpayer ID **(b) (4)**
 Number **60654DANAHO** Site
 Address **660 N. STATE STREET**
CHICAGO, IL 60654
United States

Bank

Name **KC FINANCE CENTER**
 Account **KC RFC FY2015**
 Payment Document **Treasury ACH 2**
 Payment Method **Electronic**

Invoices

Number	Amount Paid	GL Date	Description
HT1533060	9851.10	30-OCT-2014	20160103400061511

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

<OSC>





PAYMENT AUTHORIZATION

PARTIAL PAYMENT ☐ FINAL PAYMENT ☒

PO/CN/TN/OTHER # _____

GOODS AND/OR SERVICES RECEIVED ARE ACCEPTABLE.

DATE GOODS REC'D _____

(b) (6), (b) (7)(C) 10/15/14

SAIC - CHI

DATE

Date: 10-06-14

A/R Account Number: USSS

Amount Paid: \$ _____

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

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
------	----------	----------	-------------	-------	--------	---------

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

HT1533060

First Day: (b) (7)(E)

Last Day: :

Room Rate (b) (7)(E)

nights (b) (7)(E)

(b) (7)(E)

September

CHICAGO FIELD OFFICE
14 OCT -6 PM 2:42

nights Rate (b) (7)(E) October

(b) (7)(E)

\$9851.10



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)

Balance Due ☒ 9,851.10

Aging Summary :

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



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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0039-15-11

- ☒ 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 separately
N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US SECRET SERVICE (USSS))

Number	(b) (7)(E)
Currency	USD
Amount	59729.00
Date	24-NOV-2014
Batch	NV2114SE02
Voucher	1009
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier	
Name	HILTON AND TOWERS CHICAGO
Taxpayer ID	(b) (4)
Number	Site 60605HILTON
Address	720 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605 United States

Bank	
Name	KC FINANCE CENTER
Account	KC RFC FY2015
Payment Document	Treasury ACH 3
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
HT1533103	59729.00	24-NOV-2014	20160103400391511

Invoice Overview Bank Supplier Payments

Record: 1/1 <OSC>



PAYMENT AUTHORIZATION

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

SAIC - CHI

DATE

UNITED STATES SECRET SERVICE
ATTN: (b) (6), (b) (7)(C)
950 H. STREET
WASHINGTON, DC 20223

ORIGINAL DATE: 10/20/2014

INVOICE NUMBER:
CUSTOMER ID: MSS

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

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

11,883.44
0.00

(b) (7)(E)

HT1533114

First Day: (b) (7)(E)

Last Day:

Rate (b) (7)(E)

Room rate x total # nights = (b) (7)(E)
(b) (7)(E)

Total tax + misc exp (b) (7)(E) x # nights = (b) (7)(E)
= (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**

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)

TOTAL	(b) (7)(E)	0.00	11,883.44
-------	------------	------	-----------

HILTON

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____

DATE(S) OF VISIT: _____

TRIP #: 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 separately
N/A

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US SECRET SERVICE (USSS))

Number	1001010	Supplier Name	HILTON AND TOWERS CHICAGO
Currency	USD	Taxpayer ID	(b) (4)
Amount	59729.00	Number	60606HILTON
Date	24-NOV-2014	Address	720 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605 United States
Batch	NV2114SE02	Bank Name	KC FINANCE CENTER
Voucher	1009	Account	KC RFC FY2015
Status	Negotiable	Payment Document	Treasury ACH 3
Cleared Amount		Payment Method	Electronic
Cleared Date			
Void Date			
Maturity Date			

Invoices

Number	Amount Paid	GL Date	Description
HT1533103	59729.00	24-NOV-2014	20160103400391511

Invoice Overview Bank Supplier Payments

Record: 1/1 <08C>



PAYMENT AUTHORIZATION

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

U.S. SECRET SERVICE
 14 NOV -6 PM 2:43
 CHICAGO FIELD OFFICE

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

[Signature] 11/14/14
 HI ORIGINAL DATE: 10/24/2014

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

(b) (7)(E)

59,729.00
 0.00

HT 1533103

First: (b) (7)(E)
 Last:

Rate x # of nights = (b) (7)(E)
 (b) (7)(E)

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

Rate x # of nights = (b) (7)(E)
 (b) (7)(E)

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

(b) (7)(E)

[Handwritten: \$59,729.00]
 TOTAL: 59,729.00

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

ORIGINAL

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	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
------------	----------------	-------------------	------------	---------------------------------	-----------	-------------------	-------	-------	----------------------	-------

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

HILTON

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	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
------------	----------------	-------------------	------------	---------------------------------	-----------	-------------------	-------	-------	----------------------	-------

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

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

RIGINAL DATE: 10/24/2014

**HILTON CHICAGO
STATEMENT OF MISCELLANEOUS CHARGES
EASTLAKE-SECURITY DEPARTMENT**

DATE	REFERENCE	DESCRIPTION	AMOUNT
(b) (7)(E)			
TOTAL			150.00

HILTON

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

Hilton Chicago

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

Invoice No.

1

INVOICE ==**Customer**

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

Address

City _____ ZIP _____

Phone

Date 10/28/2014

Order No.

Rep

FOB

Qty	Description	Unit Price	TOTAL
1	(b) (7)(E)		\$150.00

Payment Details

☒ Master Account

○

O

Name

CC #

Expires

SubTotal	\$150.00
----------	----------

Shipping & Handling	\$0.00
---------------------	--------

Taxes	State	\$0.00
-------	-------	--------

TOTAL	\$150.00
--------------	-----------------

Office Use Only

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

MAKE CHECK PAYABLE TO: HILTON CHICAGO

TRAVEL CARD WORKSHEET

FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	HOTEL NAME	DATE	TOTAL PAID	TAX ID #
2013	7020110400	(b) (7)(E)	2162	11034	\$23,442.96		Conrad Hotel	11/14/2012	\$23,442.96	(b) (4)
2013	7020110400		2162	21035	\$42,413.55		Fairmont Hotel/Chicago	11/14/2012	\$42,413.55	(b) (4)
2013	7020110400		2162	11034	\$53,294.84		Sheraton Chicago	11/15/2012	\$53,294.84	(b) (4)
2013	7020110400		2162	12034	\$1,744.00		Marriott Oak Brook	11/21/2012	\$1,744.00	(b) (4)
2013	7020110400		2162	21035	c55.82		Fairmont Hotel/Chicago	11/28/2012		(b) (4)
2013	7020110400		2162	11034	\$23,401.16		Intercontinental Hotel	12/4/2012	\$23,401.16	(b) (4)

Statement Total: \$144,240.69

12/12/14

2012

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

Obtained via FOIA by Judicial Watch, Inc.



Fairfield Inn & Suites by Marriott
Chicago Downtown / River North

60 West Illinois St
Chicago, IL 60654
312.836.1700



Uses

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

30Nov14

Visa

Card #: VXXXXXXXXXXXXX (b) (7)(E) XXXX

Amount: 6774.60 Auth: 072290 Signature on
File

6774.60

(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



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)



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

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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.

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) Clargan LLC		
Business name/disregarded entity name, if different from above Fairfield Inn by Marriott Chicago River North		
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____ <input type="checkbox"/> Other (see instructions) _____		
<input type="checkbox"/> Exempt payee		
Address (number, street, and apt. or suite no.) 60 W Illinois St. City, state, and ZIP code Chicago, IL 60654		Requestor's name and address (optional) FF River North 1664-501170 62960 Collection Drive Chicago, IL 60693-0960
List account number(s) here (optional) _____		
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		
Social security number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		Employer identification number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0; text-align: center; color: red; font-weight: bold;"> (b) (4) </div>
Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form 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 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 failed 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 11-8-13
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). 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 • 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.		

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0006-15-11

- ☒ 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
- N/A

SEPTEMBER
2014

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US SECRET SERVICE (USSS))

Number

501257

Currency

USD

Amount

315.28

Date

13-NOV-2014

Batch

NV1214SE01

Voucher

1256

Status

Negotiable

Cleared Amount

Cleared Date

Void Date

Maturity Date

Supplier

Name

THE PALMER HOUSE HOTEL, LLC

Taxpayer ID

(b) (4)

Number

Site

60603THEPALM

Address

DBA - THE PALMER HOUSE HILTON
17 EAST MONROE STREET
CHICAGO, IL 60603
United States

Bank

Name

KC FINANCE CENTER

Account

KC RFC FY2015

Payment Document

Treasury ACH 2

Payment Method

Electronic

Invoices

Number	Amount Paid	GL Date	Description
EAS300B	315.28	13-NOV-2014	20160103400061511

Invoice Overview

Bank

Supplier

Payments

Record: 1/1

<OSC>

Start

Inbox - Joan.pr...

Oracle Applicati...

Oracle Applicati...

Computer

Windows Media...

S1 - US



Obtained via FOIA by Judicial Watch, Inc.

PAYMENT AUTHORIZATION

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

[Signature] 11/18/14
SAIC - CHI DATE

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

ORIGINAL DATE: 9/29/2014

INVOICE NUMBER: EAS300B
CUSTOMER ID: (b) (7)(E)

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

GUEST ROOM CHARGES	315.28
FOOD AND BEVERAGE CHARGES	0.00
MISCELLANEOUS	0.00
SUBTOTAL	315.28
PAYMENTS, DEPOSITS & ADJUSTMENTS	0.00

HT1533151
First: 9 (b) (7)(E) 4
Last: 9 114
Rate: (b) (7)(E)

nights x Rate (b) (7)(E) = (b) (7)(E) > sept
(b) (7)(E)
nights x misc/taxes (b) (7)(E) = (b) (7)(E)
(b) (7)(E)
(b) (7)(E) (b) (7)(E) - oct

\$ 315.²⁸

TOTAL: 315.28

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT TO
THE PALMER HOUSE HILTON.
"PLEASE REMIT TO": 17 E MONROE ST CHICAGO IL 60603 TEL 312-726-7500

ORIGINAL

U.S. SECRET SERVICE
14 NOV -7 AM 9:24
CHICAGO FIELD OFFICE

ORIGINAL DATE: 9/29/2014

PAGE 1

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

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANEOUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b) (6), (b) (7)(C), (b) (7)(E)										
TOTAL (b) (7)(E)										315.28

Obtained via FOIA by Judicial Watch, Inc.

HILTON

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

CHICAGO FIELD OFFICE HOTEL DIRECT BILL CHECKLIST:

PROTECTEE: _____ DATE(S) OF VISIT: _____

TRIP #: 201-601-034-0006-15-11

- ☒ 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

Oracle Applications - Welcome to TOPS

File Edit View Folder Tools Window Help

Payment Overview (US SECRET SERVICE (USSS))

Number	501139
Currency	USD
Amount	41021.04
Date	07-NOV-2014
Batch	NV0614SE01
Voucher	1138
Status	Negotiable
Cleared Amount	
Cleared Date	
Void Date	
Maturity Date	

Supplier	
Name	THE PALMER HOUSE HOTEL, LLC
Taxpayer ID	(b) (4)
Number	
Address	DBA - THE PALMER HOUSE HILTON 17 EAST MONROE STREET CHICAGO, IL 60603 United States
Site	60603THEPALM

Bank	
Name	KC FINANCE CENTER
Account	KC RFC FY2015
Payment Document	Treasury ACH 2
Payment Method	Electronic

Invoices

Number	Amount Paid	GL Date	Description
EAS300	41021.04	07-NOV-2014	20160103400061511

Invoice Overview Bank Supplier Payments

Record: 1/1 <OSC>

Start Hotel Folder - P... Oracle Applicati... Oracle Applicati... Computer Windows Media... Oracle



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

ORIGINAL DATE: 9/29/2014

INVOICE NUMBER: EAS300
CUSTOMER ID: (b) (7)(E)

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

HT 1533 133

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

(b) (7)(E)

PAYMENT AUTHORIZATION

41,021.04
0.00

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

SAIC - CHI 10/15/14
DATE

CHICAGO MEETING
2014 OCT -7 AM 9-1
U.S. SENATE

HT 1533061

First pay: 7 114
Last Day: 10 14
Rate: (b) (7)(E)

Rooms Nightly x Rate = (b) (7)(E)
(b) (7)(E)

+ tax = (b) (7)(E)
x (b) (7)(E) = (b) (7)(E)
+ (b) (7)(E)

\$41,021.04

TOTAL: 41,021.04

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT VISIT TO
THE PALMER HOUSE HILTON.
"PLEASE REMIT TO": 17 E MONROE ST CHICAGO IL 60603 TEL 312-726-7500

September:

nights Rate = (b) (7)(E)
(b) (7)(E) x (b) (7)(E)

nights x tax/misc exp = (b) (7)(E)
(b) (7)(E) x (b) (7)(E)
(b) (7)(E)
(Sept)

ORIGINAL

October:

nights Rate = (b) (7)(E)
(b) (7)(E) x (b) (7)(E)
nights x (b) (7)(E) =
(b) (7)(E)
(b) (7)(E)
(Oct)

ORIGINAL DATE: 9/29/2014

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

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)

HILTON

ORIGINAL DATE: 9/29/2014

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

PAGE 2

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)

TOTAL	(b) (7)(E)	0.00	40,871.04
-------	------------	------	-----------

HILTON



CHICAGO FIELD OFFICE

Telephone: (312) 353-5431 - Main

FAX: (312) 353-1225

14 OCT 28 PM 12:44
CHICAGO FIELD OFFICE

To: **FMD-(b) (6), (b) (7)(C)**

Date: **October 29, 2014**

From: **CHICAGO FIELD OFFICE - (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 INVOICE BILL, AND STATEMENT OF GUEST FOLIO CHARGES FOR THE ABOVE HOTEL. ENTERED IN TOPS ON 10/28/14. PO NUMBER IS HT1533064. TOTAL OF BILL IS \$41,021.04. THANKS.

Reply Requested: ☐ YES ☐ NO

NOTE: This message is intended only for the use of the individual to whom (or the entity to which) it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or 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 U.S. Postal Service at the address listed above. Thank you.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

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

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

Obtained via FOIA by Judicial Watch, Inc.

ORIGINAL DATE: 9/29/2014

THE PALMER HOUSE HILTON
STATEMENT OF MISCELLANEOUS CHARGES

PAGE 1

(b) (7)(E)

DATE	REFERENCE	DESCRIPTION	AMOUNT
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(b) (7)(E)

TOTAL			150.00
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Obtained via FOIA by Judicial Watch, Inc.

HILTON

LRC Air/Rail Detail Report by Project Code

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Invoice #</u>	<u>Inv Date</u>	<u>Trip Begin Date</u>	<u>A/L</u>	<u>Ticket</u>	<u>FOP</u>	<u>INV Amt</u>	<u>Ticket Routing</u>	<u>Trip End Date</u>
011.034											

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)
Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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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LRC Air/Rail Detail Report by Project Code

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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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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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LRC Air/Rail Detail Report by Project Code

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Invoice #</u>	<u>Inv Date</u>	<u>Trip Begin Date</u>	<u>A/L</u>	<u>Ticket</u>	<u>FOP</u>	<u>INV Amt</u>	<u>Ticket Routing</u>	<u>Trip End Date</u>
Record Not Responsive to FOIA Request (b) (6), (b) (7)(C), (b) (7)(E)											

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request
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Record Not Responsive to FOIA Request

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Multiple Records Not Responsive to FOIA Request

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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Passenger Name	RO	P.Code	Invoice #	Inv Date	Trip Begin Date	A/L	Ticket	FOP	INV Amt	Ticket Routing	Trip End Date
(b) (6), (b) (7)(C), (b) (7)(E)											
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Record Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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LRC Air/Rail Detail Report by Project Code

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

LRC Air/Rail Detail Report by Project Code

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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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LRC Air/Rail Detail Report by Project Code

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Record Not Responsive to FOIA Request

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Multiple Records Not Responsive to FOIA Request

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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

Multiple Records Not Responsive to FOIA Request

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Pick up City</u>	<u>State</u>	<u>Country</u>	<u>Inv Date</u>	<u>Conf #</u>	<u>Rental Company</u>	<u>Car Type</u>	<u>Car Type Disc</u>	<u>Pick up Date</u>	<u>Return Date</u>	<u># of Cars</u>	<u>Rate</u>	<u># Days</u>	<u>Total Value</u>
011.034																
(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144866US1-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$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	1	\$75 05	3	\$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	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145032US6-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145077US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(b) (7)(C)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	G4RVBH-	THRIFTY RENT A CAR	ICAR	INTERMEDIATE CAR	10/17/2014	10/21/2014	1	\$14 00	4	\$56 00
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(b) (7)(C)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/18/2014	390557391COUNT-	ALAMO	MVAR	MINI VAN	10/19/2014	10/20/2014	1	\$85 00	1	\$85 00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(B)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/20/2014	01587853US1-	BUDGET	ICAR	INTERMEDIATE CAR	11/20/2014	11/24/2014	1	\$12 58	4	\$50 32
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/21/2014	01587887US0-	BUDGET	ICAR	INTERMEDIATE CAR	11/21/2014	11/24/2014	1	\$14 40	3	\$43 20
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145501US6-	BUDGET	MVAR	MINI VAN	10/01/2014	10/03/2014	1	\$72 00	2	\$144 00
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	390522750COUNT-	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	10/17/2014	G3544171060-	HERTZ	MVAR	MINI VAN	10/18/2014	10/21/2014	1	\$99 00	3	\$297 00
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(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	4	\$126 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/23/2014	L3786325-	DOLLAR RENT A CAR	ICAR	INTERMEDIATE CAR	11/23/2014	11/26/2014	1	\$14 00	3	\$42 00
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/20/2014	01587958US1-	BUDGET	ICAR	INTERMEDIATE CAR	11/20/2014	11/24/2014	1	\$12 58	4	\$50 32
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724352US0-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724419US4-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724401US0-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145119US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145205US4-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145343US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145286US1-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	G4RYZH-	THRIFTY RENT A CAR	ICAR	INTERMEDIATE CAR	10/18/2014	10/21/2014	1	\$14 00	3	\$42 00
Record Not Responsive to FOIA Request																
(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	390520757COUNT-	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	390521970COUNT-	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	390522079COUNT-	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	390522189COUNT-	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	390522289COUNT-	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	390522368COUNT-	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	10/17/2014	G35432637D9-	HERTZ	MVAR	MINI VAN	10/18/2014	10/21/2014	1	\$99 00	3	\$297 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49146330US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144747US1-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$54 15	3	\$162 45
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144749US3-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$54 15	3	\$162 45
Record Not Responsive to FOIA Request																

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	390520757COUNT-	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	390521970COUNT-	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	390522079COUNT-	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	390522189COUNT-	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	390522289COUNT-	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	390522368COUNT-	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	10/17/2014	G35432637D9-	HERTZ	MVAR	MINI VAN	10/18/2014	10/21/2014	1	\$99 00	3	\$297 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49146330US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144747US1-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$54 15	3	\$162 45
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144749US3-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$54 15	3	\$162 45
Record Not Responsive to FOIA Request																

Multiple Records Not Responsive to FOIA Request

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

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	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49144476US3-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	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	10/03/2014	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	10/03/2014	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	11/26/2014	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	11/26/2014	1	\$115 90	2	\$231 80

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	G35448272B4-	HERTZ	ICAR	INTERMEDIATE CAR	10/16/2014	10/21/2014	1	\$36 40	5	\$182 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/17/2014	G35405687F0-	HERTZ	MVAR	MINI VAN	10/18/2014	10/21/2014	1	\$99 00	3	\$297 00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/13/2014	G3541800216-	HERTZ	ICAR	INTERMEDIATE CAR	10/13/2014	10/21/2014	1	\$24 00	8	\$192 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/21/2014	01646359US1-	BUDGET	ICAR	INTERMEDIATE CAR	11/21/2014	11/24/2014	1	\$13 00	3	\$39 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01588558US6-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$65 00	2	\$130 00

Multiple Records Not Responsive to FOIA Request

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Pick up City</u>	<u>State</u>	<u>Country</u>	<u>Inv Date</u>	<u>Conf #</u>	<u>Rental Company</u>	<u>Car Type</u>	<u>Car Type Disc</u>	<u>Pick up Date</u>	<u>Return Date</u>	<u># of Cars</u>	<u>Rate</u>	<u># Days</u>	<u>Total Value</u>
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Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/18/2014	390557350COUNT-	ALAMO	MVAR	MINI VAN	10/19/2014	10/20/2014	1	\$85 00	1	\$85 00
Record Not Responsive to FOIA Request																
(b) (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
		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

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	49143395US0-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2014	49145980US2-	BUDGET	MVAR	MINI VAN	09/30/2014	10/03/2014	1	\$75 05	3	\$225 15
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/13/2014	G35439745F0-	HERTZ	ICAR	INTERMEDIATE CAR	10/13/2014	10/18/2014	1	\$36 40	5	\$182 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	390520703COUNT-	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	10/17/2014	G35432541D8-	HERTZ	FFAR	FULL SIZE OTHER	10/18/2014	10/21/2014	1	\$134 00	3	\$402 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/20/2014	01587801US5-	BUDGET	ICAR	INTERMEDIATE CAR	11/20/2014	11/24/2014	1	\$12 58	4	\$50 32
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01588290US4-	BUDGET	FFAR	FULL SIZE OTHER	11/24/2014	11/26/2014	1	\$225 62	2	\$451 24
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/16/2014	390522921COUNT-	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	390523065COUNT-	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	390523222COUNT-	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	390523328COUNT-	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	390523407COUNT-	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	390523598COUNT-	ALAMO	MVAR	MINI VAN	10/18/2014	10/21/2014	1	\$45 00	3	\$135 00

Multiple Records Not Responsive to FOIA Request

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Pick up City</u>	<u>State</u>	<u>Country</u>	<u>Inv Date</u>	<u>Conf #</u>	<u>Rental Company</u>	<u>Car Type</u>	<u>Car Type Disc</u>	<u>Pick up Date</u>	<u>Return Date</u>	<u># of Cars</u>	<u>Rate</u>	<u># Days</u>	<u>Total Value</u>
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Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/29/2014	49144000US3-	BUDGET	ICAR	INTERMEDIATE CAR	09/28/2014	10/03/2014	1	\$25 73	5	\$128 63
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724148US6-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01588458US4-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$65 00	2	\$130 00
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724081US2-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80
		011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01724047US3-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$115 90	2	\$231 80

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(C)	011 034	CHICAGO O HARE INTERNATIONAL APT	IL	US	11/24/2014	01588240US3-	BUDGET	MVAR	MINI VAN	11/24/2014	11/26/2014	1	\$65 00	2	\$130 00
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Multiple Records Not Responsive to FOIA Request



ADVANCE AGENT: (b) (6), (b) (7)(C)	Trip# 201-601-034-0144-14-11
LOCATION OF ADVANCE: O'Hare International Airport	
CITY & STATE: Chicago, IL	COUNTRY: USA
DATE OF VISIT: 04/02/14	



Service Agreement

Monday, May 19, 2014
Page 1 of 2

135 Blaine Street
Gary, IN 46406
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
(b) (7)(E)

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

	Qty		Rate	Total
Thursday, May (b) (7)(E) 2014		Work Order#: 6867244		
		(b) (7)(E)	\$1,695.00	\$1,695.00
		CONTACT: (b) (6), (b) (7)(C)		
		(b) (7)(E)		
Friday, May (b) (7)(E) 2014		Work Order#: 6867245		
		(b) (7)(E)		



Service Agreement

Monday, May 19, 2014
Page 2 of 2

135 Blaine Street
Gary, IN 46406
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
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: \$1,695.00
Terms: NET 30

(b) (7)(E)

Delivery date

(b) (7)(E) 14

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: ATSAIC (b) (6), (b) (7)(C)		Trip# 201-601-034-0186-14-11	
LOCATION OF ADVANCE: POTUS Residence			
CITY & STATE: Chicago, IL		COUNTRY: USA	
DATE OF VISIT: May 22 – 23, 2014			
NAME OF VENDOR: Service Sanitation			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 135 Blaine Street, Gary, IN			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: (219) 949-7000			
AUTHORIZED AMOUNT: Not to Exceed \$1,695.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(E)			
EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:			
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:			
OPS SA:			
DATE REQUESTED:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
LAM (b) (6), (b) (7)(C)			

PPD PAER (10/2012)



Service Agreement

Wednesday, October 15, 2014

Page 1 of 2

135 Blaine Street
Gary, IN 46406
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
(b) (7)(E)

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

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



Service Agreement

Wednesday, October 15, 2014

Page 2 of 2

135 Blaine Street
Gary, IN 46406
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
(b) (7)(E)

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

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

(b) (7)(E)

Delivery Date: 1 (b) (7)(E) 2014

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: _____

Status: Quote

Quote #: q38623

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

Event End: Mon 10 2014 (b) (6), (b) (7)(C)

Operator:

United States Secret Service

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

Fax

Old Executive Office Building

Event Type: Tax ID (b) (4)

AAA Rental System

(b) (7)(E)

Washington, DC 20502

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-Mail: (b) (6), (b) (7)(C)

Delivery and Pickup

Delivery: (b) (7)(E) 10 2014 (b) (7)(E)

Pickup Date: 10 2014 (b) (7)(E)

Event Location:

Event Address:

Delivery SPECS:

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

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

(b) (7)(E)

Qty	Rental Equipment	Base Rate	Each	Price
				\$450.00
				\$600.00
				\$380.00
				\$0.00
				\$125.00
				\$120.00
				Price
				\$250.00
				\$150.00

(b) (7)(E)

THANK YOU FOR CONSIDERING AAA RENTAL!**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 aaa 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: _____ TIME: _____ / _____ TRUCK #: _____

CREW: _____ DATE: _____ / _____ / _____

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature: _____

United States Secret Service

Rental:	\$1,655.00
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

Status: Quote

Quote #: q38625

Event Beg: Sun 10^{(b) (7)(E)} 2014 (b) (7)(E)

Event End: Sun 10 2014

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

United States Secret Service

Old Executive Office Building
(b) (7)(E)

Washington, DC 20502

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

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

Fax

Event Type: Tax ID (b) (4)

Alan O'Neal LLC

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-Mail: (b) (6), (b) (7)(C)

Delivery and Pickup

Delivery: (b) (7)(E) 10/ 2014 (b) (7)(E)

Pickup Date: 10 2014

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

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

Event Location:

Event Address:

Delivery SPECS:

(b) (7)(E)

Qty	Rental Equipment	Base Rate	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 RENTAL!**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 aaa 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: _____ TIME: _____ / _____ TRUCK #: _____

CREW: _____ DATE: _____ / _____ / _____

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature: _____

United States Secret Service

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

Auth#



**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: Anderson Elevator Co, Southwest Industries Inc.			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 2801 South 19 th Avenue, Broadview, IL 60155			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: (708) 345-9710			
AUTHORIZED AMOUNT: Not to Exceed \$390.00			
(THIS AMOUNT <u>MUST</u> NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
(b) (7)(E)			
EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:			
(b) (7)(E)			
PPD REQUISITION NUMBER:			
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:			
OPS SA:			
DATE REQUESTED:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
LAM (b) (6), (b) (7)(C)			

BRANCH: 10600 W Higgins
Suite 606
Rosemont IL 60018
847-298-6140 Tax# (b) (4)

SERVICE ORDER

No. 250160

BRANCH CODE (3 DIGIT AIRPORT CODE)

ORD

CUSTOMER USSS		DATE: 10-19-2014		OED	
CHARGE TO		A/C Type		A/C Reg.	
CONTRACT <input checked="" type="checkbox"/>		NON-CONTRACT <input type="checkbox"/>		FLT. No.	
RAMP SERVICE:		POS/ORIG. <input type="checkbox"/>		TRANSIT:	
TERM/POS. <input type="checkbox"/>		OFF LOAD <input type="checkbox"/>		DIVERSION:	
TERM/ORIG. <input type="checkbox"/>		ONLOAD <input type="checkbox"/>		REFUEL <input type="checkbox"/>	
FREIGHTER <input type="checkbox"/>		CREW CHG. <input type="checkbox"/>		DELAYED <input type="checkbox"/>	
CLEANING SERVICE:		MAJOR <input type="checkbox"/>		REMOVE GARBAGE <input type="checkbox"/>	
MINOR <input type="checkbox"/>		LAVS <input type="checkbox"/>		WATER <input type="checkbox"/>	
TECHNICAL SERVICE:		TRANSIT <input type="checkbox"/>		TURN AROUND <input type="checkbox"/>	
PASSENGER SERVICE:		INBOUND <input type="checkbox"/>		DIVERSION:	
		OUTBOUND <input type="checkbox"/>		REMAIN ON A/C <input type="checkbox"/>	
		TRANSIT <input type="checkbox"/>		DISEMBARK <input type="checkbox"/>	
				LAYOVER <input type="checkbox"/>	
OPERATIONS SERVICE:		WEIGHT & BALANCE <input type="checkbox"/>		CLEARANCES <input type="checkbox"/>	
		FILE FLIGHT PLAN <input type="checkbox"/>		COMMUNICATIONS <input type="checkbox"/>	
ADDITIONAL MANPOWER		HRS.	RATE	\$	¢
ADDITIONAL EQUIPMENT		HRS.	RATE	\$	¢
DE-ICING SERVICES		GALLONS	RATE	\$	¢
MISCELLANEOUS					
AUTHORIZATION OF SERVICES				TOTAL CHARGE	
Customer hereby requests that Servisair provide, at the customer's risk, the services and materials set forth above, at the charges indicated. Customer agrees to indemnify and hold Servisair harmless from and against all claims and liabilities, by whomsoever made, on account of loss or damage to property of, or injury to or death of any person(s), arising out of or in connection with such services and materials, including claims for consequential damages, whether or not caused or contributed to by Servisair's negligence.				\$	
(b) (6), (b) (7)(C)				500.00	
Servisair REPRESENTATIVE		AUTHORIZED BY		CUSTOMER REPRESENTATIVE	
COMPLETION OF SERVICES					
All services required to be performed by Servisair have been satisfactorily completed and Customer hereby releases Servisair from any further obligations on account of the performance of such service.					
CUSTOMER REPRESENTATIVE					

Auth# _____



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 & 1555 N. Astor St., Chicago, IL	
CITY & STATE: Evanston, IL & Chicago, IL	COUNTRY: USA
DATE OF VISIT: 10/2/2014	

NAME OF VENDOR: AAARental.com

VENDOR TAX ID #: (b) (4)

VENDOR ADDRESS: 3020 W. 167th St., Markham, IL 60428

VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)

VENDOR TELEPHONE NUMBER: 708-210-1200

AUTHORIZED AMOUNT: **Not to Exceed** \$2,995.00

(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)

PURPOSE OF EXPENDITURE:

(b) (7)(E)

EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:

(b) (7)(E)

PPD REQUISITION NUMBER:

☐

CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)

EMERGENCY PURCHASE ORDER NUMBER:

OPS SA:

DATE REQUESTED:

DATE APPROVED:

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

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

APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:

DATE OF APPROVAL:

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

PPD PAER (10/2012)

Auth# _____

Auth# _____



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 ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)

PURPOSE OF EXPENDITURE: (b) (7)(E)

(b) (7)(E)

EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:

(b) (7)(E)

PPD REQUISITION NUMBER:

☐

CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)

EMERGENCY PURCHASE ORDER NUMBER:

OPS SA:

DATE REQUESTED:

DATE APPROVED:

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

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

APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:

DATE OF APPROVAL:

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

PPD PAER (10/2012)

Auth# _____

Auth#



**PRESIDENTIAL PROTECTIVE DIVISION
PROTECTIVE ADVANCE EXPENSE REQUEST**

ADVANCE AGENT: ATSAIC (b) (6), (b) (7)(C)		Trip# 201-601-034-0039-15-11	
LOCATION OF ADVANCE: POTUS Residence			
CITY & STATE: Chicago, IL		COUNTRY: USA	
DATE OF VISIT: October 19 – 20, 2014			
NAME OF VENDOR: Service Sanitation, Inc.			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 135 Blaine Street, Gary, IN			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: (219) 949-7000			
AUTHORIZED AMOUNT: Not to Exceed \$1,695.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(E)			
EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:			
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:			
OPS SA:			
DATE REQUESTED:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
LAM (b) (6), (b) (7)(C)			

PPD PAER (10/2012)

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'Neal LLC	
VENDOR TAX ID #: (b) (4)	
VENDOR ADDRESS: 3020 West 167 th Street, Markham, IL 60426	
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)	
VENDOR TELEPHONE NUMBER: (b) (6), (b) (7)(C)	
AUTHORIZED AMOUNT: Not to Exceed \$ 2092.00	

(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)

PURPOSE OF EXPENDITURE: (b) (7)(E)

EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:

(b) (7)(E)

PPD REQUISITION NUMBER:

☐

CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)

EMERGENCY PURCHASE ORDER NUMBER:

OPS SA:

DATE REQUESTED:

DATE APPROVED:

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

ATSAIC (b) (6), (b) (7)(C) – PPD/OPS

Auth# _____

APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000
OR LESS:

LAM (b) (6). (b) (7)(C)

DATE OF APPROVAL:

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: Martin Luther King Junior Community Center 4314 S. Cottage Grove Avenue			
CITY & STATE: Chicago, IL		COUNTRY: USA	
DATE OF VISIT: 10/20/2014			
NAME OF VENDOR: AAA Rental System			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 3020 West 167 th Street, Markham, IL 60426			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: (708)210-1200			
AUTHORIZED AMOUNT: Not to Exceed \$ 2055.00			
<i>(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)</i>			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: Parking (b) (7)(E)			
PPD REQUISITION NUMBER:			
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:			
OPS SA:			
DATE REQUESTED:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD PAYMENT INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1164		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>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 invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C) -PPD/OPS			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
LAM (b) (6), (b) (7)(C)			

PPD PAER (10/2012)

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE AGENT: SA (b) (6), (b) (7)(C)	Trip#: 201-601-034-0039-15-11
LOCATION OF ADVANCE: Chicago O'Hare International Airport 10000 West O'Hare Ave 60666	
CITY & STATE: Chicago, Illinois	COUNTRY: USA
DATE OF VISIT: 10/19/2014 to 10/20/2014	

NAME OF VENDOR: Servisair

VENDOR TAX ID #: (b) (4)

VENDOR ADDRESS: 10600 West Higgins suite #606 Rosemont, Illinois 60018

VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)

VENDOR TELEPHONE NUMBER: (b) (6), (b) (7)(C)

AUTHORIZED AMOUNT: **Not to Exceed** \$ 500.00

(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)

PURPOSE OF EXPENDITURE: (b) (7)(E)

(b) (7)(E)

EXACT LOCATION WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:

(b) (7)(E)

PPD REQUISITION NUMBER:

☐

CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)

EMERGENCY PURCHASE ORDER NUMBER:

OPS SA:

DATE REQUESTED:

DATE APPROVED:

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD PAYMENT INVOICE TO THE 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 be made within 30 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.

OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:

DATE OF APPROVAL:

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

PPD PAER (10/2012)

Auth# _____

APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000
OR LESS:

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

DATE OF APPROVAL:

PPD PAER (10/2012)

BRANCH: 10600W Higgins
Suite 609
Rosemont IL 60018
347-298-6140 TAX (b) (4)

SERVICE ORDER
No. 250631
BRANCH CODE (POSTAL BRANCH CODE)

Judicial Watch3 - USSS004018

Auth#



**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		CITY & 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. 167 th Street, Markham, IL, 60428			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: 708-210-1200			
AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,347.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E) (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED: 11/22/14	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>Please note that payment shall be made within 15 days of our receipt of a <u>valid invoice</u> and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			

Auth# _____



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		CITY & STATE: Chicago, IL	
SITE(s)/LOCATION: Chicago's O'Hare Airport			
SITE(s)/LOCATION cont'd:		COUNTRY: USA	
VENDOR NAME: Servisair			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 10006 W. Higgins Suite Rosemont, IL 60018			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: 847-298-6410 (b) (6), (b) (7)(C)			
AUTHORIZED AMOUNT: (Not to Exceed) \$ 250.00			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED: 11/22/14	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>Please note that payment shall be made within 15 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			

LAW ENFORCEMENT SENSITIVE

PPD PAER (10/2014)

Status: Reservation

Contract #: 55126

Event Beg: Tue 1^{(b) (7)(E)} 2014 (b) (7)(E)Event End: Tue 1^{(b) (7)(E)} 2014

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

Terms: On Account



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

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

United States Secret Service

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

Event Type: Tax ID (b) (4)

AAA Rental System

Old Executive Office Building
(b) (7)(E)

Washington, DC 20502

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

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

Delivery and Pickup

Delivery: (b) (7)(E) 11 2014 (b) (7)(E)

Pickup Date: 11 2014

Event Location:

Event Address:

Delivery SPECS: (b) (7)(E)

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

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

Qty	Rental Equipment	Base Rate	Each	Price
(b) (7)(E)				\$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
				\$180.00

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.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 aaa 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: _____ TIME: _____ / _____ TRUCK #: _____

CREW: _____ DATE: ____ / ____ / ____

CUSTOMER: PLEASE READ, SIGN & PRINT YOUR NAME BELOW

Signature: _____

United States Secret Service

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

Passenger NameROP.CodePick up CityInv. DateVehicle CompanyVehicle TypePick up DateReturn Date# of CarsRate# DaysTotal Value

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b)(7)(E)	011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/16/2014	ALAMO	MINI VAN	10/18/2014	10/21/2014	1	\$45.00	3	\$135.00
		011.034	CHICAGO O HARE	10/18/2014	ALAMO	MINI VAN	10/19/2014	10/20/2014	1	\$85.00	1	\$85.00
		011.034	CHICAGO O HARE	10/18/2014	ALAMO	MINI VAN	10/19/2014	10/20/2014	1	\$85.00	1	\$85.00

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

Obtained via FOIA by Judicial Watch, Inc.

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE	11/22/2014	DOLLAR RENT A C	INTERMEDIATE CAR	11/22/2014	11/26/2014	1	\$31.50	4	\$126.00
		011.034	CHICAGO O HARE	11/23/2014	DOLLAR RENT A C	INTERMEDIATE CAR	11/23/2014	11/26/2014	1	\$14.00	3	\$42.00
Record Not Responsive to FOIA Request												
(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE	10/13/2014	HERTZ	INTERMEDIATE CAR	10/13/2014	10/21/2014	1	\$24.00	8	\$192.00
		011.034	CHICAGO O HARE	10/13/2014	HERTZ	INTERMEDIATE CAR	10/13/2014	10/21/2014	1	\$24.00	8	\$192.00
		011.034	CHICAGO O HARE	10/13/2014	HERTZ	INTERMEDIATE CAR	10/13/2014	10/18/2014	1	\$36.40	5	\$182.00
		011.034	CHICAGO O HARE	10/13/2014	HERTZ	INTERMEDIATE CAR	10/13/2014	10/18/2014	1	\$36.40	5	\$182.00
		011.034	CHICAGO O HARE	10/16/2014	HERTZ	INTERMEDIATE CAR	10/16/2014	10/21/2014	1	\$36.40	5	\$182.00
		011.034	CHICAGO O HARE	10/17/2014	HERTZ	MINI VAN	10/18/2014	10/21/2014	1	\$99.00	3	\$297.00
		011.034	CHICAGO O HARE	10/17/2014	HERTZ	MINI VAN	10/18/2014	10/21/2014	1	\$99.00	3	\$297.00
		011.034	CHICAGO O HARE	10/17/2014	HERTZ	MINI VAN	10/18/2014	10/21/2014	1	\$99.00	3	\$297.00
		011.034	CHICAGO O HARE	10/17/2014	HERTZ	FULL SIZE OTHER	10/18/2014	10/21/2014	1	\$134.00	3	\$402.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE	10/16/2014	THRIFTY RENT A C	INTERMEDIATE CAR	10/17/2014	10/21/2014	1	\$14.00	4	\$56.00
		011.034	CHICAGO O HARE	10/16/2014	THRIFTY RENT A C	INTERMEDIATE CAR	10/18/2014	10/21/2014	1	\$14.00	3	\$42.00

Multiple Records Not Responsive to FOIA Request



Fed Tax Id : (b) (4)

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

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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004025



Fed Tax Id (b) (4)

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	HOURL	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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004026



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**

EAH 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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004027



Fed Tax Id (b) (4)

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	For Billing Inquiries	Payment Terms
EAN SERVICES LLC SERVICING ALAMO RENT A CAR PO BOX 198154 ATLANTA, GA 30384-8154	Tel#:(877) 530-6141 (b) (6), (b) (7)(C) @EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004028



Fed Tax Id: (b) (4)

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	For Billing Inquiries	Payment Terms
EAN SERVICES LLC SERVICING ALAMO RENT A CAR PO BOX 198154 ATLANTA, GA 30384-8154	Tel#: (877) 530-6141 (b) (6), (b) (7)(C) @EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004029



Fed Tax Id (b) (4)

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 BOX 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.
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Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004030



Fed Tax Id (b) (4)

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 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

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Judicial Watch3 - USSS004031



Fed Tax Id (b) (4)

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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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

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Judicial Watch3 - USSS004032



Fed Tax Id (b) (4)

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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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

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Judicial Watch3 - USSS004033



Fed Tax Id (b) (4)

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	License No	Beg/End/Distance
2015/DODGE/GRC	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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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

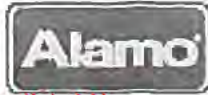
Payment Terms

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Judicial Watch3 - USSS004034



Fed Tax Id: (b) (4)

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 BOX 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	VIN	License No	Beg/End/Distance
2015/DODGE/GRC	FR536092	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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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**

EAH 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

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Judicial Watch3 - USSS004035



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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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**

EAH 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

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Judicial Watch3 - USSS004036



Fed Tax Id : (b) (4)

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
 Car Class : MVAR Requested Class : MVAR

Vehicle Information

Yr/Make/Model	VIN	License No	Beg/End/Distance
2014/DODGE/GRC	ER385829	942DQR	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

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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

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Judicial Watch3 - USSS004037



Fed Tax Id (b) (4)

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 BOX 6500
 SPRINGFIELD, 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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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**

EAH 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

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Judicial Watch3 - USSS004038



Fed Tax Id (b) (4)

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

3765311
 43065517
 (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 : 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	License No	Beg/End/Distance
2014/DODGE/GCA	ER323189	WLT2580	19666/19898/232

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 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**

FEAN 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

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Judicial Watch3 - USSS004039



Fed Tax Id (b) (4)

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

3765311
 43065522
 (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 : 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	License No	Beg/End/Distance
2014/DODGE/GCA	ER322820	GDC8085	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	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	45.00	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**

EAH 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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004040



Fed Tax Id: (b) (4)

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

3765311
 430655504
 (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 : 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	697GZV	10873/11317/444

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**

EAH 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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004041



Fed Tax Id (b) (4)

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

3765311
 43065515
 (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 : 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 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
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004042



Fed Tax Id: (b) (4)

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

3765311
 430655498
 (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 : 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

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 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

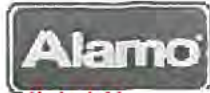
Tel#:(877) 530-6141
 (b) (6), (b) (7)(C)@EHI.COM

Payment Terms

Payment Due Within 30 days of invoice date.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS0004043



Fed Tax Id: (b) (4)

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

3765311
 43065511
 (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 : 390524508
 Driver: (b) (6), (b) (7)(C)
 Pickup 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	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**

LEAN 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.
 Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Judicial Watch3 - USSS004044



Fed Tax Id : (b) (4)

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

3765311
 430664969
 (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 : 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	VIN	License No	Beg/End/Distance
2014/TOYOTA/SIE	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	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	85.00	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**

EAH 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.
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Judicial Watch3 - USSS004045

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



Rental Agreement No: 575720154
 Invoice Date: 11/03/2014
 Document: 924002183404

Direct All Inquiries To:
 THE HERTZ CORPORATION
 COMMERCIAL BILLING DEPT 1124
 PO BOX 121124
 DALLAS, TX 75312-1124

INVOICE

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)
 CDP No.: 63493
 CDP Name: DHSS

DHSS
 POB 6500 COMM CENTER
 SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 575720154
 Reservation ID: G3544618336
 IATA/TACO: (b) (7)(E)
 Special Bill Info: SOD011.034

RENTAL DETAILS

Rate Plan: IN: USGPW OUT: USGPW
 Rented On: 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
 Car Description: COROLLA V396040
 Veh. No.: 9161803
 CAR CLASS Charged: C MILEAGE In: 8,312
 Rented: C Out: 7,965
 Reserved: C Driven: 347

MISCELLANEOUS INFORMATION

RENTAL CHARGES

WEEKS	1 @	192.00	192.00
EXTRA DAYS	1 @	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

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

Rental Agreement No: 575720154
 Invoice Date: 11/03/2014
 Document: 924002183404

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)

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

AMOUNT DUE: 355.53 USD

THE HERTZ CORPORATION
 Phone: 1-888-333-6820
 Fax: 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

INVOICE

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)
 CDP No.: 69495
 CDP Name: DHSS

DHSS
 POB 6500 COMM CENTER
 SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 577331650
 Reservation ID: G35448272B4
 IATA/TACO: (b) (7)(E)
 Special Bill Info: SOD011.034

RENTAL DETAILS

Rate Plan: IN: USGP5 OUT: USGP5
 Rented On: 10/16/2014 12:59 LOC# 220110
 CHICAGO O'HARE AP, IL
 Returned On: 10/21/2014 05:49 LOC# 220110
 CHICAGO O'HARE AP, IL
 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

MISCELLANEOUS INFORMATION

RENTAL CHARGES

WEEKS	1 @	182.00	182.00
GOV'T ADMIN RATE SUPPLEMENT			25.00
SUBTOTAL			207.00

CONCESSION FEE RECOVERY	24.48
ENERGY SURCHARGE	1.49
CUSTOMER FACILITY CHARGE	40.00

AMOUNT DUE 272.97 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

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

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

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)

Phone: 1-888-333-6820
 Fax: 405-775-6770
 E-mail: CBDEPT@HERTZ.COM
 GCN114 QBCBSOA NYH

AMOUNT DUE: 272.97 USD

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



Rental Agreement No: 578312755
Invoice Date: 11/03/2014
Document: 994002187190

Direct All Inquiries To:
THE HERTZ CORPORATION
COMMERCIAL BILLING DEPT 1124
PO BOX 121124
DALLAS, TX 75312-1124

INVOICE

Renter: (b) (6), (b) (7)(C)
Account No.: (b) (7)(E)
CDP No.: 69495
CDP Name: DHSS

DHSS
POB 6500 COMM CENTER
SPRINGFIELD, VA 22150

RENTAL REFERENCE

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

RENTAL DETAILS

Rate Plan: IN: USGPD OUT: USGPD
Rented On: 10/18/2014 07:52 LOC# 220110
CHICAGO O'HARE AP, IL
Returned On: 10/20/2014 19:42 LOC# 220110
CHICAGO O'HARE AP, IL
Car Description: N/L GR CRVN2W3N V944653
Veh. No.: 1006857
CAR CLASS Charged: R MILEAGE In: 2,000
Rented: R Out: 1,787
Reserved: R Driven: 213

MISCELLANEOUS INFORMATION

RENTAL CHARGES

DAYS	3 @	99.00	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

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

Rental Agreement No: 578312755
Invoice Date: 11/03/2014
Document: 994002187190

Renter: (b) (6), (b) (7)(C)
Account No.: (b) (7)(E)

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

AMOUNT DUE: 373.11 USD

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



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

Direct All Inquiries To:
THE HERTZ CORPORATION
COMMERCIAL BILLING DEPT 1124
PO BOX 121124
DALLAS, TX 75312-1124

INVOICE

Renter: (b) (6), (b) (7)(C)
Account No.: (b) (7)(E)
CDP No.: 69495
CDP Name: DHSS

DHSS
POB 6500 COMM CENTER
SPRINGFIELD, VA 22150

RENTAL REFERENCE

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

RENTAL DETAILS

Rate Plan: IN: USGPD OUT: USGPD
Rented On: 10/18/2014 07:48 LOC# 220110
CHICAGO O'HARE AP, IL
Returned On: 10/23/2014 13:13 LOC# 220110
CHICAGO O'HARE AP, IL
Car Description: N/L GR CRVN2W3N V944658
Veh. No.: 1006907
CAR CLASS Charged: R MILEAGE In: 2,247
Rented: R Out: 1,683
Reserved: R Driven: 564

MISCELLANEOUS INFORMATION

RENTAL CHARGES

DAYS	6 @	99.00	594.00
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

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

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

Renter: (b) (6), (b) (7)(C)
Account No.: (b) (7)(E)

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

AMOUNT DUE: 744.56 USD

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



Rental Agreement No: 578358115
 Invoice Date: 11/03/2014
 Document: 904002183671

Direct All Inquiries To:
 THE HERTZ CORPORATION
 COMMERCIAL BILLING DEPT 1124
 PO BOX 121124
 DALLAS, TX 75312-1124

INVOICE

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)
 CDP No.: 69495
 CDP Name: DHSS

DHSS
 POB 6500 COMM CENTER
 SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578358115
 Reservation ID: G35405687F0
 IATA/TACO: (b) (7)(E)
 Special Bill Info: SOD011.034

RENTAL DETAILS

Rate Plan: IN: USGPD OUT: USGPD
 Rented On: 10/18/2014 09:22 LOC# 220110
 CHICAGO O'HARE AP, IL
 Returned On: 10/20/2014 19:53 LOC# 220110
 CHICAGO O'HARE AP, IL
 Car Description: N/LGRCRV2WDVD3N KL9F5L
 Veh. No.: 7522659
 CAR CLASS Charged: R MILEAGE In: 10,617
 Rented: R Out: 10,417
 Reserved: R Driven: 200

MISCELLANEOUS INFORMATIONRENTAL CHARGES

DAYS	3 @	99.00	297.00
GOV'T ADMIN RATE SUPPLEMENT			15.00
SUBTOTAL			312.00

CONCESSION FEE RECOVERY	35.62
ENERGY SURCHARGE	1.45
CUSTOMER FACILITY CHARGE	24.00

AMOUNT DUE 373.11 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

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

Rental Agreement No: 578358115
 Invoice Date: 11/03/2014
 Document: 904002183671

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)

Phone: 1-888-333-6820
 Fax: 405-775-6770
 E-mail: CBDEPT@HERTZ.COM
00M144 GRCBSOA NEW

AMOUNT DUE: 373.11 USD

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



Rental Agreement No: 578312626
 Invoice Date: 11/03/2014
 Document: 974002187611

Direct All Inquiries To:
 THE HERTZ CORPORATION
 COMMERCIAL BILLING DEPT 1124
 PO BOX 121124
 DALLAS, TX 75312-1124

INVOICE

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)
 CDP No.: 69495
 CDP Name: DHSS

DHSS
 POB 6500 COMM CENTER
 SPRINGFIELD, VA 22150

RENTAL REFERENCE

Rental Agreement No: 578312626
 Reservation ID: G35432541D8
 IATA/TACO: (b) (7)(E)
 Special Bill Info: SOD011.034

RENTAL DETAILS

Rate Plan: IN: CRD OUT: 1854
 Rented On: 10/18/2014 07:47 LOC# 220110
 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

MISCELLANEOUS INFORMATION

RENTAL CHARGES

DAYS	3 @	134.00	402.00
GOV'T ADMIN RATE SUPPLEMENT			15.00
SUBTOTAL			417.00

CONCESSION FEE RECOVERY	47.29
ENERGY SURCHARGE	1.49
CUSTOMER FACILITY CHARGE	24.00

AMOUNT DUE 489.78 USD

TERMS OF PAYMENT: 10 Days

THANK YOU FOR RENTING FROM HERTZ

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

Rental Agreement No: 578312626
 Invoice Date: 11/03/2014
 Document: 974002187611

Renter: (b) (6), (b) (7)(C)
 Account No.: (b) (7)(E)

Phone: 1-888-333-6820
 Fax: 405-775-6770
 E-mail: CBDEPT@HERTZ.COM
GCN114 GBCB50A NEW

AMOUNT DUE: 489.78 USD

00247967-8

CHILLER PARK, IL 000006017

12 TOYOTA COROLLA

77-233-0593

1A CLOSED AT
187500 O'HARE APO

Rate: 6000 Cls: IDAR HERTZ
FULL LEVEL IN: FULL
FULL LEVEL OUT: FULL
MILEAGE IN: 65200
MILEAGE OUT: 64254
TOTAL MILES DRIVEN: 946
VEH. CONDITION IN:
SEE ATTACHED

	TIME OUT 10/17/2014 1829	TIME IN 10/20/2014 1857
CHARGES		
DAYS	4 DYS @ 14.00	56.00
TOTAL T & M		56.00
SINCE TAX	20.0000	26.89
GRBS	4 DYS @ 5.00	20.00
StatePass RI	4 DYS @ 9.88	39.52
MOTOR VEHICLE	1 Item @ .55	.55
CUSTOMER FRC	4 DYS @ 8.00	32.00
VEHICLE LICE	4 DYS @ 1.26	5.04

✓ okay to pay in IL
-(b) (6), (b) (7)(C)

4-9-15

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

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

(b) (7)(E)

10/17/2014 1829

LOSS DAMAGE INCLUDED

APCONNECTED 11.1000 13.43
UNDER AGE 25 INCLUDED

ADD'L DRIVER INCLUDED 194.27
TOTAL CHARGES

NET DUE 194.27
PAYMENTS -194.27

DRIVING RESTRICTED
TO CONTINENTAL US,

ALASKA, AND CANADA.

(b) (7)(E)

CREDIT CARD/CASE PAYMENTS

15/10020215206/NA/ 194.27/10/20/2014

ZERO BALANCE 0.00

AA
JYAR11/331 JYAR21/331
10:0020213206 49526002

00248059-0

CHILLER PARK, IL 000006917

14 CHEVROLET CRUISE

877-253-0898

RATE: GOVD C/S: ICAR 910091
FUEL LEVEL IN: FULL
FUEL LEVEL OUT: FULL
MILEAGE IN: 23403
MILEAGE OUT: 23266
TOTAL MILES DRIVEN: 142
VEH. CONDITION IN:
SEE ATTACHED

LA CLOSED AT
CHICAGO O'HARE APO

TIME OUT 10/18/2014 1443. TIME IN 10/20/2014 0901
CHARGES
Days 2 Dys @ 14.00 28.00
TOTAL I & M 28.00
STATE TAX 20.0000 20.00
MOTOR VESTAX 1 Item .95 .95
CUSTOMER FAC 2 Dys 8.00 16.00
VEHICLE LICE 2 Dys 1.26 2.52
GARS 2 Dys 5.00 10.00
LOSS DAMAGE INCLUDED

APCONRECTEE 11.100% 4.50

UNDER AGE 25 INCLUDED
ADD'L DRIVER INCLUDED

TOTAL CHARGES
NET DUE

PAYMENTS

70.57
70.97

-70.97

✓ OKAY to pay
in IL (b) (6), (b) (7)(C)
4-9-15

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

(b) (7)(E)

ADD'L DRIVER: None

DRIVING RESTRICTED
TO CONTINENTAL US,

ALASKA AND CANADA

(b) (7)(E)

CREDIT CARD/CASH PAYMENTS

AB/20020215206/NA/ 70.97/10/20/2014

AA
HROB31/335
IU:0020215206

PJOBT/331
49326002

ZERO BALANCE

0.00

CHICAGO, IL 60666

ZI307057-2

13 MAZDA MAZDA 3

(564) 434-2226

RA CLOSED AT
CHICAGO O'HARE FIELD

Rate: GOVD Cls: IDAR HERTZ
FUEL LEVEL IN: FULL
FUEL LEVEL OUT: FULL
MILEAGE IN: 45805
MILEAGE OUT: 45703
TOTAL MLS DRIVEN: 102
VEH. CONDITION IN:
SEE ATTACHED

TIME OUT	TIME IN	
11/23/2014 1122	11/25/2014 2004	
CHARGES		
Days	3 Dya 8	14.00
TOTAL T & M		42.00
STATE TAX	20.000%	20.14
GARS	3 Dya 8	5.00
FLAKEPASS AL	3 Dya 8	9.99
MOTOR VEH TA	1 Dya 8	2.75
CUSTOMER FAC	3 Dya 8	24.00
VEHICLE LICE	3 Dya 8	1.26
		3.75

LOSS DAMAGE INCLUDED

APCONRECTFE 11.100% 10.07
UNDER AGE 25 INCLUDED

ADD'L DRIVER INCLUDED
TOTAL CHARGES 147.73

NET DUE 147.73
PAYMENTS -147.73

ADD'L DRIVER: NONE

DRIVING RESTRICTED
TO CONTINENTAL US,

ALASKA, AND CANADA

CREDIT CARD/CASH PAYMENTS

AB/ADCS623/NA/ 147.73/11/25/2014

DS
CCOLUH/011
ID:DCS623

PJ3445/011
49526002

ZERO BALANCE 0.00

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

(b) (7)(E)

CHICAGO, IL 60666

13 TOYOTA COROLLA

(566) 434-2226

RA CLOSED AT
CHICAGO O'HARE FIELD

Rate: GOVH Cls: IDAR HERTZ
FUEL LEVEL IN: FULL
FUEL LEVEL OUT: FULL
MILEAGE IN: 24969
MILEAGE OUT: 23876
TOTAL MLS DRIVEN: 1093
VEH. CONDITION IN:
SEE ATTACHED

	TIME OUT	TIME IN
11/22/2014	1208	11/25/2014 1934
CHARGES		
Days	4 Dya 8	31.50
TOTAL T & M		126.00
STATE TAX	20.000%	33.56
GARS	4 Dya 8	5.00
MOTOR VEH TA	1 Ida 8	2.75
CUSTOMER FAC	4 Dya 8	3.00
VEHICLE LYCE	4 Dya 8	1.26
LOSS DAMAGE	INCLUDED	5.04

APCORRECTEE 11.100% 16.77

UNDER AGE 25 INCLUDED
ADD'L DRIVER INCLUDED

TOTAL CHARGES 236.12
NET DUE 236.12

PAYMENTS -236.12

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

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

(b) (7)(E)

ADD'L DRIVER: None

DRIVING RESTRICTED
TO CONTINENTAL US,

ALASKA, AND CANADA

CREDIT CARD/CASH PAYMENTS

AB/ADCS623/WA/ 236.12/11/25/2014

ZERO BALANCE 0.00

21
CCOLJH/011
ID:UCS623

PJ3445/011
49526002