

Total Credits Statement Total

\$61,890.12 \$275.22 \$61,614.90

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4	P/C	ICE CENT
	BILLED	RALLY BIL
	CREDIT OR DISPUTE	LED ACCO
	CREDIT OR VENDOR NAME	UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302
	TAX ID	ARD WORKSHE
	TAX ID # TAXES	ET (SSF 4302
		ت
	TOTAL PAID	

Judicial Watch3 - USSS004533

POTUS

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(b) (7)(E)

Hampton Inn Midway

U.S. SECRET SERVICE

2016 OCT 11 PM 4: 14

CHICAGO FIELD OFFICE

(b) (7)(E) Nights -= (b) (7)(E)

\$1,494.60

Potus 011,034 (b) (7)(E)

Homewood Suites - Schaumburg

2016 OCT 11 PM 3- 26
SCHICAGO FIELD OFFICE

(b) (7)(E)

Nights

- (b) (7)(E)

 $\frac{\int_{ax}^{ax}}{(b)(7)(E)}$ 

Nights

(b) (7)(E)

\$ 427.80

(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.

	Name (as shown on your income tax return)									
6 2	AAA Hospitality, LLC									
page	Business name, if different from above	Business name, if different from above								
uo	Homewood Suites									
Print or type Specific Instructions	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partn ☐ Other (see instructions) ▶	<b>9</b> -€	Exempt payee							
Print c Inst	Address (number, street, and apt. or suite no.)	equester's nam	ne and a	ddress (optional)						
두 교	815 E. American Lane									
ecif.	City, state, and ZIP code									
Spe	Schaumburg, IL 60173									
See	List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
backu	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to a up withholding. For individuals, this is your social security number (SSN). However, for a resid	ent	ial secu	rity number						
alien,	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on p	age 3.		or						
Note.	If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	Emp	loyer id	entification number						
Par	t II Certification									
Under	penalties of perjury, I certify that:									
	ne number shown on this form is my correct taxpaver identification number (or I am waiting for	r a number t	o be is	sued 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
- 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 Signature of Here

#### U.S. person ▶ **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 ax paroses, you are considered a U.S. person if you are:

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

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,

POTUS 011,034 (b) (7)(E)

Homewood Suites - Schaumburg

SHICAGO FIELD OFFIL

Rate (b) (7)(E) Nights

-(b) (7)(E)

(b) (7)(E)

\$ 427,80

(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.

	Name (as shown on your income tax return)									
e 2.	AAA Hospitality, LLC									
ag	Business name, if different from above									
L.	Homewood Suites									
Print or type Specific Instructions on page	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D≃disregarded entity, C=corporation, P=p ☐ Other (see instructions) ▶		Exempt payee							
int	Address (number, street, and apt. or suite no.)	Requester'	s name and	address (optional)						
ᅋᇃ	815 E. American Lane									
eci.	City, state, and ZIP code									
Š	Schaumburg, IL 60173									
See	List account number(s) here (optional)									
Pai	rt I Taxpayer Identification Number (TIN)			7-						
	The transfer of the transfer o	to oveld	Social sec	urity number						
	r your TIN in the appropriate box. The TIN provided must match the name given on Line 1 up withholding. For individuals, this is your social security number (SSN). However, for a r		Occiai coo							
alien	, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ent	ities, it is		or						
-	employer identification number (EIN). If you do not have a number, see How to get a TIN									
	<ul> <li>If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter.</li> </ul>	se	(b) (4)	dentification number						
Pai	rt II Certification									
Unde	er penalties of perjury, I certify that:									
1. T	he number shown on this form is my correct taxpayer identification number (or I am waiting	ng for a num	ber to be is	ssued to me), and						
2. I F	am not subject to backup withholding because: (a) I am exempt from backup withholding Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to reportified me that I am no longer subject to backup withholding, and	, or (b) I hav	e not been	notified by the Internal						
3. I	am a U.S. citizen or other U.S. person (defined below).									
withh For n	ification instructions. You must cross out item 2 above if you have been notified by the I nolding because you have failed to report all interest and dividends on your tax return. For nortgage interest paid, acquisition or abandonment of secured property, cancellation of degement (IRA), and generally, payments other than interest and dividends, you are not requ	real estate f bt, contribu	transactions tions to an	s, item 2 does not apply, individual retirement						

#### U.S. person ▶ General Instructions

Signature of

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

provide your correct TIN. See the instructions on page 4.

#### **Purpose of Form**

Sign

Here

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

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,

Date >

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

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 fax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

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

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

Potus 011,034

(b) (7)(E)

Homewood Suites - Schaumburg

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(b) (7)(E)

Nights

-(b) (7)(E)

(b) (7)(E)

Nights = (b) (7)(E)

\$ 427.80

(Rev. October 2007) Department of the Treasury

#### Request for Taxpayer **Identification Number and Certification**

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

internal	nevertue del vice									
	Name (as shown on your income tax return)									
page 2.	AAA Hospitality, LLC									
	Business name, if different from above									
on F	Homewood Suites									
Print or type c Instructions	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation ☐ Other (see instructions) ▶	Exempt payee								
int	Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)							
	815 E. American Lane									
Specific	City, state, and ZIP code									
Spe	Schaumburg, IL 60173									
See	List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
backu	your TIN in the appropriate box. The TIN provided must match the name given on Lip withholding. For individuals, this is your social security number (SSN). However, fo	r a resident	security number							
alien, your e	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other imployer identification number (EIN). If you do not have a number, see <i>How to get a</i>	rentities, it is TIN on page 3.	or							
	If the account is in more than one name, see the chart on page 4 for guidelines on ver to enter.	whose Emplo	ver identification number (4)							
Par	Certification									
Under	penalties of perium. 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
- 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 Signature of Here U.S. person ▶ Date >

#### 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),
  - 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), o@ A domestic trust (as defined in Regulations section)

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 parthership

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,

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(b) (7)(E)

Union League Club

U.S. SECRET SERVICE

2016 OCT 11 PM 1: 22

CHICAGO FIELD OFFICE

hate (b) (7)(E)

(b) (7)(E)

+

Tax (b) (7)(E)

(b) (7)(E)

\$2035.20



### Obtained via FOIA by Judicial Watch, Inc. Union League Club of Chicago

65 West. Jackson Boulevard, Chicago IL, 60604

Tel. (312) 427-7800, Fax. (312) 427-55107E | SERVIC:

INVOICE

145229

**IS Secret Service** 

Arrival Date October 05, 2016

Departure Date October 10, 2016

# of Nights (b) (7)(E)

Room No.

Adults

9008 (b) (7)(E)

Tuesday, October 11, 2016

olio Items	Item Description	1		Price	Qty	Discount	Ext. Price
(b)	(6),	(b)	(7)(C),	(b	)	<b>(7)</b>	(E)

'ayment	Details				
ayment	<u>Date</u>		Total	\$ 2,035.20	
ISA	10-Oct-16		2,035.20	Payments	\$ 2,035.20
				Balance	\$ 0.00

f there is something you would like us to know about your stay, please direct feedback to frontdesk@ulcc.org

Form W-9
(Rev. December 2014)

(Rev. December 2014)
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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line bit.  Union League Club of Chicago	anky 1: 22	
2	2 Business name/disregarded entity name, if different from above		
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  Individual/sole proprietor or C C Corporation S Corporation Partnership single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership single-member LLC that is disregarded, do not check LLC; check the appropriate bette tax classification of the single-member owner.  Other (see instructions) ▶	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)  (Applies to accounts maintained outside the U.S.)	
ا چ <sub>ا</sub> ہے	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)
\ <u>\alpha</u>	65 W. Jackson Boulevard		and second second second
8	6 Cilv, state, and ZIP code	7	
w 1	Chicago, Illinois 60604-3598		
	7 List account number(s) here (optional)		
	List account from being from the formation		
Part	Taxpayer Identification Number (TIN)		
backup residen entities TIN on Note, I guidelli	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to withholding. For individuals, this is generally your social security number (SSN). However, alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For oil, it is your employer identification number (EIN). If you do not have a number, see How to page 3. If the account is in more than one name, see the instructions for line 1 and the chart on pages on whose number to enter.	er, for a ther o get a or age 4 for Employer	Identification number 4)
Part			
	penalties of perjury, I certify that:	for a number to be fo	sound to make and
	number shown on this form is my correct taxpayer identification number (or I am waiting		
Sen	not subject to backup withholding because: (a) I am exempt from backup withholding, o vice (IRS) that I am subject to backup withholding as a result of a failure to report all inter onger subject to backup withholding; and	or (b) I have not been est or dividends, or (c	notified by the Internal Hevenue ) the IRS has notified me that I am
3. I am	a U.S. citizen or other U.S. person (defined below); and		
4. The	FATCA code(s) entered on this form (if any) Indicating that I am exempt from FATCA repo	orting is correct.	
Certific becaus interest general	cation instructions. You must cross out item 2 above if you have been notified by the IR e you have failed to report all interest and dividends on your tax return. For real estate trappid, acquisition or abandonment of secured property, cancellation of debt, contribution ly, payments other than interest and dividends, you are not required to sign the certificat	S that you are curren ansactions, item 2 do ns to an individual ret	es not apply. For mortgage rement arrangement (IRA), and
Sign Here	Signature of U.S. person ►	Date > 1/1/20	216

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)

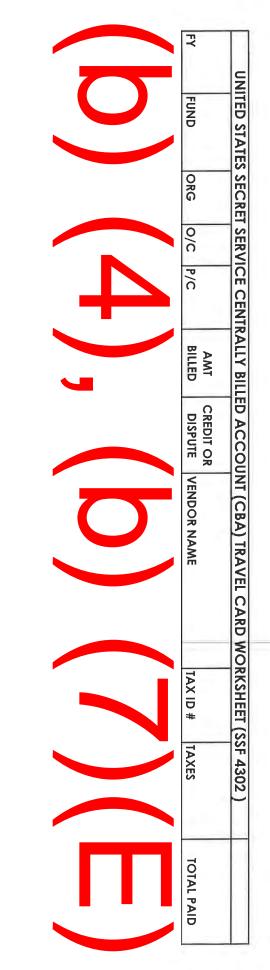
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuitlon)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alian), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



2016 AUS 25 AT 11: 7
CHICASO | 15 L. J. P. P.

Total \$104,693.13
Credits
Statement Total \$104,693.13

POTUS Res Coordinatorbtained via FOIA by Judicial Watch, Inc.

011.034

Crowne Plaza Chicago Metro

(b) (7)(E)

$$\frac{T_{ax}}{(b)} \times \frac{N_{a}}{(b)} = (b) (7)(E)$$



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

Date

07-11-16

Time

13:55

Room

Recpt. No. : 562087

#### **PAYMENT RECEIPT**

Date Description App. Code

**Amount** 

07-11-16

042712

1,388.87USD

**Guest Signature** 

Cashier

Crowne Plaza Chicago Metro Downtown 733 West Madison Street Chicago, Illinois 60661



#### Crowne Plaza Chicago Metro

US Secret Service 525 West Van Buren, Ste (b) (7)(E) Chicago IL 60607 United States Date: 07-11-16

A/R Account Number: (b) (7)(E)

Amount Paid: \$\_\_\_\_\_

Date	Inv. No.	Folio No.	Description		Debit	Credit	Balance
(b) (6), (	b) (7)(C)	, (b) (7)(	E)		1,388.87	- 1,388.87	0.00
07-11-16			*Visa		1,388.87	- 1,388.87	0.00
						Balance Due	0.00
Aging Sum	mary :						
	Up to 30		31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
	0.00		0.00	0.00	0.00	0.00	0.00



#### Crowne Plaza Chicago Metro

US Secret Service 525 West Van Buren, Ste (b) (7)(E) Chicago IL 60607 United States Date: 07-11-16

A/R Account Number: (b) (7)(E)

Amount Paid: \$ \_\_\_\_\_

Date	Inv. No.	Folio No. Description			Debit		Credit	Balance
(b) (6),	(b) (7)(C	C), (b) (7)(E)		1,3	388.87			1,388.87
						Balar	nce Due	1,388.87
Aging Sum	mary :.							
	Up to 30	31 - 60	61 - 90	1.0	91 - 120	10.61	121 - 150	151 and Over
	1,388.87	0.00	0.00		0.00		0.00	0.00

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

## Request for Taxpayer Identification Number and Certification

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

Internal Revenue Service		
1 Name (as shown on your income tax return). Name is required on this line; of	lo not leave this line blank.	
2 Business name/disregarded eatity name, if different from above		
	Metro	
3 Check appropriate box for federal tax classification; check only one of the fe	L	4 Eventions (and a speli only to
☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation	ollowing seven boxes: ion Partnership Trust/estate	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):
single-member LLC Limited liability company. Enter the tax classification (C=C corporation, San Note. For a single-member LLC that is disregarded, do not check LLC; classification of the single-member owner.  Other (see instructions)	=S corporation, P=partnership) ▶	Exempt payee code (if any)
Note. For a single-member LLC that is disregarded, do not check LLC; cl		Exemption from FATCA reporting
the tax classification of the single-member owner.		code (if any)
Other (see instructions)		(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)
3 733 W. Madison St.		
at 10 City, State, and Zir Code		
Chieban, Ed Gar		
7 List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN)	In the	
Enter your TIN in the appropriate box. The TIN provided must match the nar backup withholding. For individuals, this is generally your social security nur	me given on line 1 to avoid Social se	curity number
resident alien, sole proprietor, or disregarded entity, see the Part I instruction		
entities, it is your employer identification number (EIN). If you do not have a		
TIN on page 3.	or	11 00 11
Note. If the account is in more than one name, see the instructions for line 1	I and the chart on page 4 for Employe	ridentification number
guidelines on whose number to enter.	(b)	(4)
	(&)	( . )
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification num	· •	•
<ol><li>I am not subject to backup withholding because: (a) I am exempt from ba Service (IRS) that I am subject to backup withholding as a result of a failu</li></ol>	ackup withholding, or (b) I have not been	notified by the Internal Revenue
no longer subject to backup withholding; and	to report all interest or divisionas, or to	, and the med housed the state and
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exem	ent from FATCA reporting is correct	
Certification instructions. You must cross out item 2 above if you have be	•	tty subject to backup withholding
because you have failed to report all interest and dividends on your tax returns	m. For real estate transactions, item 2 do	es not apply. For mortgage
interest paid, acquisition or abandonment of secured property, cancellation	of debt, contributions to an individual ret	irement arrangement (IRA), and
generally, payments other than interest and dividends, you are not required instructions on page 3. (b) (6) (7)(0)	to sign the certification, but you must pro	ovide your correct till. See the
Sign Signature of (D) (O), (D) (7)(C)	. 1	
Here U.S. person	Date ► (p /	1 115
	Form 1098 (home mortgage Interest), 109	S E (etudent loon Interest) 1008-T
General Instructions	(tuition)	o-E (Student loat interest), 1036-1
Section references are to the Internal Revenue Code unless otherwise noted.	<ul> <li>Form 1099-C (canceled debt)</li> </ul>	
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.	<ul> <li>Form 1099-A (acquisition or abandonmer</li> </ul>	t of secured property)
Purpose of Form	Use Form W-9 only if you are a U.S. pers provide your correct TIN.	on (including a resident alien), to
An individual or entity (Form W-9 requester) who is required to file an information	If you do not return Form W-9 to the requ	
return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification	to backup withholding. See What is backup  By signing the filled-out form, you:	with folding r on page 2.
number (ITIN), adoption taxpayer identification number (ATIN), or employer	Certify that the TIN you are giving is co	prect (or you are waiting for a number
identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information	to be issued),	
returns include, but are not limited to, the following:	2. Certify that you are not subject to bac	
• Form 1099-INT (Interest earned or paid)	<ol><li>Claim exemption from backup withhol applicable, you are also certifying that as a</li></ol>	
Form 1099-DIV (dividends, including those from stocks or mutual funds)	any partnership income from a U.S. trade of	r business is not subject to the
Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)      Form 1098-P (see Extra prize of See Extra	withholding tax on foreign partners' share of	
<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>	<ol> <li>Certify that FATCA code(s) entered on exempt from the FATCA reporting, is corre-</li> </ol>	
Form 1099-S (proceeds from real estate transactions)	page 2 for further information.	

FY	FUND	ORG	o/c	P/C	AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME	TAX ID #	TAXES	TOTAL PAID
	<b>-</b>		/ -	061.040		612 (CR)	Holiday Inn Chicago N. Evanston		\$0.00	\$0.00
2016	(b)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	$(\vdash)$	061.040		17 (CR)	Hampton Inn-Chicago Midway		\$0.00	\$0.00
2016		\' <i>'</i> /	<b>\</b> — <i>\</i>	011.034	\$12,295.00		Crowne Plaza Chicago Metro		\$1,992.06	\$12,295.26
2016				100.INV	\$248.89		Renaissance Chicago Downtown		\$36.89	\$248.89
2016				-	\$4,129.01		Trump International Hotel		\$612.01	\$4,129.01
016	0 1			_061.040	\$101,798.70		Sheraton Grand Hotel		\$15,088.70	\$101,798.70
2016				_011.034	\$101,770.70	20.70 (OD)			-	\$0.00
2016				_061.040		99.72 (CR)	Trump International Hotel		\$0.00	
2016	<del></del>			061.040	\$6,720.03		Whitehall Hotel	1/4	\$996.03	\$6,720.03
2016				011.034	\$114.054.95		Palmer House Hilton		\$16,882.95	\$114,054,95

Total \$239,246.84
Credits \$728.72
Statement Total \$238,518.12





TOR NOW 22 PW 9-11

Judicial Watch - USSS004557

Renegade

011:034

(b) (7)(E)

Palmer House Hilton

2016 NOV -1 PH 9: 10

$$=$$
 (b) (7)(E)

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

1.25 Total = (



#### INVOICE

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

**ORIGINAL DATE:** 

10/12/2016

3 🖺

AON 910Z

INVOICE NUMBER: CUSTOMER ID:

E24502 (b) (7)(E)

S PR

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

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

114,054.95 -114,054.95

TOTAL:

0.00

IT HAS BEEN OUR PLEASURE SERVING YOU. WE LOOK FORWARD TO YOUR NEXT-VISIT TO
THE PALMER HOUSE HILTON.
"PLEASE REMIT TO": 75 REMITTANCE DRIVE SUITE 6797, CHICAGO IL 60675-6797 TEL 312-726-7500

**ORIGINAL** 

PAGE 1

RIGINAL DATE: 10/12/2016

#### THE PALMER HOUSE HILTON STATEMENT OF DEPOSITS, PAYMENTS & ADJUSTMENTS

(b) (7)(E)

DATE	REFERENCE	DESCRIPTION	AMOUNT	
11/7/2016	19112632	PAYMENTS CREDIT CARD PAYMENT VS*(b) (7)(E)	-114,054.95	

TOTAL (114,054.95)

> CHICAGO FIELD I THE 11 :6 Hd E- AON 9102 נוב, גבנובו בייניבו

SYSTEM DATE:11/7/2016

**ACCOUNT DETAIL - PAYMENT SUMMARY** 

(From 11/7/2016)

**REPORT: ARPYMNTSUM** 

Page: 1

(b) (7)(E)

Date	Description	Amount	Payment Method	Auth Num
1/07/2016	CREDIT CARD(b) (7)(E)	<\$99,999.00>	Credit Card	056056
1/07/2016	Invoice# 19142632	\$99,999.00		
1/07/2016	CREDIT CARD(b) (7)(E)	<\$14.055.95>	Credit Card	079158
1/07/2016	Invoice# 19142632	\$14,055.95		3.3100

**End of Report** 

2016 NOV -3 PH 9: 1



#### INVOICE

ORIGINAL DATE:

10/12/2016

INVOICE NUMBER:

CUSTOMER ID:

(b) (7)(E)

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

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

(b) (7)(E)

114,054.95

2016 NOV -1 PH 9: 10

TOTAL.

114,054.95

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

"PLEASE REMIT TO": 75 REMITTANCE DRIVE SUITE 6797, CHICAGO IL 60675-6797 TEL 312-726-7500

**ORIGINAL** 

ORIGINAL DATE: 10/12/2016

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

PAGE 1

GUEST NAME	ROOM NUMBER	DEPARTURE ROOM & TAX DATE	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
(b)	(6)	, (b)	(7)	)(C	<b>5)</b> ,	(b)		7)(	E)

ORIGINAL DATE: 10/12/2016

ROOM

NUMBER

**GUEST NAME** 

#### THE PALMER HOUSE HILTON STATEMENT OF GUEST FOLIO CHARGES

TELEPHONE MISCELLANE

PAGE 2

TOTAL

(b) (7)(E)

**FOOD AND** 

**BEVERAGE** 

**OUS DEPOSITS CHARGES** (b) (6), (b) (7)(C), (b) (7)(E)

TOTAL

**DEPARTURE ROOM & TAX** 

DATE

0.00

**PAYMENTS** 

113,904.95

TOTAL OF COMMITTEE OF A SIND

SHOPS

OTHER

01:6 Nd 1- AON 910Z

TIS SECRET CHANGE

ORIGINAL DATE: 10/12/2016

## THE PALMER HOUSE HILTON STATEMENT OF MISCELLANEOUS CHARGES (b) (7)(E)

PAGE 1

DATE REFERENCE DESCRIPTION

AMOUNT

(b) (7)(E)

TOTAL 150.00

DIATO CLEE COASING

01 :6 NJ 1- AON 910Z

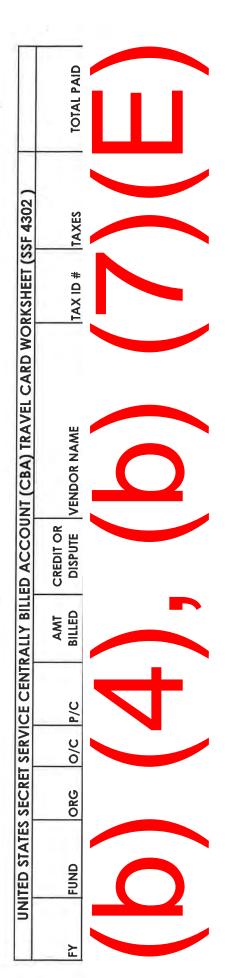
U.S. SEGNET SERVICE

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

Judicial Watch3 - USSS004754

Obtained v	ia FC	DIA by Judicial Watch, Inc.		
	TOTAL		(b) (7)(E)	DATE REFERENCE DESCRIPTION
	150.00			AMOUNT

Lik hon-



Total \$64,648.26 Credits \$372.89 . Statement Total \$64,275.37

CHICAGO FILI D OFFICE

2016 APR -6 PM 1: 1:

4/12/16

011.034

(b) (7)(E)

Hilton Garden Inn - Schaumburg



Form (Rev. January 2005) Department of the Treasury

## **Request for Taxpayer Identification Number and Certification**

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

Internal	Revenue Service		
7	Name (as shown on your income tax return)		
page	Apple REIT Nine Hospitality		
<u>a</u>	Business name, if different from above		
o o	Hilton Garden Inn Schaumburg		
Print or type Specific Instructions	Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other	·	Exempt from backup withholding
str o	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)
Print Insti	1191 E Woodfield Road		
_ ≝	City, state, and ZIP code		
bed	Schaumburg, IL 60173		
See S	List account number(s) here (optional)		
Part	Taxpayer Identification Number (TIN)		
Enter v	our TIN in the appropriate box. The TIN provided must match the name given on Line 1	to avoid Social secu	urity number
	o withholding. For individuals, this is your social security number (SSN). However, for a re		+   +
	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other enti-		or
•	mployer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> c	[=	
<b>Note.</b> to ente	If the account is in more than one name, see the chart on page 4 for guidelines on whose er.	b number (b) (4)	dentification number
Dort	Cortification		

#### 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. person (including a U.S. resident alien).

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 Signature of Here Date ► 4/11/2016 U.S. person ▶

#### 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.

- U.S. person. 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,
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

 Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

	TOTAL PAID		\$2,109.49	\$0.00	\$2,109.49
(SSF 4302)	TAXES		Total	Credits \$0.00	Statement Total
VORKSHEET	TAX ID # TAXES				
JNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKS	CREDIT OR DISPUTE VENDOR NAME				
ACCOUNT	CREDIT OR DISPUTE				
LY BILLED	AMT				
CENTRA	P/C				
ERVIC	ORG O/C P/C	(E)			
CRETS	ORG	(7)			
ITED STATES SE	FUND	(4), (b)			
N	£	) (q			

ce 5/12/16 011.034

(b) (7)(E)

Crowne Plaza Chicago

+

$$\frac{\text{Nights}}{\text{(b) (7)(E)}^{2}}$$

\$1117.44

CHICYGO EFFET GLESO SOIR VER 11 SX 4: 10



US Secret Service 525 West Van Buren, Ste (b) (7)(E) Chicago IL 60607 United States Tax ID Date

04-11-16

Time

16:16

Room

Recpt. No. : 548064

### **PAYMENT RECEIPT**

Date

Description

App. Code

**Amount** 

04-11-16

Visa XXXXXXXXXXXXXX(b) (7)(E)XX/XX

099252

1,117.44USD

**Guest Signature** 

Cashier

61



#### Crowne Plaza Chicago Metro

US Secret Service 525 West Van Buren, Ste Chicago IL 60607 United States Date: 04-11-16

A/R Account Number : (b) (7)(E)

Amount Paid: \$\_\_\_\_

(b)	Inv. No. Folio N		(7)(C	Debit	(7)	Balance
04-11-16	(0),	*Visa	(,)(	1,117.44	-1,117.44	0.00
					Balance Due	0.00
Aging Summa	ary:					
	Up to 30	31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
	0.00	0.00	0.00	0.00	0.00	0 00

Crowne Plaza Chicago Metro Downtown 733 West Madison Street Chicago, Illinois 60661 Tel:(312)829-5000 Fax:(312)602-2199 Email: reservations@thechicagometro.com

Form W-9
(Rev. December 2014)
Department of the Treasury

# Request for Taxpayer Identification Number and Certification

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

ternal Revenue Service			
1 Name (as shown on your income tax return). Name is required on this line; of	to not leave this line blank.		
Mid Cith Plaga LIC			
2 Business name/disregarded entity name, if different from above	10 Au		
3 Check appropriate box for federal tax classification; check only one of the following of	Metro		
3 Check appropriate box for federal tax classification; check only one of the fe		_	4 Exemptions (codes apply only to certain entities, not individuals; see
Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ C Corporation ☐ S Corporation ☐ S Corporation ☐ C Corporation ☐ S Corporation	ion Dartnership	Trust/estate	instructions on page 3)
Limited liability company. Enter the tax classification (C=C corporation, S:	=S corporation. P≃partnershi	D.	Exempt payee code (if any)
Note. For a single-member LLC that is disregarded, do not check LLC; cl			Exemption from FATCA reporting
the tax classification of the single-member owner.	noon the appropriate beautiful	10 1110 00010 101	code (if any)
☐ Other (see instructions) ►			(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or sulte no.)	P	equester's name	and address (optional)
2 +33 W. Madison St.			
6 City, state, and ZIP code			<u>-</u>
8 Chicago IL 60661			
7 List account number(s) here (optional)			
Part I Taxpayer Identification Number (TIN)			
ter your TIN in the appropriate box. The TIN provided must match the nar			ecurity number
ckup withholding. For individuals, this is generally your social security nur		a T	
ident alien, sole proprietor, or disregarded entity, see the Part I instructio lities, it is your employer identification number (EIN). If you do not have a			
I on page 3.	number, ace now to get a	or	
te. If the account is in more than one name, see the instructions for line 1	and the chart on page 4	for Employe	r identification number
delines on whose number to enter.		(h)	(1)
		(D)	(4)
art II Certification			
der penalties of perjury, I certify that:			
The number shown on this form is my correct taxpayer identification num	ther (or I am waiting for a	number to be i	ssued to me); and
, , ,	,		•
I am not subject to backup withholding because: (a) I am exempt from ba Service (IRS) that I am subject to backup withholding as a result of a failu			
no longer subject to backup withholding; and	aro to report air interest or	aividelida, or (	b) the mo has notified the that rain
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 exem	nt from EATCA reporting i	a correct	
			the subject to be always with halding
rtification instructions. You must cross out item 2 above if you have because you have failed to report all interest and dividends on your tax returns.			
erest paid, acquisition or abandonment of secured property, cancellation	of debt, contributions to a	ın individual ret	tirement arrangement (IRA), and
nerally, payments other than Interest and dividends, you are not required	to sign the certification, b	ut you must pr	ovide your correct TIN. See the
tructions on page 3. (b) (6), (b) (7)(C)		7	T
gn Signature of (D) (O), (D) (7)(C)	D.1	tal	1115
ITS U.S. person ▶	Date	0	1 113
eneral Instructions		age Interest), 109	98-E (student loan Interest), 1098-T
tion references are to the Internal Revenue Code unless otherwise noted.	(tuition)	dah4\	
ure developments. Information about developments affecting Form W-9 (such	Form 1099-C (canceled     Form 1099-A (acquisition)	•	ot of conurad property)
egislation enacted after we release it) is at www.irs.gov/fw9.	Form 1099-A (acquisition		
rpose of Form	provide your correct TIN.	•	son (including a resident alien), to
ndividual or entity (Form W-9 requester) who is required to file an information	If you do not return Form to backup withholding. Se		uester with a TIN, you might be subject or withholding? on page 2.
m with the IRS must obtain your correct taxpayer identification number (TIN) th may be your social security number (SSN), Individual taxpayer identification	By signing the filled-out	•	
umber (ITIN), adoption taxpayer identification number (ATIN), or employer			orrect (or you are waiting for a number
tification number (EIN), to report on an information return the amount paid to or other amount reportable on an information return. Examples of information	to be issued),		
ns include, but are not limited to, the following:	2. Certify that you are no	•	,
m 1099-INT (interest earned or paid)			ding if you are a U.S. exempt payee. If
rm 1099-DIV (dividends, including those from stocks or mutual funds)	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		
rm 1099-MISC (various types of income, prizes, awards, or gross proceeds)			of effectively connected income, and
rm 1099-B (stock or mutual fund sales and certain other transactions by ers)		eporting, is corre	this form (If any) indicating that you are ct. See What is FATCA reporting? on

• Form 1099-K (merchant card and third party network transactions)

17-Oct-2016 02:53 PM Page 6 of 6

Us Secret Service - Account No (b) (7)(E) invoice

End of Report

Sheraton Grand Chicago (b) (6), (b) (7)(C) (armbill)

Judicial Watch3 - USSS004796

2016 DET 18 PA 9: 1 x

Reregade - OII. Obtained via FOIA by Judicial Watch, Inc.

(b) (7)(E)

Sheratan Grand Hatel

2016 OCT 18 PM 9: 10
CHICAGO FIELD OFFICE

$$\frac{Rate}{(b) (7)(E)} \times \frac{Nights}{(b) (7)(E)} = (b) (7)(E)$$

\$101,798.70

### Obtained via FOIA by Judicial Watch, Inc.

Sheraton Grand Chicago 301 E. North Water Street Chicago, IL 60611 United States

Tel: 312-464-1000 Fax: 312-464-9140



### Sheraton'

Invoice Nbr

804735

U.S Secret Service

Page Number **Guest Number** Folio ID Arrive Date Depart Date No. Of Guest

Room Number Club Account

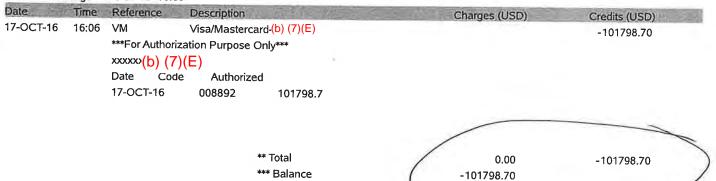
17-OCT-16 17-OCT-16

(b) (7)(E)

**1** (b) (6), (b) (7)(C)

Tax Invoice

Sheraton Chicago 17-OCT-16 16:06 (b) (6), (b) (7)(C)



Experience Sheraton Club. Upgrade to a higher level of comfort, complete with special touches like complimentary breakfast, a premium selection of beverages and access to the Club lounge. Learn more at www.sheraton.com/club

As a Starwood Preferred Guest, you could have earned 0 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay. www.sheraton.com/reviews CHICAGO FIEL **EXPENSE SUMMARY REPORT** Currency: USD Date Room&Tax Food&Bev Telephone Parking Other Payment-10-17-2016 0.00 0.00 0.00 0.00 0.00 -101798.70 0.00 Continued on the next page

### Obtained via FOIA by Judicial Watch, Inc.

Sheraton Grand Chicago 301 E. North Water Street Chicago, IL 60611 United States

Tel: 312-464-1000 Fax: 312-464-9140



### Sheraton<sup>a</sup>

U.S Secret Service Page Number 2 Invoice Nbr 804735 (b) (6), (b) (7)(C) **Guest Number** Folio ID (b) (7)(E)Arrive Date 17-OCT-16 Depart Date 17-OCT-16 (b) (7)(E) No. Of Guest Room Number Club Account Total 0.00 0.00 0.00 0.00 0.00 0.00 -101798.70

2016 OCT 18 PH 9: 11



### Sheraton

# Sheraton Chicago Hotel and Towers

301 East North Water Street Chicago, Illinois 60611 (312) 464-1000

## Your Billing Information

≥:

Starwood Hotels & Resorts Worldwide, Inc. 31:6 NA 81 130 9102

U.S. SECRET SELVICE

Judicial Watch3 - USSS004800

17-Oct-2016 02:53 PM ō Page 2

Us Secret Service - Account No (b) (7)(E)

\*\*\* Summary of Charges \*\*\* INVOICE

101,798.70 101,798.70

\*\*\* Total Amount \*\*\*

Total Individual Guest Charges

Room Charges Room Tax

Individual Guest Charges

A portion of the service charge is retained by the Hotel to pay for various costs/expenses other than the wages and tips of our employees. Service charge is subject to tax.

CHICAGO FIELD OFFICE

2016 OCT 18 PM 9: 1C

U.S. SECRET SELVIUL

17-Oct-2016 02:53 PM Page 3 of 6

\*\*\* Individual Guest Charges \*\*\*

Room Chg Room Tax Total

Follo#

Room #

**Guest Name** 

CHICAGO FIELD OFFILE

2016 OCT 18 PH 9: 10

U.S. SECKET JE. YILL

(b) (7)(E)

Us Secret Service - Account No (b) (7)(E) INVOICE

Sheraton Grand Chicago (b) (6), (b) (7)(C)

17-Oct-2016 02:53 PM oţ

Us Secret Service - Account No (b) (7)(E) INVOICE

Room Chg Room Tax Total

Follo#

Room #

**Guest Name** 

\*\*\* Individual Guest Charges \*\*\*

CHICAGO FIELD OFFICE 2016 OCT 18 PM 9: 10

U.S. SECKET SELVIBE

(b) (7)(E)

Sheraton Grand Chicago (b) (6), (b) (7)(C) (armbill) 17-Oct-2016 02:53 PM Page 5 of 6

Us Secret Service - Account No (b) (7)(E)

Sheraton Grand Chicago (b) (6), (b) (7)(C)

(armbill)

INVOICE ACCOUNT NO \*\*\* Individual Guest Charges \*\*\*

101798.70 Room Chg Room Tax Total Follo# Room # **Guest Name** 

### Legal Disclaimer

For your convenience we have prepared this copy of your master bill. Please be advised that there may be additional charges not reflected on this courtesy copy that will be posted later and included in your final bill. You are responsible for paying all of your folio charges in full.

(p) (1) (E)

CHICAGO FIELD OFFILE

2016 OCT 18 PM 9: 10

U.S. SECRET SELVIBLE

Judicial Watch3 - USSS004804

011.034

(b) (7)(E)

Crowne Plaza

2016 OCT 13 AM 9: 3: CHICAGO FIELD OFFICE

hate (b) (7)(E)

Nights =

(b) (7)(E)

+

 $\frac{1}{(b)}$   $\times$  (b) (7)(E)

Nights

(b) (7)(E)

(b) (7)(E)

\$12,295.26



CHICAGO METRO DOWNTOWN

10-12-16

USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 **United States** 

Folio No. A/R Number **Group Code** Company

Membership No. :

Invoice No.

(b) (7)(E)

Cashier No. : 75

Room No. 9006 Arrivalii Departure

10-06-16 رِي 10-15-16

Conf. No.

Rate Code:

Page No. 1 of 1

**Credits** Charges **Date** Description b) (6), (b) (7)(C), (b) (<sup>-1</sup>

> **Total** 12,295.26 12,295.26

**Balance** 0.00



**Date** 

Time Room

Recpt. No.

USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 **United States** Tax ID

#### **PAYMENT RECEIPT**

Date Description App. Code

**Amount** 

10-12-16

XX/XX

074618

12,295.26USD

**Guest Signature** 

Cashier 75



**#0-12-16** 9006 Cashier No. : 75 Folio No. USSS 10-06-16 525 W. Van Buren Suite (b) (7)(E) Arrival A/R Number Departure 3 (b) (7)(E) **Group Code** 10-15-16 Chicago IL 60607 Confr No. Company **United States** Rate Code Membership No. : Page No. 49 1 of 1 Invoice No.

Date Description Charges Credits

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

Total 12,295.26 0.00

Balance 12,295.26



10-12-16

Folio No.		Cashier No. : 75	Room No	8006
A/R Number	· (b) (7)(E)		Arrival 😄:	10-06-16
Group Code	(b) (7)(E)		Departure :	10-15-16
Company	:		Conf. No:	(F)
Membership No.	:		Rate Code:	( )
Invoice No.	:		Page No.	1 of 11
	A/R Number Group Code Company Membership No.	A/R Number : (b) (7)(E) Group Code : Company : Membership No. :	A/R Number : (b) (7)(E) Group Code : Company Membership No. :	A/R Number Group Code Company Membership No.:  Company  Conf No.:  Company  Rate Code:

Date Description Charges Credits

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

Obtained via FOIA by Judicial Watch, Inc.

CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

10-12-16 9006 Room No. Folio No. Cashier No. : 75 USSS 10-06-16 525 W. Van Buren A/R Number Suite (b) (7)(E)Departure... 10-15-16 Group Code Chicago IL 60607 Conf. No. .. Company **United States** Membership No. : Rate Code Page No. 2 of 11 Invoice No.

Date Description Charges Credits

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



HO 9 90-12-16

USSS 525 W. Van Buren Sulte (b) (7)(E) Chicago IL 60607 United States Folio No. A/R Number Group Code Company

Membership No. :

Invoice No.

(b) (7)(E)

Cashier No. : 75

Room No. : Arrival :: Departure :

9006 10-06-16

Conf. No.

10-15-16

Rate Code:

Page No.⇔: 3 of 11

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



USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 United States Folio No. A/R Number Group Code Company

Membership No. 1

Invoice No.

(b) (7)(E)

Cashier No. : 75

Rogin No.: 19006 Arrival — : 710-06-16

Departure : 10-15-16 Conf. No.:

Rate Code:

Page No. 4 of 11

90-12-16 Folio No. Cashier No. : 75 9006 USSS 525 W. Van Buren 10-06-16 A/R Number Arrival (b) (7)(E)Suite 10-15-16 Group Code Departure Chicago IL 60607 Company **United States** Membership No. : Invoice No. Page No. 5 of 11

9006 Folio No. Cashier No. : 75 USSS Arriva ... 525 W. Van Buren 10-06-16 A/R Number Suite (b) (7)(E) (b) (7)(E)Departure 10-15-16 Group Code Chicago IL 60607 Conf. No. Company **United States** Rate Code 49 Membership No. : Page No. 😕 6 of 11 Invoice No.

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

Description

Date

**Credits** 

Charges



CHICAGO METRO DOWNTOWN

40-12-16 9006 Room No Cashier No. : 75 Folio No. USSS 10-06-16 525 W. Van Buren Arrival A/R Number Suite (b) (7)(E) (b) (7)(E)Departure :: 10-15-16 Group Code Chicago IL 60607 Conf. No. Company **United States** Rate Code Membership No. :: Page No. 🚕 7 of 11 Invoice No.



10-12-16

USSS	Folio No.	4	Cashier No. : 75	Room, No.	9006
525 W. Van Buren	A/R Number	4		Arriva 3	1,0;-06-16
Suite (b) (7)(E)	Group Code	(b) (7)(E)		Departure	19-15-16
Chicago IL 60607	Company			Conf⊟No. ಎ	<u></u>
United States	Membership No.	:		Rate Code	£ (*)
	Invoice No.	:		Page No.	8 of 11

Date Description Charges Credits

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



## **CROWNE PLAZA**

CHICAGO METRO DOWNTOWN

10-12-16

USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 **United States** 

Folio No. A/R Number

Membership No. :

**Group Code** 

Company

Invoice No.

(b) (7)(E)

Cashier No. : 75

Room No. : Arrival

9006 10-06-16

10-15-16

Departure : Conf. No.

Rate Code:

Page No. 9 of 11

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



CHICAGO METRO DOWNTOWN

2016 OCT 13 AM 9: 21

CMICAGO FIELD OFFICE 10-12-16

USSS 525 W. Van Buren Suite (b) (7)(E)

Chicago IL 60607 **United States** 

Folio No.

Company

Invoice No.

A/R Number Group Code

Membership No. :

(b) (7)(E)

Cashier No. : 75

Room No. :

9006 Arrival 10-06-16 Departure : 10-15-16

Conf. No. :

Rate Code:

Page No. 10 of 11

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

2016 OCT 13 M 9: 3

10-12-16

Folio No	Cashier No. 75	Room No. :	9006
	i domento.		10-06-16
	(b) (7)(E)	Departure :	10-15-16
•	ž	Conf. No. :	
' ·		Rate Code:	
Invoice No.	:	Page No.	11 of 11
	•	A/R Number : Group Code : (b) (7)(E) Company : Membership No. :	A/R Number : Arrival : Casnier No. : 75 Room No. : Arrival : Company : Conf. No. : Rate Code : Rate Code :

Date	Description		Charges	Credits
		Total	12,295.26	0.00
		Balance	12,295.26	

A 4 L . 44			
Auth#			



# PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: SA (b) (6), (b) (7 SA (b) (6), (b) (7)(C)	7)(C)(Site #3);	Trip# 201-6	01-034-0008-17-11
DATE OF VISIT: 10/7/16	CITY & STATE:	Chicago, IL	
SITE(s)/LOCATION: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		(Site #3 (Site #4)	3)
SITE(s)/LOCATION cont'd: Chicago, IL 60628		COUNTRY:	USA
VENDOR NAME: Arena Americas			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 6901 S. Santa Fe Dri	ve Hodgkins, IL 60	)525	
VENDOR CONTACT PERSON: (b) (6), (b) (7)	(C)		
VENDOR TELEPHONE NUMBER: Office:			
AUTHORIZED AMOUNT: (Not to Exceed)	\$3,336.50 (Site 3)	\$970.50; Site	e #4: \$ 2,366.00)
(THIS AMOUNT MUST NOT BE EXCEEDED WITH OF PLACING THE ORDER / RESERVATION WITH	OUT OBTAINING AD	DITIONAL AUT ITEMS OR SER	HORIZATION IN ADVANCE
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE (b) (6), (b) (7)(C)	USED OR SERVI (Site #3)	CES PROVID	DED:
(b) (6), (b) (7)(C)	Site`#4)		
PPD REQUISITION NUMBER:	DAT	E REQUEST	ED:
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PUF	RCHASE ORDER (PURCH	ASES EXCEEDING	\$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:		DATE A	PPROVED:
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FO	LLOWING ADDR	ESS:	
FAX: (202) 757-1710 -OR	ATTN: B P. O. Box	udget Coordin	ENTER (PPD) ator
Please note that payment shall be made within vendor information. For fastest service, please			
OPERATIONS SUPERVISORY APPROVAL OF EXI	PENDITURE REQUES	ST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EX LESS:	PENDITURES OF \$3	000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (	7)(C)		

Auth#		

### RENTAL VEHICLE REQUEST (16 Protective Related Travel)

DATE OF VISIT: VISIT LOCATION: TYPE OF REQUEST (For re	I Protective Division 10/7/2016 - 10/9/2016 Chicago, IL visions, please Indicate additions thing changes green.	AV#		DRAFT#: 2
PROJECT CODE: 011.0	34 REQUES	TING SA:	(b) (6), (b) (7)(C)	TRAVEL MANAGEMENT CO. USE
RENTER'S NAME CODI	CAR SIZE VEHICLE PURPOSE	PICKUP DROP OFF AIRPORT/ CITY PICK		N CAR COMPANY AND CONFIRMATION TOTAL COST
(b) (6), (	(b) (7)(	C), (b)	(7)(E)	, (b) (5)
		L L		
COMMENTS: (Please use com	ment section to indicate any sp	ecial instructions. Use pag	ge 2 for additional entries.)	TOTAL COST: (b) (7)(E), (b) (5)
ADDITIONS - Yellow				
CHANGES - Green				
DELETIONS - Red				
AD OPO OFFICE APPROVA	AL:	LRC APPROV	AL:	

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 2)

SSF 4077 (Rev. 06/2016)

FOR ADDITIONAL ENTRIES, USE SHEET 2 BY CLICKING ON SHEET2 BELOW.

(Pages 3 and 4 will be printed separately from Sheet 2.)

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 3)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP	DROP OFF	PICKUP DATE	1	DETUDN	CAR COMPANY AND CONFIRMATION	TOTAL
32											
33											
34											
35											
36											
37											
38											
39	\$										
40	<u> </u>										
41											
42	381										
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											

#### RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 4)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP	DROP OFF AIRPORT/ CITY		RETURN DATE	Y Y	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL
53												
54												
55		1										
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66							<u> </u>		-			
67												
68												
69												
70												
71												
72												

(b) (7)(E), (b) (5)

NTAL VEHICLE REQU	EST (for Prote	ctive-Related 1	ined via FOIA by .	Judicial Watch	n, Inc.			
DIVISION Presid	dential Protecti	ve Division	NAME OF PR		-	Presider	nt Barack Obama	
DATE OF VISIT:		- 10/9/2016					Sand Sand	
VISIT LOCATION:		ago, IL	J	AV #:	51		DRAFT#:	3
TYPE OF REQUEST    NEW REVISION	(For revisions, please highlighting chang	se indicate additions es green.	s by highlighting ac	dditions yellow	v, deletions b	y highlighting	g deletions red, or chang	ges by
PROJECT CODE:	011.034	REQUE	STING SA:		(b) (6), (b	) (7)(C)_	TRAVEL MANAG	EMENT CO. USE
RENTER'S NAME	CODE	VEHICLE PURPOSE	/CITY CITY	RT/ DATE	DATE	TIME T	TURN AND CONFIRMATION	TOTAL COST
(b) (5)	, (b)	(7)(	E), (	(b)	(6)	, (k	o) (7)	(C)
COMMENTS: (Please u	se comment sectio	n to indicate any sp	pecial instructions.	Use page 2	for additiona	al entries.)	TOTAL COST	(b) (5), (b) (7)(E)
ADDITIONS - Yellow								
CHANGES - Green								
DELETIONS - Red								
AD OPO OFFICE APP	ROVAL:		LRC A	PPROVAL				

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 2)

SSF 4077 (Rev. 06/2016)

Obtaine KIAPF DIRORY OFF ICKUP CAR COMPANY RETURN OFFICE CODE **RETURN** PICKUP TOTAL CAR SIZE VEHICLE PURPOSE AIRPORT AIRPORT/ **RENTER'S NAME** AND TIME DATE DATE TIME COST / CITY CONFIRMATION CITY

FOR ADDITIONAL ENTRIES, USE SHEET 2 BY CLICKING ON SHEET2 BELOW.

(Pages 3 and 4 will be printed separately from Sheet 2.)

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 3)

PICKUP DROP OFF CAR COMPANY PICKUP **OFFICE** CAR RETURN **PICKUP RETURN** TOTAL VEHICLE PURPOSE | AIRPORT/ AIRPORT/ **RENTER'S NAME** CODE SIZE DATE DATE TIME TIME COST CONFIRMATION

#### RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 4)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP	DROP OFF AIRPORT/ CITY		RETURN DATE	DEED IDA	CAR COMPANY AND CONFIRMATION	TOTAL
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72							7				

(b) (5), (b) (7)(E)

NTAL VEHICLE	REQUEST	(for Prote	ctive-Related	rined via FOIA by	Judicial Watc	h, Inc.			
			ve Division	NAME OF PR	OTECTEE		President Ba	rack Obama	
DATE OF VISI			- 10/9/2016					The obtain	
VISIT LOCATI			igo, IL	J	AV #:	51		DRAFT#:	4
TYPE OF REG	ON highl	ighting chang	se indicate addition es green.	s by highlighting a	additions yellow			tions red, or chang	es by
PROJECT C	ODE: 011.	034	REQUE	STING SA:		(b) (6), (b) (	7)(C)	TRAVEL MANAGI	EMENT CO. USE
renter's NA	COL	E CARSIZE	VEHICLE PURPOS	/CITY CIT	ORT/ DATE	DATE T	CKUP RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL COST
COMMENTS: (F	Please use cor	nment sectio	n to indicate any s	pecial instructions	s. Use page 2	for additional e	entries.)	TOTAL COST	(b) (5), (b) (7)(E)
ADDITIONS - Y	ellow								
CHANGES -	Green								
DELETIONS -	Red								
AD OPO OFFICE	E APPROV	AL:		LRC A	PPROVAL	:			

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 2)

SSF 4077 (Rev. 06/2016)

ObtainelCKUF DROPORE cial Watch CAR COMPANY RETURN **OFFICE PICKUP RETURN** TOTAL CAR SIZE VEHICLE PURPOSE AIRPORT AIRPORT/ **RENTER'S NAME** AND CODE TIME DATE DATE TIME COST CONFIRMATION CITY

FOR ADDITIONAL ENTRIES, USE SHEET 2 BY CLICKING ON SHEET2 BELOW.

(Pages 3 and 4 will be printed separately from Sheet 2.)

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 3)

**DROP OFF** PICKUP CAR COMPANY **OFFICE CAR** PICKUP RETURN PICKUP RETURN TOTAL RENTER'S NAME VEHICLE PURPOSE | AIRPORT/ | AIRPORT/ SIZE CODE DATE DATE TIME COST TIME CITY CITY CONFIRMATION

### RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 4)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP AIRPORT/ CITY	DROP OFF	RETURN DATE		CAR COMPANY AND CONFIRMATION	TOTAL
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63			4 6							
64										
65			1							
56										
67										
88										
69										
70										
71										
72										

(b) (5), (b) (7)(E)

NTAL VEHICLE REQU	EST (for Prote	ctive-Related <sup>b</sup>	eined yja FOIA by Ju	dicial Watch	, Inc.			
	ential Protecti		NAME OF PROT	ECTEE:	Pres	ident Ba	rack Obama	
DATE OF VISIT:		- 10/9/2016	-	A37.4. [	64	1	DDAFT.	-
VISIT LOCATION: [ TYPE OF REQUEST		igo, IL se indicate additions	┛ s bv highlighting addi	AV #:	51 deletions by highlid		DRAFT#:	5 es by
□ NEW ☑ REVISION	highlighting change	es green.				, ming weret	1	
PROJECT CODE:	011.034	REQUE	STING SA:	-	o) (6), (b) (7)(C)		TRAVEL MANAGI	EMENT CO. USE
RENTER'S NAME	OFFICE CAR SIZE	VEHICLE PURPOSE	PICKUP DROP OFF AIRPORT AIRPORT / CITY CITY		RETURN PICKUP DATE TIME	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL COST
(b) (5)	, (b)	(7)(	E), (	<b>b</b> )	(6),	(b)	(7)	(C)
COMMENTS: (Please us	se comment section	n to indicate any sp	pecial instructions. L	lse page 2 f	or additional entries	s.)	TOTAL COST	(b) (5), (b) (7)(E
ADDITIONS - Yellow								
CHANCES								
CHANGES - Green								
DELETIONS - Red								
AD OPO OFFICE APPR	ROVAL:		LRC APP	PROVAL:				

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 2)

Obtainer CHAP ORE CALLY ATCH CAR COMPANY RETURN **PICKUP** RETURN TOTAL CAR SIZE VEHICLE PURPOSE AIRPORT AIRPORT/ **RENTER'S NAME** CODE DATE DATE TIME COST CONFIRMATION (b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

FOR ADDITIONAL ENTRIES, USE SHEET 2 BY CLICKING ON SHEET2 BELOW. (Pages 3 and 4 will be printed separately from Sheet 2.)

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 3) PICKUP DROP OFF CAR COMPANY PICKUP **OFFICE CAR** RETURN **PICKUP RETURN** TOTAL VEHICLE PURPOSE | AIRPORT/ | AIRPORT/ **RENTER'S NAME** CODE SIZE DATE DATE COST TIME CONFIRMATION

#### RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 4)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP AIRPORT/ CITY	DROP OFF AIRPORT/ CITY	PICKUP DATE	RETURN DATE	PICKUP TIME	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL
53												
54												
55												
56												
57												
58												
59										1		
60												
61												
62												
63												
64												
65												
66		1										
67												
88												
39												
70												
71												
72												

(b) 
$$(5)$$
, (b)  $(7)(E)$ 

Auth#		
Auu I#		



ADVANCE or SITE AGENT: (b) (6), (b) (7)(C)		01-034-0008-17-11	
DATE OF VISIT: 10/07/16 - 10/09/16	Chicago, IL		
SITE(s)/LOCATION: O'Hare Airport, 10000 W O'Hare Ave			
SITE(s)/LOCATION cont'd:	COUNTRY:	USA	
VENDOR NAME: Swissport			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 10600 W. Higgins Suite 606, Rosemor	nt, IL 60018		
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: 847-298-6140			
AUTHORIZED AMOUNT: (Not to Exceed) \$ 500.00 (for 2 of	days @ \$250/d	ay)	
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: Presidential Protective Visit (b) (7)(E)	/(b) (7)(E	)	
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERV (b) (7)(E)	/ICES PROVID	DED:(b) (7)(E)	
PPD REQUISITION NUMBER: DA	TE REQUESTI	ED:	
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCH	HASES EXCEEDING	\$3,000.00)	
EMERGENCY PURCHASE ORDER NUMBER: DATE APPROVED:			
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDI	RESS:		
ATTN: P. O. Bo	JNICATIONS C Budget Coordina ox 6500 eld, VA 22150		
Please note that payment shall be made within 15 days of our receivendor information. For fastest service, please fax invoice to the			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUE	EST:	DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3 LESS:	3,000 OR	DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			

Auth#		
$\neg uu i\pi$		



ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		01-034-0008-17-11
	TE: Chicago, Illino	ois
SITE(s)/LOCATION: (b) (6), (b) (7)(C)		
SITE(s)/LOCATION cont'd:	COUNTRY: U	SA
VENDOR NAME: Arena Americas		
VENDOR TAX ID #: (b) (4)		
VENDOR ADDRESS: 6901 Santa Fe Dr. Hodkins, IL 605	25	
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)		
VENDOR TELEPHONE NUMBER: 708-218-9109		
AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,533.85		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING OF PLACING THE ORDER / RESERVATION WITH THE VENDOR		
ITEM OR SERVICE:(b) (7)(E)		
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)	(E)	
ADDRESS WHERE EQUIPMENT WILL BE USED OR SE $(b)$ $(7)(E)$	RVICES PROVIDI	ED: (b) (7)(E)
PPD REQUISITION NUMBER:	DATE REQUESTE	D:
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PI	JRCHASES EXCEEDING \$	3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:	DATE API	PROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING A	DDRESS:	
ATT P. C	MMUNICATIONS CE N: Budget Coordina . Box 6500 ngfield, VA 22150	
Please note that payment shall be made within 15 days of our vendor information. For fastest service, please fax invoice to		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE RE	QUEST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES CLESS:	F \$3,000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)		



ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		01-034-0008-17-11
	ΓΕ: Chicago, Illin	
SITE(s)/LOCATION: Stoney Island Arts Bank, 6760 South		
SITE(s)/LOCATION cont'd:	COUNTRY: U	JSA
VENDOR NAME: (b) (6), (b) (7)(C)		
VENDOR TAX ID #: (b) (4)		
VENDOR ADDRESS: (b) (6), (b) (7)(C)		
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)		
VENDOR TELEPHONE NUMBER: 630-864-8020		
AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,530.36		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING OF PLACING THE ORDER / RESERVATION WITH THE VENDOR I	ADDITIONAL AUTOR SER	HORIZATION IN ADVANCE VICES.)
ITEM OR SERVICE:(b) $(7)(E)$		
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(	(E)	
ADDRESS WHERE EQUIPMENT WILL BE USED OR SE (b) $(7)(E)$	RVICES PROVID	DED:(b) (7)(E)
PPD REQUISITION NUMBER:	DATE REQUEST	ED:
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PU	IRCHASES EXCEEDING	\$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:	DATE A	PPROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING AD	DRESS:	
ATTI P. O	MMUNICATIONS C N: Budget Coordin . Box 6500 agfield, VA 22150	
Please note that payment shall be made within 15 days of our revendor information. For fastest service, please fax invoice to		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REC	QUEST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES O LESS:	F \$3,000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)		

Auth#					
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ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		01-034-0008-17-11
	E: Chicago, Illin	
SITE(s)/LOCATION: Stoney Island Arts Bank, 6760 South		
SITE(s)/LOCATION cont'd:	COUNTRY: I	JSA
VENDOR NAME: OTIS Elevator		
VENDOR TAX ID #: (b) (4)		
VENDOR ADDRESS: 949 Oak Creek Dr. Lombard, IL 601	48	
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)		
VENDOR TELEPHONE NUMBER: (b) (6), (b) (7)(C)		
AUTHORIZED AMOUNT: (Not to Exceed) \$ 600.00		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING OF PLACING THE ORDER / RESERVATION WITH THE VENDOR F		
ITEM OR SERVICE:(b) (7)(E)		
PURPOSE OF EXPENDITURE: (b) (7)(E)		
ADDRESS WHERE EQUIPMENT WILL BE USED OR SEI (b) (7)(E)	RVICES PROVII	DED: (b) (7)(E)
PPD REQUISITION NUMBER:	ATE REQUEST	ED:
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PUI	RCHASES EXCEEDING	\$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:	DATE A	PPROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING AD	DRESS:	
ATTN P. O.	MUNICATIONS C Budget Coordin Box 6500 gfield, VA 22150	
Please note that payment shall be made within 15 days of our revendor information. For fastest service, please fax invoice to		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REC	UEST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF LESS:	\$3,000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)		

A + L - 44			
Auth#			



ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)(Site)	Trip# 201-601-034-0008-17-11		
DATE OF VISIT: 10/7/16 CITY & STATE: Chicago, IL			
SITE(s)/LOCATION: (b) (6), (b) (7)(C)			
SITE(s)/LOCATION cont'd: Chicago, IL 60628	COUNTRY: USA		
VENDOR NAME: Arena Americas			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 6901 S. Santa Fe Drive Hodgkins, IL 6	60525		
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: Office: (b) (6), (b) (7)(C) Cel	<b>1:</b> (b) (6), (b) (7)(C)		
AUTHORIZED AMOUNT: (Not to Exceed) \$ 1,049.30			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING A OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERV	VICES PROVIDED:(b) (7)(E)		
PPD REQUISITION NUMBER: DA	TE REQUESTED:		
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCI	HASES EXCEEDING \$3,000.00)		
EMERGENCY PURCHASE ORDER NUMBER:	DATE APPROVED:		
PROCUREMENT CONTACT PERSON:	•		
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDI	RESS:		
ATTN: P. O. Bo	UNICATIONS CENTER (PPD) Budget Coordinator ox 6500 eld, VA 22150		
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.			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUE	EST: DATE OF APPROVAL:		
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$1 LESS:	3,000 OR DATE OF APPROVAL:		
Liaison & Administrative Manager (b) (6), (b) (7)(C)			



BRANCH: 106 W	Higarde
SuitE 606	70
Rosemont	IL 60018
17-298-6146 TA	$y \neq (b) (4)$

SERVICE ORDER

No. 250467

	347-298-6140	5 Ta	ι#(b)	(4)	BHANC	I CODE a picit	MARCET CODE
LYCCC				+ 10-9.		D8D	
CUSTOMER USSS		A/C Type	147	A/C Reg.	FL	Г. No.	
***************************************				STD			
CHARGE TO		ROUTE IN:		-	ESTIC	TRANSBO	
		OUT:					
CONTRACT N	NON-CONTRACT □		SCHE	DULED		NON-SCHED	ULED 🗆
RAMP SERVICE: POS/ORIG.				DIVERSION		CHAP	
TERM/POS.  TERM/ORIG.		OFF LOAD ONLOAD		DIVERSION: REFL DELA	YED 🔲	\$	#
CLEANING SERVICE: MAJOR		CREW CHG.		LAYO			-
MINOR		LAVS WATER		REMO GARE			
TECHNICAL SERVICE:	TRANSIT			TURN AROUN			
PASSENGER SERVICE:		INBOUND			ERSION:		
		OUTBOUND		REMAIN ON	A/C 🗆		
		TRANSIT		DISEMBARI LAYOVER	· 🗆		
OPERATIONS SERVICE:		BALANCE		CLEARANCES			1
	FILE FLIG			COMMUNICAT			
ADDITIONAL MANPOWER		HRS	RATE	\$	¢		
ADDITIONAL EQUIPMENT		HRS	RATE	\$	e		
h) /7\/E)							
D(I)(L)							
	-					CM	0
						300	
DE-ICING SERVICES		GALLONS	RATE	\$	e		
							1
MISCELLANEOUS							
*							
the state of the same of the s	THORIZATION OF SE			A Photos		TOTAL CI	HARGE
Customer hereby requests that Servisair provide, a indicated. Customer agrees to indemnify and hold So on account of lose or damage to property of, or injurand materials, including pairs for consequential dar (b) (6), (b) (7)(C)	t the customer's risk, to ervisair harmless from a ry to or death of any parages, whether or not on the AUTHORIZED BY	and against all erson(s), arisin caused or cont	nd materials s claims and lia g out of or in ributed to by \$	et forth above, at the bilities, by whomsoev connection with such Servisair's negligence.	charges er made, services	\$	
Servisair REPRESENTATIVE			EPRESENTATI	VE		CAA	~
	COMPLETION OF SER	VICES	فالراجي	المستحددان		30	W
All services required to be performed by Servisair have been satisfactorily completed and Customer herebreleases Servisair from any further obligations on account the performance of such service.	oy .						
	<b>CUSTOMER REP</b>	RESENTATIVE		Judicial V			

		RENTAL VI	EHICLE REQU	EST (for Proved	tive-Refated	<sup>c</sup> Travel)		
DIVISION DATE OF		ential Protecti	ve Division /2017	NAME	OF PROTEC	CTEE Presi	dent Barack Oba	ma
VISIT LOC			12017 ago, IL	-	AV#: [	4	DDAET#	0
TYPE OF F	REQUEST	(For revisions, plea:	se indicate addition:	┛ s by highlighting add		letions by highlig	DRAFT#: htling deletions red, or o	2 changes by
□NEW ☑RE		highlighting chang			(1	) (C) (b) (7)(O)		
PROJEC	T CODE:	011.034	REQUE	STING SA:		o) (6), (b) (7)(C)		NAGEMENT CO. USE
RENTER	'S NAME	OFFICE CAR SIZE	VEHICLE PURPOSE	PICKUP DROP OF AIRPOR / CITY CITY	T/ PICKUP R	ETURN PICKUP DATE TIME	RETURN AND CONFIRMA	COST
(b) (	(7)	(E),	(b) (	(5), (	b) (	6),	(b) (7	')(C)
COMMENTS	: Chicago FC	) was unable to pro	ovide vehicles for C	CAT, CS, HAMMER,	UD or ASB. Th	ey do not have co	ounterpartsTOTAL C	OST: (b) (7)(E), (b) (5
ADDITIONS -	Yellow							
CHANGES -	Green							
DELETIONS -	Red							
AD OPO OFF	ICE APPR	ROVAL:		LRC AP	PROVAL:			

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 2)

Obtain PICKUF DROP OFFI cial Watch RETURN CAR COMPANY **OFFICE PICKUP RETURN** TOTAL CAR SIZE VEHICLE PURPOSE AIRPORT AIRPORT/ **RENTER'S NAME** CODE DATE DATE TIME TIME COST CONFIRMATION (b) (7)(E), (b) (5), (b) (6), (b) (7)(C)

FOR ADDITIONAL ENTRIES, USE SHEET 2 BY CLICKING ON SHEET2 BELOW.

(Pages 3 and 4 will be printed separately from Sheet 2.)

RENTAL VEHICLE REQUEST (for Protective-Related Travel) (page 3)

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	PICKUP	DROP OFF	PICKUP DATE	1	PICKUP TIME	 CAR COMPANY AND CONFIRMATION	TOTAL
32								. ( - ;			
33		- '									
34											
35											
36											
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43								- 51			
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46											
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48											
49											
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51											
52											

#### Obtained via FOIA by Judicial Watch, Inc.



7000 S. 10th St. Oak Creek, WI 53154 (414) 831-7000 6901 Santa Fe Dr. Hodgkins, IL 60525 (708) 218-9109 55 Montgomery St. Belleville, NJ 07109 (973) 771-5177 8500 Parkline Blvd, Ste 110 Orlando, FL 32809 (407) 297-1165 48245 Ft. Irwin Rd. Barstow, CA 92311 (800) 383-6332

#### Visit us at: www.arenaamericas.com

Global Events. Designed and Delivered.

**RESERVATION** 

	_							
Rented To:					9 10 10 10 10 10 10 10 10 10 10 10 10 10	Delivery Location:		Ticket#
	S Secret Service					U.S. Sercret Service		Res# 32117
Attention: (b)	(6), $(b)$	o) (7)(C	C)			/ト \ /フ\/⊏\		
725 17TH Stree	et Nw					(b) (7)(E)		
Washington DC 20503					(b) (7)(E)			
Cust#/Kev# (b)	(7)(E)							
Delivery/Out:	10/ <sup>(b) (</sup>	<sup>(7)(E</sup> 16 F	Fri	(b) (7)(E) KAM	Ordered by:	(b) (6), (b) (7)(C)	PO/Job	# 20X30 Tent
Event:	10/	16 F	Fri		Phone:	<b>C</b> (b) (6), (b) (7)(C)	Time:	NOTES
Pick-up/In:	10/	16 F	Fri	KAM			Sisp:	(b) (6), (b) (7)(C)
DELIVERY								

Qty **Item** Description Day Rate **Total** Delivery: (b) (7)(E) Event (b) (7)(E Take down(D) **Onsite Contact:** All Crew To Wear Full Arena Gear And Must Have Id's With Them At All Times Must Use Arena Americas Labeled Truck--Need To Use Small Truck 0.00 595.00 140.00 75.00 0.00 95.00 25.50 0.00 0.00 40.00

Remit payment to: Wire/ACH: PNC Bank, ABA (b) (4) Arena Event Services, Inc. Account (b) (4)

USPS: Arena Event Services Inc., PO Box 776368, Chicago, IL 60677-6368
FedEx/UPS: PNC Bank c/o Arena Event Services, Inc., Lockbox 776368, 350 East Devon Ave., Itasca, IL 60143

X \_\_\_\_\_\_PRINT NAME
X \_\_\_\_\_\_SIGNATURE

This Rental Contract, including the attached Terms and Conditions which are incorporated by reference, constitutes the entire agreement between Customer and Arena Americas. Read both sides and all Terms and Conditions before signing. Customer is responsible for all equipment signed for on this Rental Contract until it is returned to an authorized agent of Arena Americas. The signature above authorizes Arena Americas to charge the above credit card, credit card on file, or account for rentals or purchases, missing/damaged items, cleaning charges, additional delivery and rental charges as well as amounte of returned checks, 50% deposit due to secure the reservation. Balance due 7 days prior to start of installation without an open credit

10/05/16 13:06:03 Page 1

account. Credit terms are Net 30.

#### Obtained via FOIA by Judicial Watch, Inc.



7000 S. 10th St. Oak Creek, WI 53154 (414) 831-7000 6901 Santa Fe Dr. Hodgkins, IL 60525 (708) 218-9109 55 Montgomery St. Belleville, NJ 07109 (973) 771-5177 8500 Parkline Blvd, Ste 110 Orlando, FL 32809 (407) 297-1165 48245 Ft. Irwin Rd. Barstow, CA 92311 (800) 383-6332

#### Visit us at: www.arenaamericas.com

Global Events. Designed and Delivered.

RESERVATION

Rented To:		Delivery Location:		Ticket#	
U S Secret Service Attention: (b) (6), (b) (7)(C)	U.S. Sercret Service (b) (6), (b) (7)(C)			Res# 32117	
725 17TH Street Nw Washington DC 20503		(b) (c), (b) (1)(c)		(b) (7)(E)	
Cust#/Kev#(b) (7)(E)					
Delivery/Out: $(b)(7)(E)^{\text{Event:}}$	Ordered by: Phone:	(b) (6), (b) (7)(C) c (b) (6), (b) (7)(C)	Time:	# 20X30 Tent NOTES (b) (6), (b) (7)(C)	

Qty Item Description	Day Rate	Total
(b) (7)(E)		
(b) (7)(E)		
- Payments	-	

Remit payment to: Wire/ACH: PNC Bank, ABA (b) (4) , Arena Event Services, Inc. Account (b) (4)

USPS: Arena Event Services Inc., PO Box 776368, Chicago, IL 60677-6368

FedEx/UPS: PNC Bank c/o Arena Event Services, Inc., Lockbox 776368, 350 East Devon Ave., Itasca, IL 60143

X
PRINT NAME
Y
SIGNATURE
This Rental Contract, including the attached Terms and Conditions which are incorporated by reference, constitutes the entire agreement between Customer and Arena Americas. Read both sides and all Terms and Conditions before signing. Customer is responsible for all equipment signed for on this Rental Contract until it is returned to an authorized agent of Arena Americas. The signature above authorizes Arena Americas to charge the above credit card, credit card on file, or account for rentals or purchases, missing/damaged items, cleaning charges, additional delivery and rental charges as well as amounts of returned checks. 50% deposit due to secure the reservation. Balance due 7 days prior to start of installation without an open credit
account. Credit terms are Net 30.

Rentals	810.00
Sales	160.50
Delivery/Other	0.00
Damage Waiver	0.00
Env. Charges	0.00
Sales Tax	0.00
Total	970.50
Total Paid	0.00
Est Amount Due	970.50



ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C) (Site)		01-034-0008-17-11		
DATE OF VISIT: 10/7/16 CITY & STATE	: Chicago, IL			
SITE(s)/LOCATION: (b) (6), (b) (7)(C)	COUNTRY	110.4		
SITE(s)/LOCATION cont'd: Chicago, IL 60628	COUNTRY:	USA		
VENDOR NAME: Arena Americas				
VENDOR TAX ID #: (b) (4)				
VENDOR ADDRESS: 6901 S. Santa Fe Drive Hodgkins, IL	60525			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)				
VENDOR TELEPHONE NUMBER: Office: (b) (6), (b) (7)(C) Ce	<b>II:</b> (b) (6), (b) (7)(0	C)		
AUTHORIZED AMOUNT: (Not to Exceed) \$ 1,049.30				
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING A OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FO				
ITEM OR SERVICE: (b) (7)(E)				
PURPOSE OF EXPENDITURE: (b) (7)(E)				
ADDRESS WHERE EQUIPMENT WILL BE USED OR SER	VICES PROVID	DED:(b) (7)(E)		
PPD REQUISITION NUMBER: DATE REQUESTED:				
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURC	CHASES EXCEEDING	\$3,000.00)		
EMERGENCY PURCHASE ORDER NUMBER:	EMERGENCY PURCHASE ORDER NUMBER: DATE APPROVED:			
PROCUREMENT CONTACT PERSON:				
PLEASE FORWARD INVOICE TO THE FOLLOWING ADD	RESS:			
ATTN: P. O. B	UNICATIONS C Budget Coordin ox 6500 ield, VA 22150	, ,		
Please note that payment shall be made within 15 days of our rec vendor information. For fastest service, please fax invoice to the				
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQU	EST:	DATE OF APPROVAL:		
ATSAIC (b) (6), (b) (7)(C)				
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$ LESS:	53,000 OR	DATE OF APPROVAL:		
Liaison & Administrative Manager (b) (6), (b) (7)(C)				

Auth#		
Audim		



ADVANCE or SITE AGENT: ATSAIC (b) (6), (b) (7)(C)		01-034-0008-17-11
DATE OF VISIT: October 7-9, 2016 CITY & STATE:		
SITE(s)/LOCATION: 5039 S. Greenwood Ave., Chicago, IL 6		
SITE(s)/LOCATION cont'd:	COUNTRY:	USA
VENDOR NAME: Service Sanitation, Inc.		
VENDOR TAX ID #: (b) (4)		
VENDOR ADDRESS: 135 Blaine Street, Gary, IN 46406		
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)		
VENDOR TELEPHONE NUMBER: (219) 949-7000		
AUTHORIZED AMOUNT: (Not to Exceed) \$2,179.00		
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ALL OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEM OR SERVICE:(b) $(7)(E)$	DDITIONAL AUT RITEMS OR SER	HORIZATION IN ADVANCE VICES.)
purpose of expenditure: (b) $(7)(E)$ (b) $(7)(E)$		
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERV	/ICES PROVID	DED:
PPD REQUISITION NUMBER: DA	TE REQUEST	ED:
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCH	HASES EXCEEDING	\$3,000.00)
EMERGENCY PURCHASE ORDER NUMBER:		PPROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDI	RESS:	
ATTN: P. O. Bo	JNICATIONS C Budget Coordin ox 6500 eld, VA 22150	
Please note that payment shall be made within 15 days of our receivendor information. For fastest service, please fax invoice to the		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUE	EST:	DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3 LESS:	3,000 OR	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)		





#### **EVENT SERVICE AGREEMENT**

**Billing Address** 

**COMMUNICATIONS CENTER PPD** PO BOX 6500 SPRINGFIELD, VA 22150

Customer #:

(b) (7)(E)

Contact Name:

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

Phone:

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

**Service Address COMMUNICATIONS CENTER** 



Qty:

**Restroom Services** 

Rate:

\$2,179.00

Total:

\$2,179.00

Friday, October 7, 2016

Work Order #: 7242695

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

SEE/CALL<sup>(b) (6), (b) (7)</sup>FOR PLACEMENT

**INSTRUCTIONS** 

< MAY NEED EXTRA EXTENSION CORD >

Sunday, October 9, 2016

Work Order #: 7242698

(b) (7)(E)

Please initial to acknowledge (b) (7)(E)

have been reviewed.

Customer is responsible for providing appropriate power supply and accessibility for placement.

**Total For Event: \$2,179.00** 

Terms:

**NET 30** 

Customer #:

(b) (7)(E)

This Service Agreement is subject to Service Sanitation's Terms and Conditions which are fully incorporated herein.



#### TERMS & CONDITIONS

#### 1. ACCEPTANCE:

Customer shall be deemed to have accepted these terms and conditions upon oral acknowledgment, signature, or other conduct indicating acceptance. Customer hereby acknowledges and agrees that these Terms and Conditions shall apply to all sites and all orders placed by the Customer at any time. Customer's consent and agreement to these Terms and Conditions may not be withdrawn or revoked except upon written notice to Service Sanitation, Inc. (Company) at least thirty (30) days before the effective date of such revocation, and such revocation of Customer's agreement to these Terms and Conditions shall only apply to future orders. These terms and conditions shall supersede any inconsistent terms of any purchase order or Customer documents.

- 2. COMPANY OBLIGATIONS: The obligations of COMPANY shall include:
  - (a) Supply the sanitation equipment ("Equipment") listed in service agreement ("Service Agreement") and provide the type of service plan stated within Service Agreement. The delivery dates are approximate and the Company shall have no liability for any failure or delay in making delivery or for failure to give notice of any such failure.
  - (b) Provide additional Equipment and service as requested by the Customer at Company's customary rates. Service schedule shall be determined by Company and is subject to change.
  - (c) Maintain Equipment in good working order under ordinary use. Company shall not be responsible for failure to render such maintenance due to causes beyond reasonable control of the Company.
- 3. CUSTOMER'S OBLIGATIONS: The obligations of the CUSTOMER shall include:
  - (a) Remit amounts due as indicated on Service Agreement and all subsequent amounts due, not later than the terms indicated on associated invoices. Routed service pricing is subject to change without prior notice. Customer is responsible for all taxes, however designated, arising out of the provisions of services under this agreement, including without limitations, sales, use, transfer, privilege, excise or other tax or duty.
  - (b) Retain absolute and sole control, possession and custody of Equipment and return such Equipment to Company at end of the service period.
  - (c) Acknowledge that Company has no control over use of the Equipment by Customer. Customer should make no use of the Equipment for other than sanitation purposes. While Equipment is in Customer's possession, Customer shall prevent any contamination of such units with or from radioactive, volatile, flammable, explosive, toxic or hazardous materials. In the event that such waste is found in the Equipment, Customer shall arrange and pay for separate removal of such waste.
  - (d) Customer agrees to comply, at Customer's expense, with any and all applicable municipal, county, state, federal or quasi-governmental laws, ordinances, regulations and guidelines.

#### 4. LOCATION OF EQUIPMENT:

- (a) Customer is responsible to exercise due diligence and care in the selection of the location designated for Equipment and to supervise the placement of such Equipment. Customer is responsible for any damages that accrue therefrom.
- (b) Customer may not relocate Equipment without company consent. Customer is responsible for ensuring Equipment is available or accessible for servicing or maintenance at ground level without hazard to Company, its agents, employees or Equipment. If Company is unable to service units due to Customer's failure to make them accessible, Customer is responsible for any damages that accrue therefrom. Customer will be charged for any additional services resulting
- 5. POWER & WATER SOURCES FOR RESTROOM TRAILERS/WATER SYSTEMS:

With regard to restroom trailer or Pro-Flush water system service, Customer shall provide appropriate power and/or water source as indicated on Service Agreement at service site in advance of delivery. Customer is responsible for maintaining the availability of power and water resources and monitoring such throughout the duration of the service period. Failure to provide and maintain resources may result in additional time and materials charges, delayed delivery and/or subsequent damages, for which Customer accepts full responsibility.

#### 6. DAMAGED OR LOST EQUIPMENT:

- (a) Customer acknowledges that he has had an opportunity to personally inspect the sanitation Equipment, and finds it suitable for his needs and in good condition, and that he understands its proper use.
- (b) Customer must notify the Company immediately and discontinue use of the Equipment if the units become unsafe or in disrepair for any reason. Company is not responsible for any incidental or consequential damages caused by delays or otherwise.

- (c) No alterations to Equipment permitted unless approved by Company in writing.
- (d) Customer agrees to pay for any damage to or loss of the goods, as an insurer regardless of the cause, except reasonable wear and tear, while Equipment is out of the possession of the Company. The cost of the repairs will be borne by the Customer, whether performed by the Company or at the Company's option, by others. Equipment damaged beyond repair will be invoiced at replacement cost. Customer agrees to accept Company's decision regarding reparability.

#### 7. WARRANTIES

THERE ARE NO WARRANTIES OF MERCHANTABILITY, OR FITNESS, EITHER EXPRESSED OR IMPLIED. There is no warranty that the Equipment is suited for Customer's use, or that it is free from defects.

#### 8. HOLD HARMLESS:

Customer agrees to assume the risks associated with use of Company Equipment and services. Customer further agrees to hold Company harmless for any and all claims or lawsuits associated with service or Equipment, including claims against Customer by a third party. Company shall not be liable for any property damage, personal injury, loss of profits, interruptions of business, out-of-pocket expenses or any direct, indirect, special, consequential, punitive, exemplary, or incidental damage, however caused, whether based on contract, tort (including negligence), strict liability, warranty, or any other basis arising out of, or connected with this agreement, or the use of any service furnished hereunder.

#### INDEMNITY

Customer agrees to indemnify and reimburse Company for any and all claims, damages, or liabilities of any kind arising out of the use of the Equipment by Customer, Customer's agents, or any third party, including claims, damages, or liabilities arising from Company's negligence, and Customer further agrees to indemnify and reimburse Company for any and all claims, damages, or liabilities arising out of any breach of this contract by Customer.

#### 10. LIMIT OF SERVICE SANITATION'S LIABILITY:

Service Sanitation's aggregate liability under this agreement shall not exceed the amounts paid to Service Sanitation in connection with agreement.

#### 11. DURATION AND CANCELLATION:

No pro-rata adjustment is made for partial use. Unless agreed upon in writing or unless specific retrieval date is listed on the Service Agreement, the minimum billing period is 4 weeks. A delivery must be cancelled in writing at least 24 hours in advance to avoid a cancellation fee. Deliveries cancelled with less than 24 hour notice and deliveries cancelled on arrival will be charged full amount listed on service agreement. Deposits remitted for restroom trailers will be forfeited unless written notification of cancellation is provided 30 days prior to delivery date.

#### 12. LATE PAYMENT / COLLECTION COSTS:

All charges are payable in full with no privilege to pay in installments. Past due amounts are subject to 18% APR. Customer is also obligated to reimburse Company for all costs/expenses incurred in the collection of fees for service, including without limitation, collection, attorneys' fees and court costs.

#### 13. DEFAULT:

If the Customer falls to pay any service payment or other charge due, perform any of its other obligations, Company, without notice, shall have the right to terminate the agreement immediately, to take possession of any or all of its property without any legal process, to enter Customer's premises to take such possession, or pursue any other remedy at law or equity. All such remedies shall be cumulative and may be exercised concurrently.

#### 14. NONWAIVER & SEVERABILITY:

No provision of this contract can be waived except by the written consent of Company. Failure by Company to enforce any provision shall not constitute waiver of provision. The provisions of this agreement shall be severable so that invalidity, unenforceability, or waiver of any provision(s) shall not affect remaining provisions.

#### 15. GOVERNING LAW:

This agreement shall be governed by the laws of the State of Illinois.

I hereby accept the terms and conditions of this agreement. If accepting on behalf
of an organization, I certify that I am an authorized signatory for said company.

Signature:	
Printed Name:	
Company Name:	
Date:	Customer #:(b) (7)(E)

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

Passenger Name 011.034

O P.Code Invoice # Inv Date

Trip Begin Date

A/L Ticket

FOP INV Amt

Ticket Routing

**Trip End Date** 

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

Passenger Name RO P.Code Invoice Invoi

# Multiple Records Not Responsive to FOIA Request

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

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

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

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

(D) (D), (D) (7)(C), (D) (7)(E)

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

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

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

# Multiple Records Not Responsive to FOIA Request

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

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

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

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

Multiple Records Not Responsive to FOIA Request

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

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

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

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

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

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

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

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

# Multiple Records Not Responsive to FOIA Request

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

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

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

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

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

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)

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

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

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

Record Not Responsive to FOIA Request

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

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

Record 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

**Trip End Date** 

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

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

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

Multiple Records Not Responsive to FOIA Request Nultiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

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

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

# Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

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

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

# Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

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

Passenger Name RO P.Code Invoice Invoi

### Multiple Records Not Responsive to FOIA Request

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

(b) (6), (b) (7)(C) (b) (7)(E) 011.034 0266334 04/06/16 04/07/16 AA 7767121910 VI \$325.10 ORD SFO 4/7/2016 10:55:00 PM

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

Multiple Records Not Responsive to FOIA Request

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

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

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

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

Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

Record Not Responsive to FOIA Request

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

Passenger Name RO P.Code Invoice Invoi

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

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

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

Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

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

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

Record Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

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

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

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

Multiple Records Not Responsive to FOIA Request

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

FOP INV Amt

**Ticket Routing** 

**Trip End Date** 

#### LRC Air/Rail Detail Report by Project Code

Trip Begin Date

P.Code Invoice # Inv Date

Passenger Name

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

A/L Ticket

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

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

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

P.Code Invoice # Inv Date

Date Trip Begin Date

A/L Ticket

FOP INV Amt

**Ticket Routing** 

**Trip End Date** 

### Multiple Records Not Responsive to FOIA Request

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

Passenger Name P.Code Invoice # Inv Date **Ticket Routing** 

## Multiple Records Not Responsive to FOIA Request

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

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

# Multiple Records Not Responsive to FOIA Request

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

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

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)

Record Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

# Multiple Records Not Responsive to FOIA Request

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

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

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

Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

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

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

Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

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

Passenger Name P.Code Invoice # Inv Date Trip Begin Date

# Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

Passenger Name P.Code <u>Invoice #</u> <u>Inv Date</u>

# Multiple Records Not Responsive to FOIA Request

#### LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request Nultiple Records Not Responsive to FOIA Request Nultiple Records Not Responsive to FOIA Request

#### LRC Air/Rail Detail Report by Project Code

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

Multiple Records Not Responsive to FOIA Request

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

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

### Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

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

Car Type Car Type Disc Multiple Records Not Responsive to FOIA Request 10/10/2016 Multiple Records Not Responsive to FOIA Request (b) (6), (b) (7)(C) 011.034 CHICAGO O HARE INTERNATIONAL APT 10/05/2016 39533644US3-FULL SIZE CAR 10/06/2016 10/10/2016 \$56.00 Record Not Responsive to FOIA Request

MINI VAN 10/05/2016 39533117US1-Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

(b) (7)(E) 011.034 CHICAGO O HARE INTERNATIONAL APT

MINI VAN

Multiple Records Not Responsive to FOIA Request

10/09/2016

\$153.00 \$150.00

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

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(l 011.034	CHICAGO O HARE INTERNATIONAL APT	11	US	03/31/2016 28530003US5-	BUDGET	ICAR	INTERMEDIATE CAR	04/04/2016	04/08/2016	1	\$40.00	4	\$160.00
Record Not Responsive to FOIA		CHICAGO O HARE INTERNATIONAL AI I	IL.	0.5	03/31/2010 20330003033-	DODGET	ICAK	IVIERVIEDIATE CAR	04/04/2010	04/06/2010	1	φ+0.00	7	\$100.00
(b) (6), (b) (7)(C)	(b) (7)(E) 011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39460324US1-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
(D) $(D)$ , $(D)$ $(T)$	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39459626US3-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39460706US5-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39460448US6-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39461373US0-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39461214US2-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016 28849375US2-	BUDGET	MVAR	MINI VAN	04/06/2016	04/07/2016	1	\$116.00	1	\$116.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016 28849321US4-	BUDGET	MVAR	MINI VAN	04/06/2016	04/07/2016	1	\$116.00	1	\$116.00
	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39466970US4-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
	011 024	CHICAGO O HADE INTERNATIONAL ADT	TT	TIC	10/06/2016 204667201104	DUDGET	MALA	MINIT MANY	10/06/2016	10/00/2016	1	650.00	2	£150.00

# Multiple Records Not Responsive to FOIA Request

(h) (6)	(b) (7)(C)	(b) (7)(E) 011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 03247745US4-	AVIS	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$72.00	3	\$216.00
(D) $(D)$ ,	$(\mathbf{D})(\mathbf{I})(\mathbf{C})$	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016 39471013US1-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016 39472096US6-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39472284US5-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39472221US5-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39190489US2-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$51.00	3	\$153.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016 39486657US0-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/05/2016 28849088US2-	BUDGET	ICAR	INTERMEDIATE CAR	04/05/2016	04/08/2016	1	\$26.70	3	\$80.10
Multiple	e Records	Not Respo	nsive to FOIA Reque	st											
(b) (6), (b) (	7)(C)	(b) (7)(l 011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016 39533290US6-	BUDGET	MVAR	MINI VAN	10/06/2016	10/10/2016	1	\$49.00	4	\$196.00

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

Car Type Car Type Disc Multiple Records 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

Multiple Records Not Responsive to FOIA Request

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(b) (6), (b) (7)(C)
                                                                                                        04/06/2016 28849164US1-
                                                                                                                                   BUDGET
                                                                                                                                                         MVAR
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                          04/06/2016
                                                                                                                                                                                                     04/07/2016
                                                                                                                                                                                                                     1 $116.00
                                                                                                                                                                                                                                           $116.00
                                                                                                        04/06/2016 28849252US5-
                                                                                                                                   BUDGET
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                                     04/07/2016
                                                                                                                                                                                                                     1 $116.00
                                                                                                                                                         MVAR
                                                                                                                                                                                          04/06/2016
                                                                                                                                                                                                                                           $116.00
                                                                                                        04/06/2016 28849220US1-
                                                                                                                                   BUDGET
                                                                                                                                                         MVAR
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                          04/06/2016
                                                                                                                                                                                                     04/07/2016
                                                                                                                                                                                                                     1 $116.00
                                                                                                                                                                                                                                           $116.00
                                          011.034 CHICAGO O HARE INTERNATIONAL APT
                                                                                                        10/05/2016 39533444US6
                                                                                                                                   BUDGET
                                                                                                                                                                 FULL SIZE CAR
                                                                                                                                                                                          10/06/2016
                                                                                                                                                                                                     10/10/2016
                                                                                                                                                                                                                     1 $14.00
                                                                                                                                                                                                                                            $56.00
                                          011.034 CHICAGO O HARE INTERNATIONAL APT
                                                                                                        10/05/2016 39470570US6
                                                                                                                                   BUDGET
                                                                                                                                                                 PREMIUM OTHER
                                                                                                                                                                                          10/06/2016
                                                                                                                                                                                                     10/09/2016
                                                                                                                                                                                                                     1 $179.10
                                                                                                                                                                                                                                           $537.30
                                                                                                        10/05/2016 39470724US6-
                                                                                                                                   BUDGET
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                          10/06/2016
                                                                                                                                                                                                      10/09/2016
                                                                                                                                                                                                                     1 $50.00
                                                                                                                                                                                                                                           $150.00
                                          011.034 CHICAGO O HARE INTERNATIONAL APT
                                                                                                        10/06/2016 1710521074COUNT-
                                                                                                                                   ALAMO
                                                                                                                                                         FFAR
                                                                                                                                                                 FULL SIZE OTHER
                                                                                                                                                                                                     10/09/2016
                                                                                                                                                                                                                     1 $134.00
                                                                                                                                                                                                                                           $402.00
                                                                                                                                                                                          10/06/2016
Multiple Records Not Responsive to FC
                              (b) (7)(E) 011.034 CHICAGO O HARE INTERNATIONAL APT CHICAGO O HARE INTERNATIONAL APT
                                                                                                        04/06/2016 28530202US1-
                                                                                                                                   BUDGET
                                                                                                                                                         MVAR
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                          04/06/2016
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                                                                                                                                                                                                                     1 $116.00
                                                                                                                                                                                                                                           $116.00
                                                                                                        04/06/2016 28859442US3-
                                                                                                                                   BUDGET
                                                                                                                                                                 MINI VAN
                                                                                                                                                                                          04/06/2016
                                                                                                                                                                                                     04/07/2016
                                                                                                                                                                                                                     1 $116.00
                                                                                                                                                                                                                                           $116.00
Multiple Records Not Responsive to FOIA Request
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LRC Car Detail Report by Project Code Report Period: 7/1/2014 thru 1/20/2017

Passenger Name	RO	P.Code
Record Not Responsive to FOIA Request		
(b) (6), (b) (7)(C)	(b) (7)(	011.03

011.034 CHICAGO O HARE INTERNATIONAL APT

Pick up City

Inv Date Conf # State Country 09/29/2016 39190737US5-US

US

US

US

US

US

04/01/2016 28631758US1-

04/01/2016 28631758US1-

04/06/2016 28529038US6-

04/06/2016 28849473US2-

04/06/2016 28849667US0-

04/06/2016 28849616US5-

04/06/2016 28849562US0-

Rental Company BUDGET

BUDGET

BUDGET

BUDGET

BUDGET

BUDGET

MINI VAN MVAR

**ICAR** 

MVAR

MVAR

MVAR

MVAR

Car Type Car Type Disc

INTERMEDIATE CAR

INTERMEDIATE CAR

MINI VAN

MINI VAN

MINI VAN

MINI VAN

MINI VAN

Return Date

04/06/2016

04/06/2016

04/08/2016

04/07/2016

04/07/2016

04/07/2016

04/07/2016

\$28.00

\$116.00

\$116.00

1 \$116.00

1 \$116.00

1 \$116.00

\$153.00

\$140.00

\$140.00

\$232.00

\$116.00

\$116.00

\$116.00

\$116.00

#### 10/06/2016 10/09/2016 1 \$51.00 Multiple Records Not Responsive to FOIA Request

011.034 CHICAGO O HARE INTERNATIONAL APT (b) (6), (b) (7)(C) (b)  $(7)(E)_{011.034}^{011.034}$ CHICAGO O HARE INTERNATIONAL APT 011.034 CHICAGO O HARE INTERNATIONAL APT 011.034 CHICAGO O HARE INTERNATIONAL APT 011.034 CHICAGO O HARE INTERNATIONAL APT

#### 10/05/2016 39533683US0-10/06/2016 10/10/2016 Multiple Records Not Responsive to FOIA Request

011.034 CHICAGO O HARE INTERNATIONAL APT

# Multiple Records Not Responsive to FOIA Request

011.034 CHICAGO O HARE INTERNATIONAL APT

10/07/2016 39629968US0-

INTERMEDIATE CAR

10/07/2016

04/01/2016

04/01/2016

04/06/2016

04/06/2016

04/06/2016

04/06/2016

04/06/2016

10/09/2016

\$15.00

## Multiple Records Not Responsive to FOIA Request

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

(b) (7)(E) 011.034 CHICAGO O HARE INTERNATIONAL APT 011.034 CHICAGO O HARE INTERNATIONAL APT

US

04/06/2016 28849726US3-04/06/2016 28849923US4-04/06/2016 28916438US5BUDGET BUDGET

SFAR STANDARD OTHER PFAR PREMIUM OTHER PREMIUM OTHER

04/06/2016 04/06/2016 04/06/2016

04/07/2016 04/07/2016 04/07/2016 1 \$76.95 1 \$183.00 1 \$183.00

1 \$116.00

\$183.00 \$183.00

\$76.95

### Multiple Records Not Responsive to FOIA Request

Record Not Responsive to FOIA Request (b) (6), (b) (7)(C) 01: 012.034 CHICAGO O HARE INTERNATIONAL APT

012.034 CHICAGO O HARE INTERNATIONAL APT

US 04/08/2016 29010204US6-US 04/08/2016 29010386US6BUDGET BUDGET

MVAR MINI VAN MINI VAN

04/08/2016 04/08/2016

04/10/2016 04/10/2016

\$232.00 1 \$116.00 \$232.00

Auth#	
Autn#	



### PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:								
DATE OF VISIT: 4/7/16  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  SITE(s)/LOCATION: University of Chicago Law School (1111 E. 60th, Chicago IL)  VENDOR NAME: Elite Productions Services LLC  VENDOR TAX ID #: (b) (4)  VENDOR ADDRESS: 23335 MAYSVILLE RD, MAYSVILLE, IA 52773  VENDOR CONTACT PERSON: (b) (70c)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Mot to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  b) (7)(E)  PPD REQUISITION NUMBER: DATE REQUESTED:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE 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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST: DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:	ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)	Trip# 201-60	1-034-0108-16-11					
SITE(s)/LOCATION cont'd: N/A  VENDOR NAME: Elite Productions Services LLC  VENDOR TAX ID #: (b) (4)  VENDOR ADDRESS: 23535 MAYSVILLE RD, MAYSVILLE, IA 52773  VENDOR CONTACT PERSON: (b) (b) (b) (7)(c)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  (b) (7)(E)  PPD REQUISITION NUMBER: DATE REQUESTED:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	DATE OF VISIT: 4/7/16 CITY	& STATE: Chicago, IL						
VENDOR NAME: Elite Productions Services LLC  VENDOR TAX ID #: (b) (4)  VENDOR ADDRESS: 23335 MAYSVILLE RD, MAYSVILLE, IA 52773  VENDOR CONTACT PERSON: (a) (a) (b) (7) (C)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7) (E)  PURPOSE OF EXPENDITURE: (b) (7) (E)  (b) (7) (E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7) (E)  (b) (7) (E)  PPD REQUISITION NUMBER: DATE REQUESTED:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST: DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7) (C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	SITE(s)/LOCATION: University of Chicago Law Sch							
VENDOR TAX ID #: (b) (4)  VENDOR ADDRESS: 23535 MAYSVILLE RD, MAYSVILLE, IA 52773  VENDOR CONTACT PERSON: (9, (9), (17)(C)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  DATE REQUESTED:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	SITE(s)/LOCATION cont'd: N/A	COUNTRY: U	ISA					
VENDOR ADDRESS: 23535 MAYSVILLE RD, MAYSVILLE, IA 52773  VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  (b) (7)(E)  PPD REQUISITION NUMBER: DATE REQUESTED:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST: DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	VENDOR NAME: Elite Productions Services LLC							
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)  VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  b) (7)(E)  PPD REQUISITION NUMBER: DATE REQUESTED:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST: DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	VENDOR TAX ID #: (b) (4)							
VENDOR TELEPHONE NUMBER: (866) 706-2119  AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  PPD REQUISITION NUMBER: DATE REQUESTED:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEDING \$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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST: DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	<b>VENDOR ADDRESS:</b> 23535 MAYSVILLE RD, MAYSVIL	LE, IA 52773						
AUTHORIZED AMOUNT: (Not to Exceed) \$ 2,932.00  ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  (b) (7)(E)  PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  DATE OF APPROVAL:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)							
ITEM OR SERVICE: (b) (7)(E)  PURPOSE OF EXPENDITURE: (b) (7)(E)  (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  (b) (7)(E)  PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:	VENDOR TELEPHONE NUMBER: (866) 706-2119							
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E) (b) (7)(E)  PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:  LESS:		2.00						
(b) (7)(E)  ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)  (b) (7)(E)  PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  DATE OF APPROVAL:								
(b) (7)(E)  PPD REQUISITION NUMBER:  CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  LESS:  DATE OF APPROVAL:			11					
CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)  EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  LESS:  DATE OF APPROVAL:	ADDRESS WHERE EQUIPMENT WILL BE USED (b) (7)(E)	OR SERVICES PROVIDI	ED:(b) (7)(E)					
EMERGENCY PURCHASE ORDER NUMBER:  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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  LESS:  DATE OF APPROVAL:	PPD REQUISITION NUMBER:	DATE REQUESTE	:D:					
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  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.  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:	CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE OF	RDER (PURCHASES EXCEEDING \$	3,000.00)					
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  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR  LESS:  DATE OF APPROVAL:	EMERGENCY PURCHASE ORDER NUMBER:	DATE API	PROVED:					
FAX: (202) 757-1710  OR-  COMMUNICATIONS CENTER (PPD)  ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:  DATE OF APPROVAL:	PROCUREMENT CONTACT PERSON:							
ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150  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.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:  DATE OF APPROVAL:	PLEASE FORWARD INVOICE TO THE FOLLOW	ING ADDRESS:						
vendor information. For fastest service, please fax invoice to the fax number listed above.  OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:  ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:  DATE OF APPROVAL:	FAX: (202) 757-1710 -OR-	ATTN: Budget Coordina P. O. Box 6500	, ,					
ATSAIC (b) (6), (b) (7)(C)  APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:  DATE OF APPROVAL:								
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:	OPERATIONS SUPERVISORY APPROVAL OF EXPENDITU	JRE REQUEST:	DATE OF APPROVAL:					
LESS:	ATSAIC (b) (6), (b) (7)(C)							
Liaison & Administrative Manager (b) (6), (b) (7)(C)	LESS:	JRES OF \$3,000 OR	DATE OF APPROVAL:					
andon a rannodure manager	Liaison & Administrative Manager (b) (6), (b) (7)(C)							

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

In Obtained material Match, Inc. Pick up Date

### Multiple Documents Not Responsive to FOIA Request

(b) (6), (b) (7)(E) O11.034 CHICAGO O HARE 10/06/2016 ALAMO FULL SIZE OTHER 10/06/2016 1 \$134.00 3 \$402.00 Multiple Documents Not Responsive to FOIA Request

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

(b) (7)(E) 011.034 CHICAGO O HARE 10/06/2016 AVIS CHICAGO O HARE 10/06/2016 AVIS

INTERMEDIATE CAR MINI VAN

10/06/2016 10/06/2016 10/06/2016

10/10/2016 10/09/2016 10/09/2016 \$72.00

\$216.00

Multiple Documents Not Responsive to

Rental Company **Inv Date** 

### Multiple Documents Not Responsive to FOIA Request

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(b) (7)(E) 011.034
(b) (6), (b) (7)(C)
                                                                                                                                             04/06/2016
                                                                                                                                                                     $28.00
                                                                                                                                                                                  5
                                                                                                                                                                                         $140.00
                                                                                                      INTERMEDIATE CAR
                                                                                                                               04/01/2016
                                                        CHICAGO O HARE
                                                                           04/01/2016 BUDGET
                                                                                                                                              04/06/2016
                                                                                                                                                                     $40.56
                                                                                                                                                                                         $121.68
                                                                                                      INTERMEDIATE CAR
                                                                                                                               04/03/2016
                                               011.034
                                                        CHICAGO O HARE
                                                                           03/30/2016 BUDGET
                                                                                                                                              04/07/2016
                                                                                                                                                                     $26.70
                                                                                                                                                                                  3
                                                                                                                                                                                          $80.10
                                                                                                      INTERMEDIATE CAR
                                                                                                                                04/04/2016
                                               011.034
                                                        CHICAGO O HARE
                                                                           04/03/2016 BUDGET
                                                                                                                                                                     $40.00
                                                                                                                                                                                  4
                                                                                                                                                                                         $160.00
                                                                           03/31/2016 BUDGET
                                                                                                      INTERMEDIATE CAR
                                                                                                                                04/04/2016
                                                                                                                                              04/08/2016
                                                        CHICAGO O HARE
                                               011.034
                                                                                                                                                                                  3
                                                                                                                                              04/08/2016
                                                                                                                                                                     $26.70
                                                                                                                                                                                          $80.10
                                                                                                      INTERMEDIATE CAR
                                                                                                                                04/05/2016
                                               011.034
                                                        CHICAGO O HARE
                                                                           04/05/2016 BUDGET
                                                                                                                                                                    $116.00
                                                                                                                                                                                         $116.00
                                                                                                      MINI VAN
                                                                                                                               04/06/2016
                                                                                                                                              04/07/2016
                                                        CHICAGO O HARE
                                                                           04/06/2016 BUDGET
                                               011.034
                                                                                                      MINI VAN
                                                                                                                               04/06/2016
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                                                        CHICAGO O HARE
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                                                        CHICAGO O HARE
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                                                                           04/06/2016 BUDGET
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                                                                                                                                                                    $116.00
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                                                                                                                                                                                         $232.00
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                                                        CHICAGO O HARE
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                                               011.034
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                                                                                                                                                                     $76.95
                                                                                                                                                                                          $76.95
                                                                                                      STANDARD OTHER
                                                                                                                                04/06/2016
                                               011.034
                                                        CHICAGO O HARE
                                                                           04/06/2016 BUDGET
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                                                                                                      PREMIUM OTHER
                                                                                                                                04/06/2016
                                               011.034
                                                        CHICAGO O HARE
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                                                                                                      MINI VAN
                                                        CHICAGO O HARE
                                                                           04/08/2016 BUDGET
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04/01/2016 BUDGET

04/08/2016 BUDGET

CHICAGO O HARE

CHICAGO O HARE

012.034

Multiple Documents Not Responsive to FOIA Request

MINI VAN

\$116.00

04/06/2016

04/10/2016

04/01/2016

04/08/2016

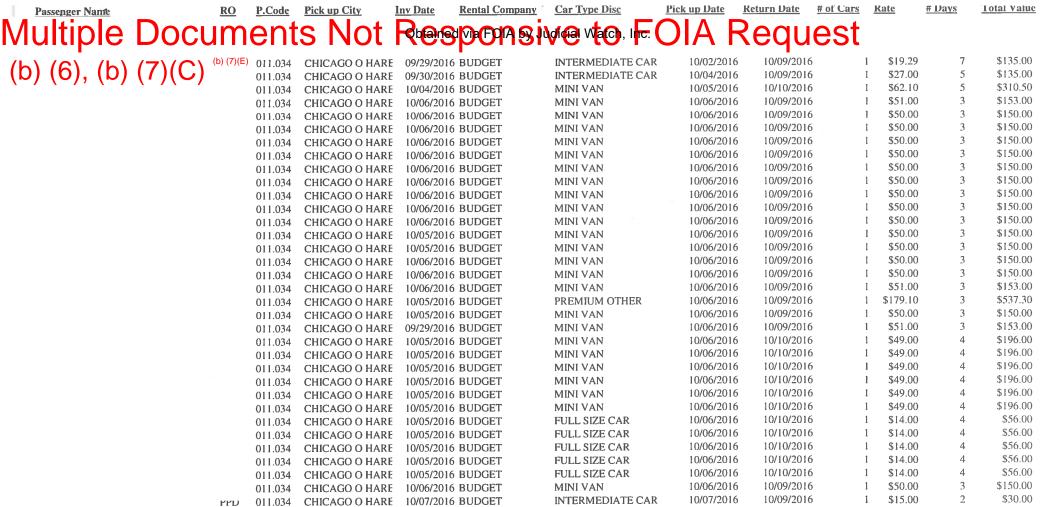
INTERMEDIATE CAR

\$28.00

5

\$140.00

\$232.00



Multiple Documents Not Responsive to FOIA Request