

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

UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302)										
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME	TAX ID #	TAXES	TOTAL PAID

Total	\$61,890.12
Credits	\$275.22
Statement Total	\$61,614.90

10/12/16

POTUS

011.034

U.S. SECRET SERVICE

2016 OCT 11 PM 4:14

CHICAGO FIELD OFFICE

(b) (7)(E)

Hampton Inn Midway

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

+

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

\$1,494.60

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

POTUS

011.034

(b) (7)(E)

Homewood Suites - Schaumburg

U.S. SECRET SERVICE
2016 OCT 11 PM 3:26
CHICAGO FIELD OFFICE

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

$$\frac{\text{Tax}}{(b) (7)(E)} \times \frac{\text{Nights}}{(b) (7)(E)} : (b) (7)(E)$$

\$427.80

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

Obtained via FOIA by Judicial Watch, Inc.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) AAA Hospitality, LLC	
	Business name, if different from above Homewood Suites	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ...C... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.) 815 E. American Lane	Requester's name and address (optional)
	City, state, and ZIP code Schaumburg, IL 60173	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number : : :
or
Employer identification number (b) (4)

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

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

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

POTUS

011.034

(b) (7)(E)

Homewood Suites - Schaumburg

U.S. SECRET SERVICE
2016 OCT 11 PM 3:26
CHICAGO FIELD OFFICE

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

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

\$427.80

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

Obtained via FOIA by Judicial Watch, Inc.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

AAA Hospitality, LLC

Business name, if different from above

Homewood Suites

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

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

☐ Other (see instructions) ▶

☐ Exempt
payee

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

815 E. American Lane

City, state, and ZIP code

Schaumburg, IL 60173

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

or

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ▶

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:

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

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

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

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

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

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

U.S. SECRET SERVICE
2016 OCT 11 PM 3:26
CHICAGO FIELD OFFICE

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

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

\$427.80

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

Obtained via FOIA by Judicial Watch, Inc.

Form W-9
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) AAA Hospitality, LLC	
	Business name, if different from above Homewood Suites	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ...C... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.) 815 E. American Lane	Requester's name and address (optional)
	City, state, and ZIP code Schaumburg, IL 60173	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number : : :
or
Employer identification number (b) (4)

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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Purpose of Form

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

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

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- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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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)

Union League Club

U.S. SECRET SERVICE
2016 OCT 11 PM 1:22
CHICAGO FIELD OFFICE

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

+

$\frac{\text{Tax}}{\text{(b) (7)(E)}} \times \frac{\text{Nights}}{\text{(b) (7)(E)}}$

~~11/11~~

\$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) 427-8071

INVOICE

145229

Tuesday, October 11, 2016

IS Secret Service

Arrival Date **October 05, 2016**
Departure Date **October 10, 2016**
of Nights **(b) (7)(E)**

Room No. **9008**
Adults **(b) (7)(E)**

olio Items	Item Description	Price	Qty	Discount	Ext. Price
------------	------------------	-------	-----	----------	------------

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

Payment Details

<u>ayment</u>	<u>Date</u>	<u>Notes</u>	<u>Amount</u>
ISA	10-Oct-16		2,035.20

Total	\$ 2,035.20
Payments	\$ 2,035.20
Balance	\$ 0.00

If 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)
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 blank.
Union League Club of Chicago

2 Business name/disregarded entity name, if different from above
CHICAGO FIELD OFFICE

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, 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.)

5 Address (number, street, and apt. or suite no.)
65 W. Jackson Boulevard

6 City, state, and ZIP code
Chicago, Illinois 60604-3598

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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

or

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

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

Date ▶

1/1/2016

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/irw9.

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 (tuition)
- 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 alien), 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302)										
					AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME			
FY	FUND	ORG	O/C	P/C				TAX ID #	TAXES	TOTAL PAID

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

04 OCT 10 09:01:10
2:41 PM 52 NOV 9102
40 43 37

011.034

Crowne Plaza Chicago Metro

(b) (7)(E)

$$\frac{\text{Rate}}{\text{(b) (7)(E)}} \times \frac{\text{Nights}}{\text{(b) (7)(E)}} = \$1,183$$

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

\$1,388.87



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

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	Visa XXXXXXXXXXXXX (b) (7)(E) XX/XX	042712	1,388.87USD

Guest Signature

Cashier 61



CROWNE PLAZA
CHICAGO METRO DOWNTOWN

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 Summary :

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

Judicial Watch3 - USSS004552



CROWNE PLAZA*
CHICAGO METRO DOWNTOWN

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
					Balance Due	1,388.87

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
1,388.87	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

Judicial Watch3 - USSS004553

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

Form

W-9(Rev. December 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.**Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Mid City Plaza LLC

2 Business name/disregarded entity name, if different from above

Crowne Plaza Chicago Metro

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Individual/sole proprietor or
single-member LLC☐ C Corporation☐ S Corporation☐ Partnership☐ Trust/estate☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶4 Exemptions (codes apply only to
certain entities, 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.)

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

733 W. Madison St.

6 City, state, and ZIP code

Chicago, IL 60661

7 List account number(s) here (optional)

Requester's name and address (optional)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
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or

Employer identification number

(b) (4)**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.**(b) (6), (b) (7)(C)****Sign
Here**Signature of
U.S. person ▶Date ▶ 6/1/15**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 (tuition)

• 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 alien), 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
4. 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.

UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302)										
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME	TAX ID #	TAXES	TOTAL PAID
2016	(b) (7)(E)			_061.040		612 (CR)	Holiday Inn Chicago N. Evanston		\$0.00	\$0.00
2016				_061.040		17 (CR)	Hampton Inn-Chicago Midway		\$0.00	\$0.00
2016				_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				_061.040	\$4,129.01		Trump International Hotel		\$612.01	\$4,129.01
2016				_011.034	\$101,798.70		Sheraton Grand Hotel		\$15,088.70	\$101,798.70
2016				_061.040		99.72 (CR)	Trump International Hotel		\$0.00	\$0.00
2016				_061.040	\$6,720.03		Whitehall Hotel		\$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

2016

cc
11/12/16

2016 NOV 22 PM 9:11

Renegade

011:034

(b) (7)(E)

Palmer House Hilton

U.S. SECRET SERVICE
2016 NOV - 1 PM 9:10
CHICAGO FIELD OFFICE

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

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

+

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

x 114,054.95
Total = \$114,054.95



INVOICE

(b) (7)(E)

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

(b) (7)(E)

ORIGINAL DATE: 10/12/2016

INVOICE NUMBER: E24502
CUSTOMER ID: (b) (7)(E)

U.S. SENATE
2016 NOV -3 PM 9:11
CHICAGO FIELD OFFICE

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

ORIGINAL DATE: 10/12/2016

THE PALMER HOUSE HILTON
STATEMENT OF DEPOSITS, PAYMENTS & ADJUSTMENTS
(b) (7)(E)

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

HILTON

CHICAGO FIELD OFFICE
 2016 NOV -3 PM 9:11
 U.S. SECRET SERVICE

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
11/07/2016	CREDIT CARD (b) (7)(E)	<\$99,999.00>	Credit Card	056056
11/07/2016	Invoice# 19142632	\$99,999.00		
11/07/2016	CREDIT CARD (b) (7)(E)	<\$14,055.95>	Credit Card	079158
11/07/2016	Invoice# 19142632	\$14,055.95		

End of Report

11-07-2016

U.S. SECRET SERVICE
2016 NOV -3 PM 9:11
CHICAGO FIELD OFFICE



INVOICE

(b) (7)(E)

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

(b) (7)(E)

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
0.00

U.S. SECRET SERVICE
2016 NOV -1 PM 9:10
CHICAGO FIELD OFFICE

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

ORIGINAL DATE: 10/12/2016

THE PALMER HOUSE HILTON
STATEMENT OF GUEST FOLIO CHARGES

PAGE 2

(b) (7)(E)

GUEST NAME	ROOM NUMBER	DEPARTURE DATE	ROOM & TAX	FOOD AND BEVERAGE CHARGES	TELEPHONE	MISCELLANE OUS	SHOPS	OTHER	PAYMENTS DEPOSITS	TOTAL
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TOTAL	(b) (7)(E)	0.00	113,904.95
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CHICAGO FIELD OFFICE
2016 NOV -1 PM 9:10
U.S. SECRET SERVICE

HILTON

ORIGINAL DATE: 10/12/2016

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

PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
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TOTAL			150.00
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CHICAGO FIELD OFFICE
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HILTON

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Obtained via FOIA by Judicial Watch, Inc.

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

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

TOTAL			150.00
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HILTON

UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302)										
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME	TAX ID #	TAXES	TOTAL PAID
(b) (4), (b) (7)(E)										

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

CE
4/12/16

U.S. SECRET SERVICE
2016 APR -6 PM 1:11
CHICAGO FIELD OFFICE

POTUS

011.034

(b) (7)(E)

Hilton Garden Inn - Schaumburg

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

US District Court
2016 APR 11 PM 4:15
CHICAGO, ILL. OFFICE
\$477
+

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

\$543.78

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

Form **W-9**
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Apple REIT Nine Hospitality

Business name, if different from above

Hilton Garden Inn Schaumburg

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup
withholding

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

1191 E Woodfield Road

Requester's name and address (optional)

City, state, and ZIP code

Schaumburg, IL 60173

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

| | + | + | | |

or

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. 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.)

**Sign
Here**

Signature of
U.S. person ▶

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

Date ▶ **4/11/2016**

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

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 information.

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:

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

UNITED STATES SECRET SERVICE CENTRALLY BILLED ACCOUNT (CBA) TRAVEL CARD WORKSHEET (SSF 4302)									
FY	FUND	ORG	O/C	P/C	AMT BILLED	CREDIT OR DISPUTE	VENDOR NAME	TAX ID #	TAXES
									TOTAL PAID

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

Total \$2,109.49
Credits \$0.00
Statement Total \$2,109.49

cc
5/12/14

POTUS

Obtained via FOIA by Judicial Watch, Inc.

011.034

(b) (7)(E)

Crowne Plaza Chicago

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

+

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

\$1117.44

CHICAGO FILED OFFICE
2016 APR 11 PM 4:10
U.S. DISTRICT COURT



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

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 XXXXXXXXXXXXX (b) (7)(E) XX/XX	099252	1,117.44USD

Guest Signature

Cashier

U.S. SECRET SERVICE
2016 APR 11 4:55
CHICAGO FIELD OFFICE



CROWNE PLAZA
CHICAGO METRO DOWNTOWN

Crowne Plaza Chicago Metro

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

Date : 04-11-16

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)						
04-11-16			*Visa	1,117.44	- 1,117.44	0.00
					Balance Due	0.00

Aging Summary :

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



U.S. SECRET SERVICE
2016 APR 11 PM 4:5
CHICAGO FIELD OFFICE

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

Judicial Watch3 - USSS004763

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

Form **W-9**
(Rev. December 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.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Mid City Plaza LLC</u>	
2 Business name/disregarded entity name, if different from above <u>Crowne Plaza Chicago Metro</u>	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <u>P</u> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, 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.)	
5 Address (number, street, and apt. or suite no.) <u>733 W. Madison St.</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Chicago, IL 60661</u>	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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

or

Employer identification number

(b) (4)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶

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

Date ▶

6/1/15

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 (tuition)

• 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 alien), 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

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

Us Secret Service - Account No (b) (7)(E)
INVOICE
*** Individual Guest Charges ***

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

End of Report

U.S. SECRET SERVICE
2016 OCT 19 PM 9:14
COMMODORE FIELD OFFICE

Renegade - 011.034

Obtained via FOIA by Judicial Watch, Inc.

(b) (7)(E)

Sheraton Grand Hotel

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

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

\$101,798.⁷⁰

Sheraton Grand Chicago
301 E. North Water Street
Chicago, IL 60611
United States
Tel: 312-464-1000 Fax: 312-464-9140



Sheraton

U.S Secret Service

Page Number	:	1	Invoice Nbr	:	804735
Guest Number	:	(b) (6), (b) (7)(C)			
Folio ID	:	(b) (7)(E)			
Arrive Date	:	17-OCT-16			
Depart Date	:	17-OCT-16			
No. Of Guest	:	(b) (7)(E)			
Room Number	:				
Club Account	:				

Tax Invoice

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

Date	Time	Reference	Description	Charges (USD)	Credits (USD)
17-OCT-16	16:06	VM	Visa/Mastercard-(b) (7)(E)		-101798.70
For Authorization Purpose Only					
xxxxx (b) (7)(E)					
		Date	Code	Authorized	
		17-OCT-16	008892	101798.7	

** Total
*** Balance

0.00
-101798.70

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

EXPENSE SUMMARY REPORT

Currency: USD

Date	Room&Tax	Food&Bev	Telephone	Parking	Other	Total	Payment
10-17-2016	0.00	0.00	0.00	0.00	0.00	0.00	-101798.70

Continued on the next page

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

Sheraton Grand Chicago
301 E. North Water Street
Chicago, IL 60611
United States
Tel: 312-464-1000 Fax: 312-464-9140



Sheraton

U.S Secret Service

Page Number	:	2	Invoice Nbr	:	804735
Guest Number	:	(b) (6), (b) (7)(C)			
Folio ID	:	(b) (7)(E)			
Arrive Date	:	17-OCT-16			
Depart Date	:	17-OCT-16			
No. Of Guest	:	(b) (7)(E)			
Room Number	:				
Club Account	:				

Total	0.00	0.00	0.00	0.00	0.00	0.00	-101798.70
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U.S. SECRET SERVICE
2016 OCT 18 PM 9:11
CHICAGO FIELD OFFICE

Signature _____

***** For billing inquiries, please visit us at Sheratongrandchicago.com/FAQs *****



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.
CHICAGO FIELD OFFICE

2016 OCT 18 PM 9:10

U.S. SECRET SERVICE

4 MERIDIAN



4000 POINTS



WESTIN



THE LUXURY COLLECTION



bliss



Individual Guest Charges

Room Charges
Room Tax

(b) (7)(E)

Total Individual Guest Charges

101,798.70

*** Total Amount ***

101,798.70

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.

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

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

Us Secret Service - Account No (b) (7)(E)
INVOICE
*** Individual Guest Charges ***

Guest Name	Room #	Folio #	Room Chg	Room Tax	Total
------------	--------	---------	----------	----------	-------

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

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

(b) (7) (E)

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

Us Secret Service - Account No (b) (7)(E)
INVOICE
*** Individual Guest Charges ***

Guest Name	Room #	Folio #	Room Chg	Room Tax	Total
(b) (6), (b) (7)(C), (b) (7)(E)					

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

(b) (7) (E)

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

Us Secret Service - Account No (b) (7)(E)
INVOICE
*** Individual Guest Charges ***

17-Oct-2016 02:53 PM
Page 5 of 6

Guest Name	Room #	Folio #	Room Chg	Room Tax	Total
(b) (6), (b) (7)(C), (b) (7)(E)			(b) (7)(E)		101798.70
Total					

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.

(b) (7)(E)

U.S. SECRET SERVICE
2016 OCT 18 PM 9:10
CHICAGO FIELD OFFICE

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

Obtained via FOIA by Judicial Watch, Inc.

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

Obtained via FOIA by Judicial Watch, Inc.

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Obtained via FOIA by Judicial Watch, Inc.

POTUS

011.034

(b) (7)(E)

Crowne Plaza

U.S. SECRET SERVICE
2016 OCT 13 AM 9:31
CHICAGO FIELD OFFICE

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

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

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

\$12,295.26



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

CHICAGO FILE
2016 OCT 13
U.S. SEC. OF JUSTICE
10-12-16

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

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

Total	12,295.26	12,295.26
Balance	0.00	



CROWNE PLAZA*

CHICAGO METRO DOWNTOWN

U.S. SECRET CLERK
2016 OCT 11 AM 9:58
CHICAGO FILED
576745

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

Date : 10-12-16
Time : 15:58
Room : 9006
Recpt. No. : 576745

PAYMENT RECEIPT

Date	Description	App. Code	Amount
10-12-16	Visa XXXXXXXXXXXX (b) (7)(E) XX/XX	074618	12,295.26USD

Guest Signature

Cashier 75



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

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

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

Total	12,295.26	0.00
Balance	12,295.26	



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 : Group Code : Company : Membership No. : Invoice No. :	Cashier No. : 75	Room No. : 8006 Arrival : 10-06-16 Departure : 10-15-16 Conf. No. : Rate Code : Page No. : 1 of 11
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Date	Description	Charges	Credits
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(b) (6), (b) (7)(C), (b) (7)(E)



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

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

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



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

CHICAGO
2016 OCT 13
U.S. 10-12-16
3 of 11

USSS	Folio No. :	Cashier No. : 75	Room No. : 9006
525 W. Van Buren	A/R Number :		Arrival : 10-06-16
Suite (b) (7)(E)	Group Code : (b) (7)(E)		Departure : 10-15-16
Chicago IL 60607	Company :		Conf. No. :
United States	Membership No. :		Rate Code :
	Invoice No. :		Page No. : 3 of 11

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



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 United States	Folio No.	:	Cashier No. : 75	Room No. : 9006
	A/R Number	:		Arrival : 10-06-16
	Group Code	:	(b) (7)(E)	Departure : 10-15-16
	Company	:		Conf. No. :
	Membership No.	:		Rate Code :
	Invoice No.	:		Page No. : 4 of 11

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



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

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

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



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

CHICAGO
2016 OCT 13 AM 9:31
10-12-16
10-06-16
10-15-16
6 of 11

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

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



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

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

Date	Description	Charges	Credits
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(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.	:	Cashier No. : 75	Room No.	9006
	A/R Number	:		Arrival	10-06-16
	Group Code	:	(b) (7)(E)	Departure	10-15-16
	Company	:		Conf. No.	
	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

U.S. SECRET SERVICE
2016 OCT 13 AM 9:31
CHICAGO FIELD OFFICE
10-12-16

USSS 525 W. Van Buren Suite (b) (7)(E) Chicago IL 60607 United States	Folio No.	:	Cashier No. : 75	Room No. : 9006
	A/R Number	:		Arrival : 10-06-16
	Group Code	:	(b) (7)(E)	Departure : 10-15-16
	Company	:		Conf. No. :
	Membership No.	:		Rate Code :
	Invoice No.	:		Page No. : 9 of 11

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



CROWNE PLAZA®
CHICAGO METRO DOWNTOWN

U.S. SECRET SERVICE

2016 OCT 13 AM 9:21

CHICAGO FIELD OFFICE 10-12-16

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

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



CROWNE PLAZA®

CHICAGO METRO DOWNTOWN

U.S. SECRET SERVICE

2016 OCT 13 AM 9:30

10-12-16

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

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

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C) (Site #3); SA (b) (6), (b) (7)(C)	Trip# 201-601-034-0008-17-11
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DATE OF VISIT: 10/7/16	CITY & STATE: Chicago, IL
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SITE(s)/LOCATION: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	(Site #3) (Site #4)
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SITE(s)/LOCATION cont'd: Chicago, IL 60628	COUNTRY: USA
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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: 708-218-9190 Cell: (b) (6), (b) (7)(C)

AUTHORIZED AMOUNT: **(Not to Exceed)** \$3,336.50 (Site 3: \$970.50; Site #4: \$ 2,366.00)

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

ITEM OR SERVICE: (b) (7)(E)

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

ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED:

(b) (6), (b) (7)(C) (Site #3)

(b) (6), (b) (7)(C) (Site #4)

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 LESS:

DATE OF APPROVAL:

Liaison & Administrative Manager (b) (6), (b) (7)(C)

LAW ENFORCEMENT SENSITIVE

PPD PAER (10/2014)

Auth# _____

LAW ENFORCEMENT SENSITIVE

PPD PAER (10/2014)

Judicial Watch3 - USSS004908

Obtained via FOIA by Judicial Watch, Inc.

RENTAL VEHICLE REQUEST (for Protective-Related Travel)

DIVISION **Presidential Protective Division**
DATE OF VISIT: **10/7/2016 - 10/9/2016**
VISIT LOCATION: **Chicago, IL**

NAME OF PROTECTEE **President Barack Obama**

AV #: **51**

DRAFT#: **2**

TYPE OF REQUEST (For revisions, please indicate additions by highlighting additions yellow, deletions by highlighting deletions red, or changes by highlighting changes green.)
☐ NEW ☒ REVISION

PROJECT CODE: **011.034**

REQUESTING SA:

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

TRAVEL MANAGEMENT CO. USE

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 COST
(b) (6), (b) (7)(C), (b) (7)(E), (b) (5)											

COMMENTS: (Please use comment section to indicate any special instructions. Use page 2 for additional entries.)

TOTAL COST: **(b) (7)(E), (b) (5)**

ADDITIONS - Yellow

CHANGES - Green

DELETIONS - Red

AD OPO OFFICE APPROVAL: _____

LRC APPROVAL: _____

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

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 COST
(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)

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

NTAL VEHICLE REQUEST (for Protective-Related Travel)

Obtained via FOIA by Judicial Watch, Inc.

DIVISION: **Presidential Protective Division** NAME OF PROTECTEE: **President Barack Obama**
 DATE OF VISIT: **10/7/2016 - 10/9/2016**
 VISIT LOCATION: **Chicago, IL** AV #: **51** DRAFT#: **3**
 TYPE OF REQUEST (For revisions, please indicate additions by highlighting additions yellow, deletions by highlighting deletions red, or changes by highlighting changes green.)
☐ NEW ☒ REVISION

PROJECT CODE: **011.034**

REQUESTING SA:

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

TRAVEL MANAGEMENT CO. USE

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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

COMMENTS: (Please use comment section to indicate any special instructions. Use page 2 for additional entries.)

TOTAL COST: (b) (5), (b) (7)(E)

ADDITIONS - Yellow
 CHANGES - Green
 DELETIONS - Red

AD OPO OFFICE APPROVAL: _____

LRC APPROVAL: _____

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

	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 COST
(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)

	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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

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

NTAL VEHICLE REQUEST (for Protective-Related Travel)

Obtained via FOIA by Judicial Watch, Inc.

DIVISION: **Presidential Protective Division** NAME OF PROTECTEE: **President Barack Obama**
 DATE OF VISIT: **10/7/2016 - 10/9/2016**
 VISIT LOCATION: **Chicago, IL** AV #: **51** DRAFT#: **4**

TYPE OF REQUEST (For revisions, please indicate additions by highlighting additions yellow, deletions by highlighting deletions red, or changes by highlighting changes green.)
☐ NEW ☒ REVISION

PROJECT CODE: **011.034**

REQUESTING SA:

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

TRAVEL MANAGEMENT CO. USE

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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

COMMENTS: (Please use comment section to indicate any special instructions. Use page 2 for additional entries.)

TOTAL COST:

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

ADDITIONS - Yellow

CHANGES - Green

DELETIONS - Red

AD OPO OFFICE APPROVAL:

LRC APPROVAL:

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

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	Obtain	PICKUP	DROP OFF	Judicial Watch, Inc.	PICKUP DATE	RETURN DATE	PICKUP TIME	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL COST
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					AIRPORT		AIRPORT/							
					/ CITY		CITY							

(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)

	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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

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

NTAL VEHICLE REQUEST (for Protective-Related Travel)

Obtained via FOIA by Judicial Watch, Inc.

DIVISION **Presidential Protective Division**

NAME OF PROTECTEE:

President Barack Obama

DATE OF VISIT: **10/7/2016 - 10/9/2016**

VISIT LOCATION: **Chicago, IL**

AV #: **51**

DRAFT#: **5**

TYPE OF REQUEST *(For revisions, please indicate additions by highlighting additions yellow, deletions by highlighting deletions red, or changes by highlighting changes green.)*
☐ NEW ☒ REVISION

PROJECT CODE: **011.034**

REQUESTING SA:

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

TRAVEL MANAGEMENT CO. USE

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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

COMMENTS: *(Please use comment section to indicate any special instructions. Use page 2 for additional entries.)*

TOTAL COST: **(b) (5), (b) (7)(E)**

ADDITIONS -	Yellow
CHANGES -	Green
DELETIONS -	Red

AD OPO OFFICE APPROVAL: _____

LRC APPROVAL: _____

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

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

	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 COST
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(b) (5), (b) (7)(E), (b) (6), (b) (7)(C)

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

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: (b) (6), (b) (7)(C)	Trip# 201-601-034-0008-17-11
--	------------------------------

DATE OF VISIT: 10/07/16 – 10/09/16	CITY & STATE: Chicago, IL
------------------------------------	---------------------------

SITE(s)/LOCATION: O'Hare Airport, 10000 W O'Hare Ave
--

SITE(s)/LOCATION cont'd:	COUNTRY: USA
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VENDOR NAME: Swissport

VENDOR TAX ID #: (b) (4)

VENDOR ADDRESS: 10600 W. Higgins Suite 606, Rosemont, 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 days @ \$250/day)
--

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 SERVICES PROVIDED: (b) (7)(E) (b) (7)(E)

PPD REQUISITION NUMBER:	DATE REQUESTED:
-------------------------	-----------------

<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)
--

EMERGENCY PURCHASE ORDER NUMBER:	DATE APPROVED:
----------------------------------	----------------

PROCUREMENT CONTACT PERSON:

PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:

FAX: (202) 757-1710

-OR-

COMMUNICATIONS CENTER (PPD)

ATTN: Budget Coordinator

P. O. Box 6500

Springfield, VA 22150

*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:	DATE OF APPROVAL:
---	-------------------

Liaison & Administrative Manager (b) (6), (b) (7)(C)	
--	--

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		Trip# 201-601-034-0008-17-11	
DATE OF VISIT: 10/7/16		CITY & STATE: Chicago, Illinois	
SITE(s)/LOCATION: (b) (6), (b) (7)(C)			
SITE(s)/LOCATION cont'd:		COUNTRY: USA	
VENDOR NAME: Arena Americas			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 6901 Santa Fe Dr. Hodgins, IL 60525			
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 ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E) (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED:	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>Please note that payment shall be made within 15 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			

LAW ENFORCEMENT SENSITIVE

PPD PAER (10/2014)

Auth# _____



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		Trip# 201-601-034-0008-17-11
DATE OF VISIT: 10/9/16	CITY & STATE: Chicago, Illinois	
SITE(s)/LOCATION: Stoney Island Arts Bank, 6760 South Stoney Island Avenue		
SITE(s)/LOCATION cont'd:		COUNTRY: USA
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 ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)		
ITEM OR SERVICE: (b) (7)(E)		
PURPOSE OF EXPENDITURE: (b) (7)(E) (b) (7)(E)		
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E) (b) (7)(E)		
PPD REQUISITION NUMBER:		DATE REQUESTED:
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)		
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:
PROCUREMENT CONTACT PERSON:		
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:		
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150
<i>Please note that payment shall be made within 15 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>		
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:
ATSAIC (b) (6), (b) (7)(C)		
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)		

LAW ENFORCEMENT SENSITIVE

PPD PAER (10/2014)



ADVANCE or SITE AGENT: SA (b) (6), (b) (7)(C)		Trip# 201-601-034-0008-17-11	
DATE OF VISIT: 10/9/16		CITY & STATE: Chicago, Illinois	
SITE(s)/LOCATION: Stoney Island Arts Bank, 6760 South Stoney Island Avenue			
SITE(s)/LOCATION cont'd:		COUNTRY: USA	
VENDOR NAME: OTIS Elevator			
VENDOR TAX ID #: (b) (4)			
VENDOR ADDRESS: 949 Oak Creek Dr. Lombard, IL 60148			
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 ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED:	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>Please note that payment shall be made within 15 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			

Auth#



PRESIDENTIAL PROTECTIVE DIVISION PROTECTIVE ADVANCE EXPENSE REQUEST

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 60525			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: Office: (b) (6), (b) (7)(C) Cell: (b) (6), (b) (7)(C)			
AUTHORIZED AMOUNT: (Not to Exceed) \$ 1,049.30			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED:	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			
PLEASE FORWARD INVOICE TO THE FOLLOWING ADDRESS:			
FAX: (202) 757-1710		-OR- COMMUNICATIONS CENTER (PPD) ATTN: Budget Coordinator P. O. Box 6500 Springfield, VA 22150	
<i>Please note that payment shall be made within 15 days of our receipt of a valid invoice and all required vendor information. For fastest service, please fax invoice to the fax number listed above.</i>			
OPERATIONS SUPERVISORY APPROVAL OF EXPENDITURE REQUEST:		DATE OF APPROVAL:	
ATSAIC (b) (6), (b) (7)(C)			
APPROVING OFFICIAL AUTHORIZATION FOR EXPENDITURES OF \$3,000 OR LESS:		DATE OF APPROVAL:	
Liaison & Administrative Manager (b) (6), (b) (7)(C)			



BRANCH: 106 W Higgins
Suite 606
Rosemont IL 60018
847-298-6140 Tax# (b) (4)

SERVICE ORDER
No. 250467
 BRANCH CODE (3 DIGIT AIRPORT CODE)

ORD

DATE: 10-7 + 10-9

CUSTOMER <u>USSS</u>	A/C Type <u>747</u>	A/C Reg.	FLT. No.
CHARGE TO	STA	ATA	STD
CONTRACT <input checked="" type="checkbox"/>	NON-CONTRACT <input type="checkbox"/>	SCHEDULED <input type="checkbox"/>	NON-SCHEDULED <input type="checkbox"/>

RAMP SERVICE:	POS/ORIG. <input type="checkbox"/>	TRANSIT:	OFF LOAD <input type="checkbox"/>	DIVERSION:	REFUEL <input type="checkbox"/>	CHARGE
	TERM/POS. <input type="checkbox"/>		ONLOAD <input type="checkbox"/>		DELAYED <input type="checkbox"/>	\$
	TERM/ORIG. <input type="checkbox"/>		CREW CHG. <input type="checkbox"/>		LAYOVER <input type="checkbox"/>	€

CLEANING SERVICE:	MAJOR <input type="checkbox"/>	LAVS <input type="checkbox"/>	REMOVE GARBAGE <input type="checkbox"/>
	MINOR <input type="checkbox"/>	WATER <input type="checkbox"/>	

TECHNICAL SERVICE:	TRANSIT <input type="checkbox"/>	TURN AROUND <input type="checkbox"/>
--------------------	----------------------------------	--------------------------------------

PASSENGER SERVICE:	INBOUND <input type="checkbox"/>	DIVERSION:
	OUTBOUND <input type="checkbox"/>	REMAIN ON A/C <input type="checkbox"/>
	TRANSIT <input type="checkbox"/>	DISSEMBARK <input type="checkbox"/>
		LAYOVER <input type="checkbox"/>

OPERATIONS SERVICE:	WEIGHT & BALANCE <input type="checkbox"/>	CLEARANCES <input type="checkbox"/>
	FILE FLIGHT PLAN <input type="checkbox"/>	COMMUNICATIONS <input type="checkbox"/>

ADDITIONAL MANPOWER	HRS.	RATE	\$	€

ADDITIONAL EQUIPMENT	HRS.	RATE	\$	€

DE-ICING SERVICES	GALLONS	RATE	\$	€

MISCELLANEOUS				

AUTHORIZATION OF SERVICES	TOTAL CHARGE
---------------------------	--------------

Customer hereby requests that Servisair provide, at the customer's risk, the services and materials set forth above, at the charges indicated. Customer agrees to indemnify and hold Servisair harmless from and against all claims and liabilities, by whomsoever made, on account of loss or damage to property of, or injury to or death of any person(s), arising out of or in connection with such services and materials, including claims for consequential damages, whether or not caused or contributed to by Servisair's negligence.

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

Servisair REPRESENTATIVE _____ AUTHORIZED BY _____ CUSTOMER REPRESENTATIVE

COMPLETION OF SERVICES

All services required to be performed by Servisair have been satisfactorily completed and Customer hereby releases Servisair from any further obligations on account of the performance of such service.

CUSTOMER REPRESENTATIVE _____

RENTAL VEHICLE REQUEST (for Protective-Related Travel)

Obtained via FOIA by Judicial Watch, Inc.

DIVISION **Presidential Protective Division**

NAME OF PROTECTEE **President Barack Obama**

DATE OF VISIT: **1/10/2017**

VISIT LOCATION: **Chicago, IL**

AV #: **1**

DRAFT#: **2**

TYPE OF REQUEST (For revisions, please indicate additions by highlighting additions yellow, deletions by highlighting deletions red, or changes by highlighting changes green.)
☐ NEW ☒ REVISION

PROJECT CODE: **011.034**

REQUESTING SA: **(b) (6), (b) (7)(C)**

TRAVEL MANAGEMENT CO. USE

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 COST
---------------	-------------	----------	-----------------	-----------------------	------------------------	-------------	-------------	-------------	-------------	------------------------------	------------

(b) (7)(E), (b) (5), (b) (6), (b) (7)(C)

COMMENTS: Chicago FO was unable to provide vehicles for CAT, CS, HAMMER, UD or ASB. They do not have counterpartsTOTAL COST: **(b) (7)(E), (b) (5)**

ADDITIONS -	Yellow
CHANGES -	Green
DELETIONS -	Red

AD OPO OFFICE APPROVAL: _____

LRC APPROVAL: _____

	RENTER'S NAME	OFFICE CODE	CAR SIZE	VEHICLE PURPOSE	Obtain PICKUP AIRPORT / CITY	DROP OFF AIRPORT/ CITY	Judicial Watch, Inc. PICKUP DATE	RETURN DATE	PICKUP TIME	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL COST
(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 AIRPORT/ CITY	DROP OFF AIRPORT/ CITY	PICKUP DATE	RETURN DATE	PICKUP TIME	RETURN TIME	CAR COMPANY AND CONFIRMATION	TOTAL COST
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
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) 297-1185

48245 Ft. Irwin Rd.
Barstow, CA 92311
(800) 383-8332

Visit us at: www.arenamericas.com

Global Events. Designed and Delivered.

RESERVATION

Rented To: U S Secret Service Attention: (b) (6), (b) (7)(C) 725 17TH Street Nw Washington DC 20503 Cust#/Kev# (b) (7)(E)	Delivery Location: U.S. Secret Service (b) (7)(E)	Ticket# Res# 32117 (b) (7)(E)
Delivery/Out: 10/ 16 Fri (b) (7)(E) KAM Event: 10/ 16 Fri Pick-up/In: 10/ 16 Fri KAM	Ordered by: (b) (6), (b) (7)(C) Phone: C (b) (6), (b) (7)(C)	PO/Job # 20X30 Tent Time: NOTES Slsp: (b) (6), (b) (7)(C)

DELIVERY

Qty	Item	Description	Day Rate	Total
	Delivery:	(b) (7)(E)		
	(b) (7)(E)			
	Event	(b) (7)(E)		
	Take down	(b) (7)(E)		
	(b) (6), (b) (7)(C)			
	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			
	(b) (7)(E)			0.00
	(b) (7)(E)			595.00
	(b) (7)(E)			140.00
	(b) (7)(E)			75.00
	(b) (7)(E)			0.00
	(b) (7)(E)			95.00
	(b) (7)(E)			25.50
	(b) (7)(E)			0.00
	(b) (7)(E)			0.00
	(b) (7)(E)			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 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.



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
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48245 Ft. Irwin Rd.
Barstow, CA 92311
(800) 383-6332

Visit us at: www.arenaamericas.com

Global Events. Designed and Delivered.

RESERVATION

Rented To: U S Secret Service Attention: (b) (6), (b) (7)(C) 725 17TH Street Nw Washington DC 20503 Cust#/Key# (b) (7)(E)	Delivery Location: U.S. Sercret Service (b) (6), (b) (7)(C)	Ticket# Res# 32117 (b) (7)(E)
Delivery/Out: (b) (7)(E) Event: (b) (7)(E) Pick-up/In: (b) (7)(E)	Ordered by: (b) (6), (b) (7)(C) Phone: C (b) (6), (b) (7)(C)	PO/Job # 20X30 Tent Time: NOTES Slsp: (b) (6), (b) (7)(C)

DELIVERY

Qty	Item	Description	Day Rate	Total
(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

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 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)		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 60525			
VENDOR CONTACT PERSON: (b) (6), (b) (7)(C)			
VENDOR TELEPHONE NUMBER: Office: (b) (6), (b) (7)(C) Cell: (b) (6), (b) (7)(C)			
AUTHORIZED AMOUNT: (Not to Exceed) \$ 1,049.30			
(THIS AMOUNT MUST NOT BE EXCEEDED WITHOUT OBTAINING ADDITIONAL AUTHORIZATION IN ADVANCE OF PLACING THE ORDER / RESERVATION WITH THE VENDOR FOR ITEMS OR SERVICES.)			
ITEM OR SERVICE: (b) (7)(E)			
PURPOSE OF EXPENDITURE: (b) (7)(E)			
ADDRESS WHERE EQUIPMENT WILL BE USED OR SERVICES PROVIDED: (b) (7)(E)			
PPD REQUISITION NUMBER:		DATE REQUESTED:	
<input type="checkbox"/> CHECK THIS BOX IF PAYMENT VIA EMERGENCY PURCHASE ORDER (PURCHASES EXCEEDING \$3,000.00)			
EMERGENCY PURCHASE ORDER NUMBER:		DATE APPROVED:	
PROCUREMENT CONTACT PERSON:			

Please 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:	DATE OF APPROVAL:
Liaison & Administrative Manager (b) (6), (b) (7)(C)	



Judicial Watch3 - USSS004941



EVENT SERVICE AGREEMENT

Billing Address

COMMUNICATIONS CENTER PPD
PO BOX 6500
SPRINGFIELD, VA 22150

Service Address

COMMUNICATIONS CENTER



Customer #: (b) (7)(E)
Contact Name: (b) (6), (b) (7)(C)
Phone: (b) (6), (b) (7)(C)

Qty:	Restroom Services	Rate:	Total:
<hr/>			
Friday, October 7, 2016		Work Order #: 7242695	
1	(b) (7)(E) <<< (b) (7)(E) >>> (b) (6), (b) (7)(C) SEE/CALL (b) (6), (b) (7)(C) FOR PLACEMENT INSTRUCTIONS < MAY NEED EXTRA EXTENSION CORD >	\$2,179.00	\$2,179.00

Sunday, October 9, 2016 Work Order #: 7242698

1 (b) (7)(E)

(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:

- 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.
- 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.
- 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:

- 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.
- Retain absolute and sole control, possession and custody of Equipment and return such Equipment to Company at end of the service period.
- 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.
- 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:

- 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.
- 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 therefrom.

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:

- 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.
- 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.

- No alterations to Equipment permitted unless approved by Company in writing.
- 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.

9. 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 fails 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) _____

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

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

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

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

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

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

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

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

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

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

Multiple Records Not Responsive to FOIA Request

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

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

Multiple Records Not Responsive to FOIA Request

(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

LRC Air/Rail Detail Report by Project Code

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

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

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

(b) (6), (b) (7)(C), (b) (7)(E)
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LRC Air/Rail Detail Report by Project Code

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

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

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

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Invoice #</u>	<u>Inv Date</u>	<u>Trip Begin Date</u>	<u>A/L</u>	<u>Ticket</u>	<u>FOP</u>	<u>INV Amt</u>	<u>Ticket Routing</u>	<u>Trip End Date</u>
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(b) (6), (b) (7)(C), (b) (7)(E)

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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)

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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LRC Air/Rail Detail Report by Project Code

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

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Record Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Invoice #</u>	<u>Inv Date</u>	<u>Trip Begin Date</u>	<u>A/L</u>	<u>Ticket</u>	<u>FOP</u>	<u>INV Amt</u>	<u>Ticket Routing</u>	<u>Trip End Date</u>
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Record Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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LRC Air/Rail Detail Report by Project Code

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

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

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Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Invoice #</u>	<u>Inv Date</u>	<u>Trip Begin Date</u>	<u>A/L</u>	<u>Ticket</u>	<u>FOP</u>	<u>INV Amt</u>	<u>Ticket Routing</u>	<u>Trip End Date</u>
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Record Not Responsive to FOIA Request

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Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

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

Record Not Responsive to FOIA Request
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LRC Air/Rail Detail Report by Project Code

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

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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LRC Air/Rail Detail Report by Project Code

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

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LRC Air/Rail Detail Report by Project Code

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

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LRC Air/Rail Detail Report by Project Code

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

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

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Record Not Responsive to FOIA Request

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

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LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

012.034

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

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

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

013.003

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

LRC Air/Rail Detail Report by Project Code

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

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

Multiple Records Not Responsive to FOIA Request

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

Multiple Records Not Responsive to FOIA Request

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

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39533474US1-	BUDGET	FCAR	FULL SIZE CAR	10/06/2016	10/10/2016	1	\$14.00	4	\$56.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39533330US4-	BUDGET	MVAR	MINI VAN	10/06/2016	10/10/2016	1	\$49.00	4	\$196.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C) Record Not Responsive to FOIA Request	(b) (7)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39533644US3-	BUDGET	FCAR	FULL SIZE CAR	10/06/2016	10/10/2016	1	\$14.00	4	\$56.00
	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	03/30/2016	28536603US4-	BUDGET	ICAR	INTERMEDIATE CAR	04/03/2016	04/06/2016	1	\$40.56	3	\$121.68
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28536784US3-	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	28536957US1-	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	10/05/2016	39533117US1-	BUDGET	MVAR	MINI VAN	10/06/2016	10/10/2016	1	\$49.00	4	\$196.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39533368US0-	BUDGET	MVAR	MINI VAN	10/06/2016	10/10/2016	1	\$49.00	4	\$196.00
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Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/30/2016	39190368US0-	BUDGET	ICAR	INTERMEDIATE CAR	10/04/2016	10/09/2016	1	\$27.00	5	\$135.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39533222US1-	BUDGET	MVAR	MINI VAN	10/06/2016	10/10/2016	1	\$49.00	4	\$196.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016	39190677US1-	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	39472662US5-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00

Multiple Records Not Responsive to FOIA Request

Multiple Records Not Responsive to FOIA Request

Passenger Name	RO	P.Code	Pick up City	State	Country	Inv Date	Conf #	Rental Company	Car Type	Car Type Disc	Pick up Date	Return Date	# of Cars	Rate	# Days	Total Value
(b) (6), (b) (7)(C) Record Not Responsive to FOIA Request	(b) (7)(f)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	03/31/2016	28530003US5-	BUDGET	ICAR	INTERMEDIATE CAR	04/04/2016	04/08/2016	1	\$40.00	4	\$160.00
(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
		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
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016	39466739US4-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$50.00	3	\$150.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016	03247745US4-	AVIS	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$72.00	3	\$216.00
		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 Records Not Responsive to FOIA Request

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

<u>Passenger Name</u>	<u>RO</u>	<u>P.Code</u>	<u>Pick up City</u>	<u>State</u>	<u>Country</u>	<u>Inv Date</u>	<u>Conf #</u>	<u>Rental Company</u>	<u>Car Type</u>	<u>Car Type Disc</u>	<u>Pick up Date</u>	<u>Return Date</u>	<u># of Cars</u>	<u>Rate</u>	<u># Days</u>	<u>Total Value</u>
(b) (6), (b) (7)(C)	(b) (7)(i)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/29/2016	39190251US2-	BUDGET	ICAR	INTERMEDIATE CAR	10/02/2016	10/09/2016	1	\$19.29	7	\$135.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39534002US4-	BUDGET	FCAR	FULL SIZE CAR	10/06/2016	10/10/2016	1	\$14.00	4	\$56.00
(b) (6), (b) (7)(C)		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/03/2016	28745245US4-	BUDGET	ICAR	INTERMEDIATE CAR	04/04/2016	04/07/2016	1	\$26.70	3	\$80.10

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(i)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28849164US1-	BUDGET	MVAR	MINI VAN	04/06/2016	04/07/2016	1	\$116.00	1	\$116.00
	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28849252US5-	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	28849220US1-	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	10/05/2016	39533444US6-	BUDGET	FCAR	FULL SIZE CAR	10/06/2016	10/10/2016	1	\$14.00	4	\$56.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39470570US6-	BUDGET	PFAR	PREMIUM OTHER	10/06/2016	10/09/2016	1	\$179.10	3	\$537.30
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/05/2016	39470724US6-	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	1710521074COUNT-	ALAMO	FFAR	FULL SIZE OTHER	10/06/2016	10/09/2016	1	\$134.00	3	\$402.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28530202US1-	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	28859442US3-	BUDGET	MVAR	MINI VAN	04/06/2016	04/07/2016	1	\$116.00	1	\$116.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(i)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/04/2016	39459371US0-	BUDGET	MVAR	MINI VAN	10/05/2016	10/10/2016	1	\$62.10	5	\$310.50
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Multiple Records Not Responsive to FOIA Request

LRC Car Detail Report by Project Code

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

Passenger Name	RO	P.Code	Pick up City	State	Country	Inv Date	Conf #	Rental Company	Car Type	Car Type Disc	Pick up Date	Return Date	# of Cars	Rate	# Days	Total Value
Record Not Responsive to FOIA Request (b) (6), (b) (7)(C)	(b) (7)(C)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	09/29/2016	39190737US5-	BUDGET	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$51.00	3	\$153.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/01/2016	28631758US1-	BUDGET	ICAR	INTERMEDIATE CAR	04/01/2016	04/06/2016	1	\$28.00	5	\$140.00
	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/01/2016	28631758US1-	BUDGET	ICAR	INTERMEDIATE CAR	04/01/2016	04/06/2016	1	\$28.00	5	\$140.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28529038US6-	BUDGET	MVAR	MINI VAN	04/06/2016	04/08/2016	1	\$116.00	2	\$232.00
		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28849473US2-	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	28849667US0-	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	28849616US5-	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	28849562US0-	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	10/05/2016	39533683US0-	BUDGET	FCAR	FULL SIZE CAR	10/06/2016	10/10/2016	1	\$14.00	4	\$56.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(C)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016	03247582US2-	AVIS	MVAR	MINI VAN	10/06/2016	10/09/2016	1	\$72.00	3	\$216.00
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Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/06/2016	02745795US3-	AVIS	ICAR	INTERMEDIATE CAR	10/06/2016	10/10/2016	1	\$13.00	4	\$52.00
(b) (6), (b) (7)(C)		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	10/07/2016	39629968US0-	BUDGET	ICAR	INTERMEDIATE CAR	10/07/2016	10/09/2016	1	\$15.00	2	\$30.00

Multiple Records Not Responsive to FOIA Request

(b) (6), (b) (7)(C)	(b) (7)(E)	011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28849726US3-	BUDGET	SFAR	STANDARD OTHER	04/06/2016	04/07/2016	1	\$76.95	1	\$76.95
(b) (6), (b) (7)(C)		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28849923US4-	BUDGET	PFAR	PREMIUM OTHER	04/06/2016	04/07/2016	1	\$183.00	1	\$183.00
(b) (6), (b) (7)(C)		011.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/06/2016	28916438US5-	BUDGET	PFAR	PREMIUM OTHER	04/06/2016	04/07/2016	1	\$183.00	1	\$183.00

Multiple Records Not Responsive to FOIA Request

012.034	Record Not Responsive to FOIA Request (b) (6), (b) (7)(C)	(b) (7)(E)	012.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/08/2016	29010204US6-	BUDGET	MVAR	MINI VAN	04/08/2016	04/10/2016	1	\$116.00	2	\$232.00
Record Not Responsive to FOIA Request (b) (6), (b) (7)(C)		(b) (7)(E)	012.034	CHICAGO O HARE INTERNATIONAL APT	IL	US	04/08/2016	29010386US6-	BUDGET	MVAR	MINI VAN	04/08/2016	04/10/2016	1	\$116.00	2	\$232.00

(b) (6)

Judicial Watch3 - USSS004999

LRC Car Detail Report by Project Code

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

Obtained via FOIA by Judicial Watch, Inc.

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

Multiple Documents Not Responsive to FOIA Request

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

(b) (7)(E)

011.034

CHICAGO O HARE

10/06/2016 ALAMO

FULL SIZE OTHER

10/06/2016

10/09/2016

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

INTERMEDIATE CAR

10/06/2016

10/10/2016

1

\$13.00

4

\$52.00

011.034

CHICAGO O HARE

10/06/2016 AVIS

MINI VAN

10/06/2016

10/09/2016

1

\$72.00

3

\$216.00

011.034

CHICAGO O HARE

10/06/2016 AVIS

MINI VAN

10/06/2016

10/09/2016

1

\$72.00

3

\$216.00

Multiple Documents Not Responsive to FOIA Request

Multiple Documents Not Responsive to FOIA Request

Multiple Documents Not Responsive to FOIA Request