

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

ALEC

2009 SPRING TASK FORCE SUMMIT REIMBURSEMENT FORM

Date submitted: 5-6-09

Amount: \$ 276.35
MAXIMUM AMOUNT: \$500

Submitted by: Bethany Rhodes

- Full Task Force Member
 Alternate Task Force Member (Reimbursement requires State Chair approval)
State Chair Authorization: _____

PLEASE CHECK TASK FORCE ATTENDED:

- | TASK FORCE | DIRECTOR |
|--|------------------------------|
| <input type="checkbox"/> Civil Justice | Amy C. Kjose |
| <input type="checkbox"/> Commerce, Insurance, and Economic Development | Michael Hough |
| <input checked="" type="checkbox"/> Public Safety & Elections | Michael Hough |
| <input type="checkbox"/> Education | Jeff Reed |
| <input type="checkbox"/> Health and Human Services | Christie Raniszewski Herrera |
| <input type="checkbox"/> Natural Resources | Matt Warner |
| <input type="checkbox"/> Tax and Fiscal Policy | Jonathan Williams |
| <input type="checkbox"/> Telecommunications and Information Technology | Seth Cooper |

CHECK TO:

Name: Rep. Todd Snitchler

Address: 77 S. High St. ; 10th floor

City: Columbus State: OH Zip Code: 43215

Are receipts attached? YES NO

If "NO," please explain: _____

Please Mail/Fax to:

Jonathan Moody, Policy Coordinator
American Legislative Exchange Council
1101 Vermont Ave., NW, 11th Floor
Washington, D.C. 20005

FAX: (202) 466-3801
Phone: (202) 742-8516

FOR OFFICE USE ONLY

Department Manager *Date* *Executive Director* *Date*

Account: _____ Sub-Account: _____

Task Force Director/Comments: _____

SnitchTodd

From: Todd Snitchler [todd@toddsnitchler.com]
Sent: Tuesday, April 28, 2009 11:01 AM
To: Snitchler, Todd
Subject: FW: nwa.com Reservations Purchase Confirmation

Todd, Snitchler
State representative - 50th Distict
330.8584930
www.toddsnitchler.com

[Handwritten signature]
ok \$276.35

This message paid for by Committee to Elect Snitchler, 10689 Cleveland Avenue NW, Uniontown, OH 44685, Melanie Snitchler, Treasurer.

From: Northwest Airlines [mailto:nwa@nwemail.nwa.com]
Sent: Wednesday, April 22, 2009 4:50 PM
To: TODD@TODDSNITCHLER.COM
Subject: nwa.com Reservations Purchase Confirmation

[Add to Address Book](#)



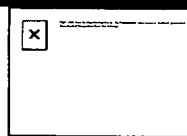
nwa.com Purchase Confirmation

[nwa.com](#)® : [Reservation Center](#) : [Travel Tools](#) : [Promotions](#) : [WorldPerks](#)® : [KLM](#)

Dear TODD SNITCHLER,

Thank you for purchasing your travel to Memphis on Apr 30, 2009 at nwa.com. Your reservation has been confirmed and a Trip Summary & Receipt will be e-mailed to you shortly. Visit [Manage My Reservations](#) for further reservation details or to make changes.

Thank you for choosing Northwest Airlines!



With more than **200 online retailers**, you will be miles ahead when you shop the **WorldPerks Mall**® and earn miles for every dollar spent.

Travel Expert

Check out these helpful tips from our [Travel Expert](#) to streamline your upcoming trip.

Confirmation Number(s)	
Air Confirmation #: NP2OZA View current reservation details.	Hotel Confirmation #: None Book a hotel today!
Car Confirmation #: None Reserve a car today!	Activities & Services: Purchase Travel Insurance today! Learn more about other Activities & Services for your upcoming trip!

Flight Details
Traveler(s): TODD SNITCHLER

Date	Flight Information	Cabin	Seats
Apr 30, 2009 Depart 5:55 PM Arrive 6:37 PM	Northwest Airlines #2666 Columbus Ohio Port Columbus Intl (CMH) Memphis International Airport (MEM) (Operated by Pinnacle Airlines/NWA Airlink)	Coach	07-B

Check in with Northwest Airlines			
May 02, 2009 Depart 2:25 PM Arrive 5:09 PM	Northwest Airlines #2227 Memphis International Airport (MEM) Columbus Ohio Port Columbus Intl (CMH) (Operated by Pinnacle Airlines/NWA Airlink) Check in with Northwest Airlines	Coach	07-C
			Total Flight Cost: \$552.70

[NWA E-mail](#) : [Update your Preferences](#) : [Change your e-mail address](#)

Privacy Policy

This e-mail is provided as a service to TODD@TODDSNITCHLER.COM.

Northwest Airlines
 Department A6810
 2700 Lone Oak Parkway
 St. Paul, MN 55121

© Northwest Airlines 2009



Rhodes, Bethany

From: Rhodes, Bethany
Sent: Wednesday, May 06, 2009 2:40 PM
To: 'mhough@alec.org'
Subject: Another Rep. Snitchler question

I'm sorry, but Rep. Snitchler also just gave me a hotel room bill for \$391.90. I think the Task Force was covering the hotel room as well?

Bethany J. Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
614-644-9220 phone
614-719-3594 fax
Bethany.Rhodes@ohr.state.oh.us

CONFIDENTIALITY NOTICE

The information contained in this e-mail is intended only for the use of the individual or entity to which it is addressed and it may contain information that is privileged, confidential, attorney work product and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient (or the employee or agent responsible to deliver it to the intended recipient), you are hereby notified that any dissemination, distribution, or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by return e-mail.

Rhodes, Bethany

From: Rhodes, Bethany
Sent: Wednesday, May 06, 2009 3:46 PM
To: 'mhough@alec.org'
Subject: FW: Scanned document <1 page> -- 5/6/2009 3:43:46 PM
Attachments: SFXAFA.pdf

Here is a copy of the hotel bill...

-----Original Message-----

From: Rhodes, Bethany
Sent: Wednesday, May 06, 2009 3:44 PM
To: Rhodes, Bethany
Subject: Scanned document <1 page> -- 5/6/2009 3:43:46 PM

This PDF file was created using the eCopy Suite of products. For more information about how you can eCopy paper documents and distribute them by email please visit <http://www.ecopy.com>

Rhodes, Bethany

From: Michael Hough [mough@aloc.org]
Sent: Wednesday, May 06, 2009 4:07 PM
To: Rhodes, Bethany
Subject: RE: Another Rep. Snitchler question

Please fax the hotel bill to 202-331-1344 attention to Rachel.

From: Rhodes, Bethany [mailto: Bethany.Rhodes@ohr.state.oh.us]
Sent: Wednesday, May 06, 2009 2:40 PM
To: Michael Hough
Subject: Another Rep. Snitchler question

I'm sorry, but Rep. Snitchler also just gave me a hotel room bill for \$391.90. I think the Task Force was covering the hotel room as well?

Bethany J. Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
614-644-9220 phone
614-719-3594 fax
[Bethany.Rhodes@ohr.state.oh.us](mailto: Bethany.Rhodes@ohr.state.oh.us)

CONFIDENTIALITY NOTICE

The information contained in this e-mail is intended only for the use of the individual or entity to which it is addressed and it may contain information that is privileged, confidential, attorney work product and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient (or the employee or agent responsible to deliver it to the intended recipient), you are hereby notified that any dissemination, distribution, or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by return e-mail.

Rhodes, Bethany

From: Rhodes, Bethany
Sent: Wednesday, May 06, 2009 4:11 PM
To: 'Rachel (RightFax)'
Subject: Snitchler Hotel Bill
Attachments: Snitchler Hotel Bill.pdf

RFCallBack: 0
RFCreatePDF: 0
RFDCOPPTFitToPage: 0
RFDCOPPTFrameSlides: 0
RFDCOPPTOutputType: 0
RFDCOVSOForceBW: 0
RFDCOXLSActiveSheet: 0
RFDCOXLSFaxCharts: 0
RFDCOXLSForceBW: 0
RFDCOXLSRemoveCellPatterns: 0
RFDelaySend: 0
RFDelaySendTime: 1241640654
RFFaxRes: 2
RFFaxServerName: FAXSERV001
RFPreviewFax: 0
RFPriority: 1
RFSDCreatePDF: 0
RFSDPDFAnnotate: 0
RFSDPDFChange: 0
RFSDPDFCopy: 0
RFSDPDFPrint: 0
RFSDPDFSaveAs: 0
RFSDUseCertifiedDelivery: 0
RFSecureDocsEnabled: 0
RFSendFCS: 1
RFSmartResume: 0
RFUseCheap: 0

648 SNITCHLER/TODD/MR 169.00 05/02/09 12:00 15175 13648
 Room Name Rate Depart Time
 NKNG 04/30/09 15:52
 Type Arrive Time
 35

Room Clerk	Address	Payment		
DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
04/30	ROOM-GRP	648, 1 169.00		
04/30	ROOM TAX	648, 1 15.63	A	
04/30	OCC TAX	648, 1 11.32	B	
05/01	ROOM-GRP	648, 1 169.00		
05/01	ROOM TAX	648, 1 15.63	A	
05/01	OCC TAX	648, 1 11.32	B	
05/02	VS CARD			\$391.90

TO BE SETTLED TO: [REDACTED] CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE MEMPHIS MARRIOTT DOWNTOWN. TO EXPEDITE YOUR CHECK OUT, PLEASE CALL THE FRONT DESK.

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
C TEST	.00	.00
E TAX EXEMPT	.00	.00
F F	.00	.00
NET CHARGES	TAX	CREDITS
391.90	.00	.00
		FOLIO
		391.90

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR MARRIOTT REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Give the gift that goes places!
 Purchase a Marriott GiftCard over \$150 and receive a \$50 Hertz voucher.
 Valid on gifts.marriott.com only until June 30.

Choose Your News!
 We're customizing your newspaper delivery at Marriott, JW Marriott and Renaissance hotels. Update your profile and customize daily newspaper delivery preferences on your My Account page.

Marriott Rewards Account [REDACTED]
 Date 04/30/09-05/02/09 Est. Eligible Revenue \$338.00
 Est. base Points Earned: 3380
 For account activity: 801-468-4000 or www.Marriott.com

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

Ohio House of Representatives



May 6, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative Todd Snitchler in the amount of \$99.98.

This request for reimbursement is due to Rep. Snitchler's attendance at the ALEC Spring Task Force Summit in Memphis. The request is for incidental charges covered under the Ohio Scholarship Fund but not covered by the Public Safety and Elections Task Force upon which he serves.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth", written in black ink.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

HMSHost BURGER KING Store #9701
DF-1
ATLANTA HARTSFIELD INT'L AIRPORT

15426 WANNETTA

CHK 1259 MAY02'09 5:28PM

1 S MT DLGHT PZT 6.99

SUBTOTAL 6.99

TAX 0.49

AMOUNT PAID **7.48**

CASH 10.00

CHANGE DUE 2.52

ATLANTA HARTSFIELD INT'L AIRPORT
If we did exceed your expectations or if we did not exceed your expectations, we would love to hear from you

(404) 838 1026
tim.slaney@hmshost.com

Your order number is: **1259**



324-4202



DRIVER _____ CAB No. *OK*
DATE 4/30/09 AMOUNT \$ **29.60**

**MSE Branded Foods
CONCOURSE SNACK BAR**

THU APRIL 30, 2009

CHECK #1515987-1

1 BTL SODA \$2.19

1 POPTARTS \$1.49

SUB-TOTAL : \$3.68

FOOD TAX \$0.24

TOTAL \$3.92

LUNCH

Time: 11:37 1 CUSTOMER

WELCOME TO
CONCOURSE SNACK BAR

YOU HAVE BEEN SERVED
BY : LINDA #140

ORDER 152

CASH : \$3.92

CHANGE : \$6.08

AKRON-CANTON
REGIONAL AIRPORT
PARKING FACILITY

Rcpt# 35180
05/02/09 20:51 LH23 A# 4 Txn# 57681
04/30/09 11:17 In 05/02/09 20:51 Out
Tkt# 076396

New Rate \$ 21.00

Total Fee \$ 21.00

CASH PAID \$ 21.00

Cash Tender \$ 21.00

Change Due \$ 0.00

OPERATED BY STANDARD PARKING
PLEASE BUCKLE UP

ANTON'S AIRFOOD
STARBUCKS COFFEE B4
MEMPHIS

1000367 SHALAMAR

6366 MAY02'09 12:58PM GST 1

1 VNTI CARML MACCH 4.40
CASH 5.00

SUBTOTAL *4.40*
TAX 0.41
AMOUNT PAID *4.81*
CHANGE DUE 0.19

Thank You
HMS Host
Starbucks

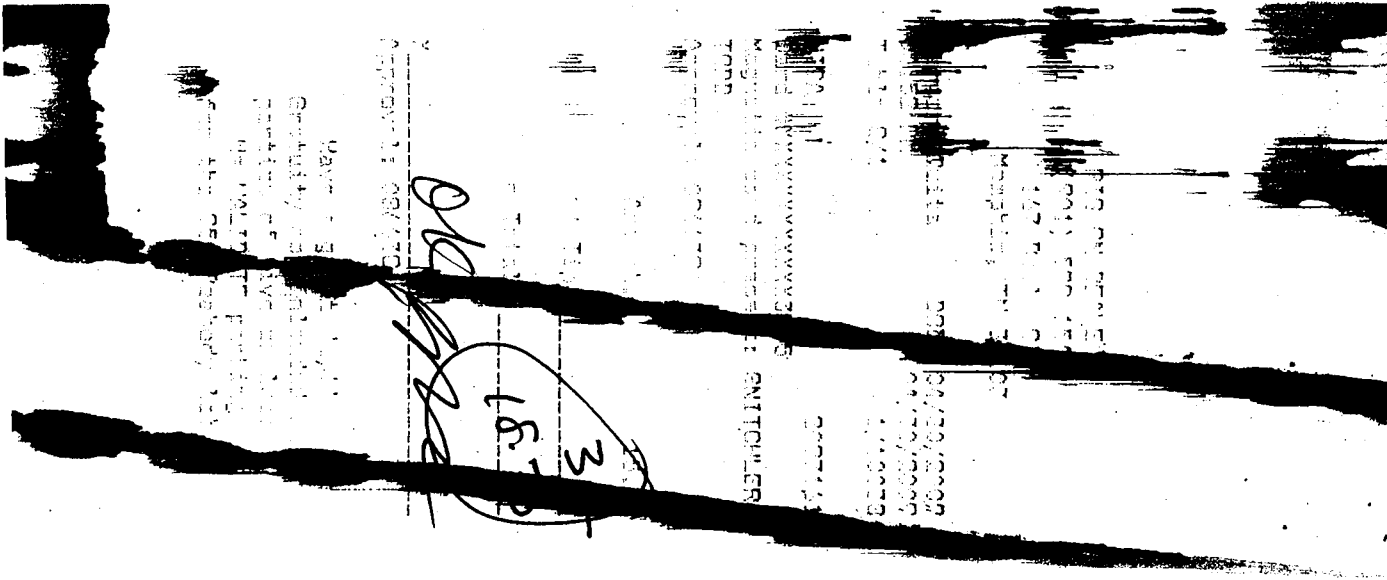
Memphis Airport
Questions & Comments
901-922-8295 Opt 1
elvis.harvey@hmshost.com

PROFESSIONAL SERVICE
TRO CAB
VANTAGE CAB
01-322-2222
trocabmemphis.com

CAB #

TOTAL AMOUNT \$

10-11



Rep. Todd Smitzker

-2009 Spring Task Force Summit
- Public Safety & Elections Task Force

\$ 21.00

Parking

\$ 39.60

Cabs

\$ 34.51

Meals

\$ 4.87 (16.24 miles x .30)

Mileage

Total: \$ 99.98

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 5-6-09 Amount: \$ 998
 Submitted by: Bethany Rhodes

CHECK TO:

Name: Rep. Todd Snitwiler

Address: 77 S. High St., 10th Floor

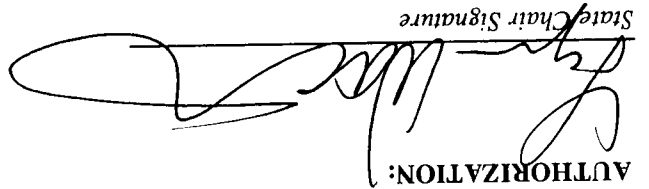
City: Columbus State: OH Zip Code: 43215

Reason for Expenditure: Spring last Force Summit (Public Safety & Elections)

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:


 State Chair Signature

Please Mail/Fax to:

Director of Membership

ALEC

1129 20th Street, NW Suite 500

Washington D.C. 20036

FOR OFFICE USE ONLY

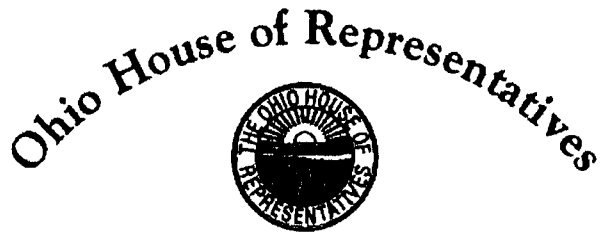
Department Manager _____ Date _____
 Executive Director _____ Date _____

Account: _____ Batch#: _____ To Be Paid on: _____

Comments: _____

FAX: (202) 466 3801

Phone: (202) 466 3800



August 25, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative Kris Jordan in the amount of \$2,370.16.

This request for reimbursement is due to Rep. Jordan's attendance at the ALEC Annual Meeting in Atlanta. I have reviewed this request and its attached receipts and everything is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Rep. Jordan from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth", is written over a circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 8-20-09 Amount: \$ 2,370.16

Submitted by: Bethany Rhodes

CHECK TO:

Name Kris Jordan

Address 161 Stonebend Drive

City Powell State OH Zip Code 43065

Reason for Expenditure: ALEC Annual Meeting

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:


State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801
Phone: (202) 466 3800

FOR OFFICE USE ONLY			
_____ Department Manager	_____ Date	_____ Executive Director	_____ Date
Account: _____	Batch#: _____	To Be Paid on: _____	
Comments: _____ _____			

Rep. Jordan

Registration:	\$ 825.00
Hotel:	\$ 802.05
Mileage:	\$ 588.24 (1164.84 miles \times \$.505)
Cabs:	\$ 46.00
Meals:	\$ 108.87

Total: \$ 2,370.16

ALEC 36TH ANNUAL MEETING

Receipt for: **Kris Jordan**
2009 Annual Meeting - Atlanta, GA

Ri
A

	Qty	Amount
Full Attendee Registration	1.00	\$475.00
Spouse/Guest Registration	1.00	\$350.00

OK [Signature]

Total	Paid	Balance	Pay Method
\$ 825.00	\$ 825.00	\$ 0.00	MC

ATLANTA, GEORGIA • JULY 15-18

BABS
614 JUNIPER ST NE STE 1
ATLANTA, GA. 30308-1308
404-541-8888

No Alcohol

MERCHANT ID: 286468835827888
DATE: 07/18/09 12:49:33 PM

RECORD NUMBER: 005
SERVER: 2
[Redacted]
[Redacted]
[Redacted]

OK [Signature]

AMOUNT: 22.36
TIP: 4.00
TOTAL: 26.36

Kristopher W. Jordan

JORDAN, KRISTOPHER W
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

TIP TABLE PROVIDED FOR
YOUR CONVENIENCE

15% = \$3.95 20% = \$4.47 25% = \$5.59

THANK YOU.
MERCHANT COPY

Last Name JORDAN		First Name KRIS		Folio 1	Page 1
Street 1129 20TH STREET NW				Room 200	
SUITE 500				Rate 209.00	
City WASHINGTON	State DC	Zip Code 20036		Arrival 07/16/09 THU	
(202) 742-8513		2/0		Departure 07/19/09 SUN	
				Bonuses	Type CCARD
				Account	XX/XX

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
07/16	*OVERNIGHT PARK	27.00		Please share your comments directly with our General Manager You may call 404-460-6457 and leave your contact information or e-mail at qualityatra@hyatt.com. If you have any questions regarding your billing please contact our Customer Service department by phone at 888-472-2870 or by email at NA.CustomerService@hyatt.com *****Thank you for staying with us!*****	
07/16	GROUP ROOM	209.00			
07/16	*OCCUPANCY TAX	14.63			
07/16	*SALES TAX	16.72			
07/17	*OVERNIGHT PARK	27.00			
07/17	GROUP ROOM	209.00			
07/17	*OCCUPANCY TAX	14.63			
07/17	*SALES TAX	16.72			
07/18	*OVERNIGHT PARK	27.00			
07/18	GROUP ROOM	209.00			
07/18	*OCCUPANCY TAX	14.63			
07/18	*SALES TAX	16.72			
07/19	XXXXXXXXXXXX2334 ExXX/XX	-802.05			
	Total Due	.00			

HYATT

OK B

No frequent traveler account has been credited for this stay.
 To enroll in Gold Passport, call 1-800-51-HYATT.

WE LISTEN! WE CARE!

Signature _____

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

Aug 25 09 03:18p

Scott Black

404-835-1414

p.1

DOGWOOD
565 PEACHTREE STREET
ATLANTA, GA 30308

Check: 22 Table: 105 #Party: 2
Server: JAMES NEANDER 18:43
DINING ROOM

FRIED CHICKEN 18.00
DOGWOOD BURGER 15.00
BREAD PUDDING 6.00

Sub Total: 44.00
Tax 1: 3.52
Total: 47.52

19:31

Payments: Ami-Tend Tip/Chg Tally
DISCOVER 57.52 10.00 47.52
07/18/2009 19:47

Memo: 018129,xxxxxxxxxxxx2334,xx/xx, 47.52

Terminal: TERM3
Cashier: JAMES NEANDER

57.52
- 5.00
52.52 ok

0022
Server: JAMES N
07/18/09 19:42, Swiped T: 105 Term: 4
DOGWOOD
565 PEACHTREE STREET
ATLANTA, GA 30308
(404)835-1410
MERCHANT #:
Rec: 18

CARD TYPE ACCOUNT NUMBER
Name: KRISTIPHER W JORDAN
00 TRANSACTION APPROVED
Reference: 0718010000022
TRANS TYPE: Credit Card SALE

CHECK:

TIP: 10.00 47.52

TOTAL: 57.52

Duplicate Copy
x *Steph M. Jordan*

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
SIGN & TOTAL 1 COPY/2ND IS YOUR RECEIPT

OK

Thank you for choosing McDonald's
We now have McCAFE Coffees
Cappuccinos, Iced or Hot Lattes, Iced or
Hot Mochas, and Hot Chocolates

1350 25TH STREET NW
CLEVELAND, TN 37312

THANK YOU

MCDONALDS SITE #2339 TEL# (423)479-5343

34 KS#03 **S#1** Jul.19'09(Sun)10:32
STORE# 2339

Order #334 TO GO

1 SAU EGG MCMUFFIN ML 2.89
1 BAC EGG CH BISC ML 2.99
2 MED COFFEE 2.58
1 PUTN 2 CREAM
1 PUTN 1 EQUAL
1 PUTN 2 CREAM

SUB TOTAL 8.46
TAKE OUT TAX 0.82

9.28

CASH TENDERED 10.00
CHANGE 0.72

THANK YOU
COME AGAIN

XXXXXXXXXXXX 2334, DISCOVER
PAN/KRISTIPHER W
INVOICE 125294
AUTH 019609
I never agree to pay the total, according
to the agreement with the card issuer

\$1.59
Subtotal = \$1.59
Tax = \$0.00
Total = \$1.59
Change Due = \$0.00

07/19/2009 1:24:30 PM
Register: 1 Trans #: 4603 Op ID: 2
Your cashier: Ethel

SHELL
175 N & HWY25
MOUNT VERNON, KY 40456

57442107009

OK

Thank you for eating at McDonald's
McDonald's Corporation
CRITTENDEN, KY 41030
120 SPEARS LANE
MCDONALDS 27889
TEL# (859)428-0895
Jul.19.09(Thu)12:18
37 KS#02 **S#1**
STORE# 27889
MER# KB214B4114001

Order #237 TO GO

1 BIG MAC 2.95
1 RANCH SNACK WRAP-CPY 1.40
1 MED FRENCH FRIES 1.40
1 SML FRENCH FRIES 1.00
1 SML WATER 0.00
SUB TOTAL 6.75
TAKE OUT TAX 0.41
7.16

CARD ISSUER ACCOUNT #
DISC SALE *****2334
TRANSACTION AMOUNT
AUTH CODE 016828 SEQ# 2685

CASH TENDERED 0.00
CHANGE 0.00

THANK YOU



(404) 898-0554
1042 Lindbergh Dr.
Atlanta, GA 30324

OKW

Taxi Service Receipt

Date: _____ Cab# 1110
From: Okwuohu Braves Stadium
To: Hyatt
Driver: Okwuohu

Fare, \$ 13.50
Tips, \$ 3.50
Total, \$ 17.00



(404) 898-0554
1042 Lindbergh Dr.
Atlanta, GA 30324

OKW

Taxi Service Receipt

Date: 7/16/09 Cab# 0239
From: Hyatt on Peachtree
To: 154 Krog St.
Driver: Abramov Abrash

Fare, \$ 13.50
Tips, \$ 3.50
Total, \$ 17.00



FLIP ME OVER TO WIN CASH!

OKW

POPEYE'S
7777 Burlington Rd.
Florence, KY 41042
859/371-7166

Post: ANGELICA 07/19/2009
Order #201 3:09 PM
20053

Tender Combo 9.29
Tenders Mild Box VM
Spicy
Reg Onion Rings VM
Med Cola VM
Biscuit, VM Combo 1.99
Make it a Super Combo
Upsize Drink
Reg French Fries VM

Subtotal 11.28
Tax 0.68

Go Total 11.96

CASH 22.00

Change 10.04

TELL US ABOUT YOUR VISIT AND
YOU COULD WIN A \$ 1000 DOLLARS
STORE # 5260

--- Check Closed ---



UNITED EXPRESS CAB
335 Martin Luther King Jr., Drive
Atlanta, Georgia 30312
404-658-1638

OKW

FARES	
METERED RATE	
\$2.50 Flag Pull to 1st 1/8 mile or portion thereof, .25¢ each add. 1/8 miles. \$2.00 each add. passenger & \$21.00 per hour for waiting time.	
AIRPORT / DOWNTOWN FLAT RATE - \$30.00 AIRPORT / MIDTOWN FLAT RATE - \$32.00 AIRPORT / BUCKHEAD FLAT RATE - \$40.00 \$2.00 each additional person to above fares	
DOWNTOWN OR MIDTOWN OR BUCKHEAD BUSINESS TO BUSINESS FLAT RATE ZONE CHARGE \$8.00 for 1st person, \$2.00 each additional passenger. 20% Discount to Senior/Disabled Citizen with Proper I.D. (Each fare \$2.00 fuel charge) All taxi fares include sales tax.	

Date: July 18, 2009
Pickup location: _____
Dismissal point: Hyatt, Regency

Ohio House of Representatives



August 25, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative John Adams, Public Sector Chairman, in the amount of \$2,379.77.

This request for reimbursement is due to Rep. Adams' attendance at the ALEC Annual Meeting in Atlanta. I have reviewed this request and its attached receipts and everything is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Rep. Adams from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Beth".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 8-14-09 Amount: \$ 2,379.77

Submitted by: Bethany Rhodes

CHECK TO:

Name John Adams

Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

Reason for Expenditure: ALEC Annual Meeting

Are Receipts Attached? [X] YES [] NO

If "No", please explain:

AUTHORIZATION:

[Signature]
State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801

Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager Date Executive Director Date

Account: Batch#: To Be Paid on:

Comments:

Rep. Adams

Registration: \$650.00

Hotel: \$1079.85

Mileage: \$545.40 (1080 miles roundtrip x \$.505)

Meals: \$104.52

Total: \$2,379.77

Tara Adams

From: <meetings@alec.org>
To: <taradams@woh.rr.com>
Sent: Wednesday, May 13, 2009 1:53 PM
Subject: Event Confirmation

x

2009 Annual Meeting - Atlanta, GA

07/15/2009 - 07/18/2009
Atlanta, GA

REGISTRATION CONFIRMATION

Thank you for registering to attend the 2009 Annual Meeting - Atlanta, GA.

Attendee: John P. Adams
 Attendee ID: 112197
 Title: Representative
 Company: Ohio Legislature
 Address: [REDACTED]

This confirmation serves as your receipt of payment for event registration only.
 If you also submitted a housing reservation request, you will receive a separate confirmation for your housing from alec@wyndhamjade.com.

Registrant Class: ALEC Legislative Member
Order Number: 36106
Order Date: 05/13/2009

The following table lists your purchases:

Event Description	Qty.	Event Price	Total Charges
Full Attendee Registration	1	\$375.00	\$375.00
Spouse/Guest Registration	1	\$275.00	\$275.00
Order Total:			\$650.00

Here are the payments you have made thus far:

Date	Credit Card Type	Charged to CC	Name on Card	Total
05/13/2009	[REDACTED]	[REDACTED]	John P. Adams	\$650.00

EVENT COORDINATORS:

If there are any questions or changes to the above registration please contact:

Ngan T. Nguyen
 Registration Coordinator, Events & Meetings
 ALEC
 1101 Vermont Ave., NW, 11th Floor, Washington, DC 20005

Ok
[Signature]

7/30/2009



250 Peachtree Street N.E.
 Atlanta, Georgia, 30308-1204 USA
 TELEPHONE 404 577 4234
 FACSIMILE 404 585 4137

thank you

Last Name ADAMS		First Name JOHN		Folio 1	Page 1
Street 1129 20TH ST NW				Room 1654	
SUITE 500				Rate 199.00	
City WASHINGTON	State DC	Zip Code 20036		Arrival 07/14/09 TUE	
(202) 742-8513		2/0		Departure 07/18/09 SAT	
				Bonuses	Type
				Account	XX/XX

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
				Total Due	.00
07/14	*OVERNIGHT PARK	27.00		DISCOVER CARD 601101631030382	
07/14	GROUP ROOM	199.00		No frequent traveler account has been credited for this stay.	
07/14	*OCCUPANCY TAX	13.93		To enroll in Gold Passport, call 1-800-51-HYATT.	
07/14	*SALES TAX	15.92			
07/15	GROUP ROOM	199.00		WE LISTEN! WE CARE!	
07/15	*OCCUPANCY TAX	13.93		Please share your comments directly with our General Manager	
07/15	*SALES TAX	15.92		You may call 404-460-6457 and leave your contact information	
07/15	KOBE MANUAL - Breakfast	20.00 <i>OK</i>		or e-mail qualityatla@hyatt.com .	
07/15	*OVERNIGHT PARK	27.00			
07/16	*OVERNIGHT PARK	27.00		If you have any questions regarding your billing please contact	
07/16	GROUP ROOM	199.00		our Customer Service department by phone at 888-472-2870 or by	
07/16	*OCCUPANCY TAX	13.93		email at NA.CustomerService@hyatt.com	
07/16	*SALES TAX	15.92		*****Thank you for staying with us!*****	
07/17	*OVERNIGHT PARK	27.00			
07/17	GROUP ROOM	199.00			
07/17	*OCCUPANCY TAX	13.93			
07/17	*SALES TAX	15.92			
07/18	KAFE KOBENHAVN B - Breakfast	36.45 <i>OK</i>			
07/18	XX/XX	-1206.32			
		1079.85			

Signature

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


Printed at: 08/25/2009 12:52:37 PM
Revelation #1304

RECREATE AUDIT CHECK

1 / 1

< DUPLICATE >
AVANZARE

Check Number: 92070	Opened at: 07/14/2009 7:53:43 PM
Server : Christina C. (21011)	Cashier: Christina C. (21011)
Table Number: 6	Meal Period: DINNER (3)
Number of Guests: 2	Check Type: REGULAR FOOD CHK (4)
Terminal Number: 9	Assoc Check Number: 0
Tendered Offline: No	Transaction Tag:

1 Artisan Cheese Tasting Plate	\$12.00
1 6 oz. Filet Mignon	\$26.00
MEDIUM RARE	\$0.00
1 Whipped Potatoes	\$9.00
1 Grilled Jumbo Asparagus	\$9.00
1 Kurobuta Pork Chop	\$26.00
	
1 FIRE CHECK	\$0.00

Sales:	\$94.00
Discount:	\$0.00
Subtotal:	\$94.00
Tax:	\$7.52
Gratuity:	\$0.00
Service Charge:	\$0.00
Check Total:	\$101.52
Tip:	\$15.00

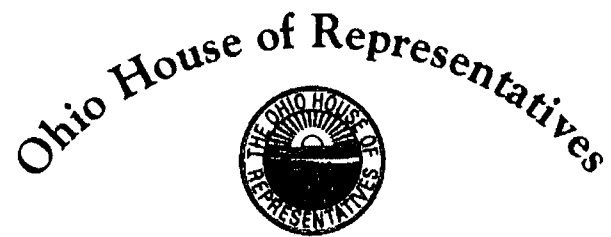
CHECK TENDERS:

ROOM CHARGE:	\$116.52
Room:	1654
Name:	+ADAMS JOHN
Folio:	11654 11
Change:	\$0.00
Breakage:	\$0.00

Received
\$116.52



Check closed at: 07/14/2009 8:42:16 PM



September 2, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Senator Tom Niehaus in the amount of \$1,802.78.

This request for reimbursement is due to Sen. Niehaus' attendance at the ALEC Annual Meeting in Atlanta. I have reviewed this request and its attached receipts and everything is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Sen. Niehaus from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth", written over a large, stylized flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 8-10-09 Amount: \$ 1,802.78

Submitted by: Bethany Rhodes

CHECK TO:

Name Tom Niehaus

Address [REDACTED]

City [REDACTED] State OH Zip Code 45157

Reason for Expenditure: ALEC Annual Meeting

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:


State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801

Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager _____ Date _____ Executive Director _____ Date _____

Account: _____ Batch#: _____ To Be Paid on: _____

Comments: _____

Sen. Dickaus

Registration: \$ 475.00

Hotel: \$ 802.05

Mileage: \$ 477.73 (946 miles roundtrip x \$.505)

Parking: \$ 31.00

Cabs: \$ 17.00

Total: \$ 1,802.78

2009 ALEC Conference
Atlanta, GA

Hotel advance deposit ~~_____~~ \$870.05
 Hotel balance & parking ~~_____~~ \$551.80
 Mileage - 945 miles @ 50.5 cents ~~_____~~ \$477.75
 Add'l hotel parking ~~_____~~ \$0.00
 Conference fee ~~_____~~ \$175.00

~~_____~~

AMERICAN LEGISLATIVE EXCHANGE COUNCIL
ALEC
 36TH ANNUAL MEETING

AMERICAN LEGISLATIVE EXCHANGE COUNCIL
ALEC
 36TH ANNUAL MEETING

TOM
 Tom Niehaus
 Senator
 Ohio Senate
 Columbus, OH

Receipt for: Tom Niehaus
 2009 Annual Meeting - Atlanta, GA

	Qty	Amount
Full Attendee Registration	1.00	\$475.00

475.00
 OK BK

Total	Paid	Balance	Pay Method
\$ 475.00	\$ 475.00	\$ 0.00	

ATLANTA, GEORGIA · JULY 15-18

ATLANTA, GEORGIA · JULY 15-18



Ticket/Tranact: 735299 0000141931
 Lic/SV/Park: SEMN014
 Model/Make: VOLKSWAGEN
 Garage Loc: MAIN LOT
 Request Loc: MAIN LOCATION
 Arrival Date: 07/15/2009 14:42
 Request Date: 07/18/2009 07:49
 Customer: NIEHAUS, T
 Cashier: TAWANA J
 Parking Charge: \$1.00 Hotel
 Discounts: 0.00
 Services: 0.00
 Surcharge Tax: 0.00
 Sales Tax: 0.00
 Amount Paid: 31.00
 Amount Returned: 0.00
 Change Due: 0.00

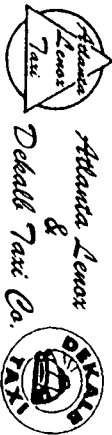
OK BK

Thank You For Using Our Valet Service
 Please Call 404-577-1234 For Any
 Questions or Comments.

KING HYATT

ING RATES
 PPLY

Taxi Service Receipt
 Date: _____ Cab #: _____
 From: _____
 To: _____
 Driver: _____
 Fare, \$ _____
 Tips, \$ _____
 Total, \$ 17



OK BK



THOMAS NIEHAUS
1129 20TH STREET NW
WASHINGTON
DC

SUITE 500
20036

Resv #: HH7345521

You have Checked Out of Room 749

Date	Description	Amount
Jul 15	*OVERNIGHT PARK	\$27.00
Jul 16	*OVERNIGHT PARK	\$27.00
Jul 15	GROUP ROOM	\$209.00
Jul 15	*OCCUPANCY TAX	\$14.63
Jul 15	*SALES TAX	\$16.72
Jul 16	*ADVANCE DEPOSIT	\$270.25CR
Jul 16	GROUP ROOM	\$209.00
Jul 16	*OCCUPANCY TAX	\$14.63
Jul 16	*SALES TAX	\$16.72
Jul 17	*OVERNIGHT PARK	\$27.00
Jul 17	GROUP ROOM	\$209.00
Jul 17	*OCCUPANCY TAX	\$14.63
Jul 17	*SALES TAX	\$16.72
Jul 18	XXXXXXXXX6131	\$531.80CR

Balance: \$0.00

Hard Rock Cafe - Atlanta
215 Peachtree Street NE
Atlanta, GA 30303

CHECK: 4109
TABLE: 31/4
SERVER: 200060915 LADY J
DATE: JUL16'09 2:37PM
CARD TYPE: Discover
ACCT #: XXXXXXXXXXXXX6131
AUTH CODE: 016705
EMILY C NIEHAUS

SUBTOTAL: 8.63

TIP

TOTAL: 10.63

SIGNATURE:

I AGREE TO PAY TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT

all meals provided during conference

802.05

Hard Rock Cafe - Atlanta
215 Peachtree Street NE
Atlanta, GA 30303

200060915 LADY J

31/4 4109
JUL16'09 1:57PM

1 ADD SIDE SALAD 5.00
1 BALSAMIC VIN 2.99
1 SWEET TEA
subtotal 7.99
Tax 0.64
2:36 Amt Due \$8.63

Quality service is customarily
acknowledged by an 18%-20% grat

Un service de qualite est recom
pense par un pourboire
de 18%-20%

La propina usual del
servicio es de 18%-20%

La qualita del servizio e
ricompensabile con il
18%-20% di mancia

Wir Bitten um das allgemeine
uebliche trinkgeld von 18-20%

All meals provided during conference

WIN TRIPS AROUND THE WORLD
Enter the Ambassadors of Rock
Sweepstakes for your chance to
win at www.hardrock.com

Ohio House of Representatives



July 22, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from Kara Joseph, Legislative Aide to Ohio Public Sector Chairman John Adams, in the amount of \$1,593.52.

This request for reimbursement is due to Mrs. Joseph's attendance at the ALEC Annual Meeting in Atlanta. I have reviewed this request and its attached receipts and everything is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Mrs. Joseph from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bethany".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: July 22, 2009 Amount: \$ ~~5,500.00~~ 1,593.52

Submitted by: Bethany Rhodes

CHECK TO:

Name KARA JOSEPH

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Reason for Expenditure: ALEC 2009 Annual Meeting

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:


State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801
Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager Date Executive Director Date

Account: _____ Batch#: _____ To Be Paid on: _____

Comments: _____

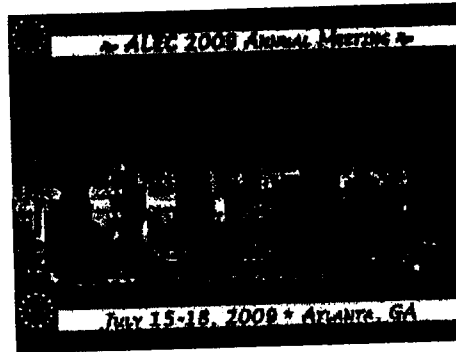
Kara Joseph

Registration:	\$ 650.00
Hotel:	\$ 686.55
Airfare:	\$ 169.20
Baggage:	\$ 30.00
Mileage:	\$ 22.58 (44.72 miles x \$ 505)
Shuttle:	\$ 29.00
Meals:	\$ 6.19

Total: \$ 1,593.52

Joseph, Kara

From: meetings@alec.org
Sent: Wednesday, June 17, 2009 8:26 AM
To: Joseph, Kara
Subject: Event Confirmation



2009 Annual Meeting - Atlanta, GA

07/15/2009 - 07/18/2009
Atlanta, GA

REGISTRATION CONFIRMATION

Thank you for registering to attend the **2009 Annual Meeting - Atlanta, GA.**

Attendee: Kara Joseph
Attendee ID: 117898
Title: Legislative Aide
Address: 77 S. High Street
Columbus, OH 43215

This confirmation serves as your receipt of payment for event registration only.
If you also submitted a housing reservation request, you will receive a separate confirmation for your housing from alec@wyndhamjade.com.

Registrant Class: Legislative Staff/Government
Order Number: 36627
Order Date: 06/16/2009

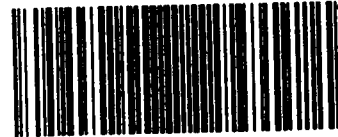
The following table lists your purchases:

Event Description	Qty.	Event Price	Total Charges
Full Attendee Registration	1	\$650.00	\$650.00
Order Total:			\$650.00

Here are the payments you have made thus far:

Date	Credit Card Type	Charged to CC	Name on Card	Total
06/16/2009		[REDACTED]	Kara L. Joseph	\$650.00

OK
[Signature]



(Scan this barcode at a Delta Self-Service Kiosk to access your reservation.)

Your Receipt and Itinerary

KARA JOSEPH



Thank you for choosing Delta. We encourage you to review this information before your trip. If you need to contact Delta or check on your flight information, go to delta.com, call 800-221-1212 or call the number on the back of your SkyMiles® card.

Now, managing your travel plans just got easier. You can exchange, reissue and refund electronic tickets at delta.com. Take control and make changes to your itineraries at delta.com/itineraries.

Speed through the airport. Check-in online for your flight. → [Check-in](#)

169.20
OK
PS

Flight Information

DELTA CONFIRMATION #: RRS9IB
TICKET #: 00623115205392

Day	Date	Flight	Status	Bkng Class	City	Time	Meals/ Other	Seat/ Cabin
Wed	15JUL	DELTA 5950*	OK	T	LV COLUMBUS OH AR ATLANTA	815A 954A		** COACH
*Operated by SHUTTLE AMERICA								
Sat	18JUL	DELTA 1658	OK	U	LV ATLANTA AR COLUMBUS OH	951A 1140A		19C COACH

Check your flight information online at delta.com or call the Delta Flightline at 800-325-1999.

Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket. Please review Delta's [check-in Requirements](#) and [baggage guidelines](#) for details.

You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States. You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel. For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit <http://SafeTravel.dot.gov>.

- Key to Terms
- # - Arrival date different than departure date
 - ** - Check in required
 - *** - Multi meals
 - *\$\$ - Multiple seats
 - AR - Arrives
 - B - Breakfast
 - C - Bagels/Beverages
 - D - Dinner
 - F - Food available for purchase
 - L - Lunch
 - LV - Departs
 - M - Movie
 - R - Refreshments - Complimentary
 - S - Snack
 - T - Cold meal
 - V - Snacks for Sale

Passenger Information

KARA JOSEPH

Billing Details

▲ DELTA

PASSENGER RECEIPT
17JUL09 0066
DL/WW ATL FTO

01 EXCESS BAGGAGE
US TICKET

KARA/JOSEPH
NOT VALID FOR
**TRANSPORTATION*

THIS IS YOUR RECEIPT

PSGR TICKET 0062311520539

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

ATL DL CMH
PIECE 15.00
EBC 15.00

RR91B /DL

NOT VALID FOR TRAVEL

USD 15.00

1



0 006 2506689401 6

0 006 2506689401 6

USD15.00

dl
dl

DELTA

PASSENGER RECEIPT

14JUL09 0066

DL/WW

CMH FTO

**01
US**

**EXCESS BAGGAGE
TICKET**

KARA/JOSEPH

****NOT VALID FOR**
TRANSPORTATION*

PSGR TICKET 0062311520539

THIS IS YOUR RECEIPT

CMH DL ATL
PIECE 15.00
EBC 15.00

RRS91B /DL

**FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK**

USD 15.00
1
USD15.00

CAXXXXXXXXXXXXX0933/723482

NOT VALID FOR TRAVEL

0 006 2506037951 4

0 006 2506037951 4

*Old
ML*

HMSHOST
STARBUCKS COFFEE C
PORT COLUMBUS INT'L AIRPORT

9789 DANTE

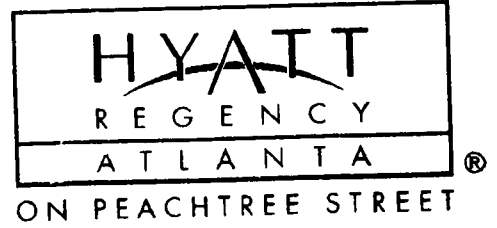
CHK 2953 JUL15'09 7:01AM GST 2

TO GO

1 TALL WHCHO MOCHA 3.85
1 DANISH 2.19

SUBTOTAL 6.04
TAX 0.15
AMOUNT 6.19
XXXXXXXXXXXXXXXXX3 XX/XX
MSTRCARD A1 5* 6.19

OK
pk



KARA JOSEPH
1129 20TH STREET NW SUITE 500
WASHINGTON DC 20036

Resv #: HH7340791

You have Checked Out of Room 1548

Date	Description	Amount
Jul 15	GROUP ROOM	\$199.00
Jul 15	*OCCUPANCY TAX	\$13.93
Jul 15	*SALES TAX	\$15.92
Jul 16	GROUP ROOM	\$199.00
Jul 16	*OCCUPANCY TAX	\$13.93
Jul 16	*SALES TAX	\$15.92
Jul 17	GROUP ROOM	\$199.00
Jul 17	*OCCUPANCY TAX	\$13.93
Jul 17	*SALES TAX	\$15.92
Jul 18	XXXXXXXXX0933	\$686.55CR

Balance: \$0.00

OK
pk

RECEIPT

The Atlanta Link
245 University Ave
Atlanta, GA 30315
(404) 524-3400

Card holder: KARA JOSEPH

EXP: [REDACTED]
Approval: 530530
Trans Seq #: 406
Sequence #: 805001076
Trans id: 48423220
Amount: 29.00
Date: 07/15/09 10:27
Agent: 4045
Terminal: 805

OK
pk

Adults: 1

TICKET#: EXDB9YTO

Atlanta Airport
Fare: 29.00

CUSTOMER COPY

No frequent traveler account has been credited for this stay.
To enroll in Gold Passport, call 1-800-51-HYATT.
WE LISTEN! WE CARE!
Please share your comments directly with our General Manager. You may call 404-460-6457 and leave your contact information or e-mail at qualityatla@hyatt.com.

If you have any questions regarding your billing please contact our Customer Service department by phone at 888-472-2870 or by email at NA.CustomerService@hyatt.com.

Thank you for staying with us at

Hyatt Regency Atlanta
265 Peachtree Street, NE
Atlanta, GA 30303

www.atlantaregency.hyatt.com

7/18/2009 7:17:58 AM

Ohio House of Representatives



May 28, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative Peggy Lehner in the amount of \$37.83.

This request for reimbursement is due to Rep. Lehner's attendance at the ALEC Spring Task Force Summit in Memphis. The request is for incidental charges covered under the Ohio Scholarship Fund but not covered by the Health and Human Services Task Force upon which she serves.

Rep. Lehner lost her parking receipt, but I did verify with the Dayton Airport Authority that \$26.00 would be the charge for 3 days of parking.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 5-28-09 Amount: \$ 37.83

Submitted by: Bethany Rhodes

CHECK TO:

Name Rep. Peggy Lehner

Address 77 S. High St; 11th floor

City Columbus State OH Zip Code 43215

Reason for Expenditure: Spring Task Force Summit in Memphis

Are Receipts Attached? YES NO

If "No", please explain: Rep. Lehner lost the receipt for parking; I verified this amount with the Dayton Airport Authority. -BR

AUTHORIZATION:

J. Adams
State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801

Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager _____ Date _____ Executive Director _____ Date _____

Account: _____ Batch#: _____ To Be Paid on: _____

Comments: _____

Representative Peggy Lehner

- Spring Task Force Summit

- Health & Human Services Task
Force

Parking:	\$26.00
Mileage:	\$11.83 (39.42 miles x .30)
<hr/>	
Total	\$37.83

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

ALEC

2009 SPRING TASK FORCE SUMMIT REIMBURSEMENT FORM

Date submitted: 5-28-09

Amount: \$ 262.90

Submitted by: Bethany Rhodes

MAXIMUM AMOUNT: \$500

- Full Task Force Member
 Alternate Task Force Member (Reimbursement requires State Chair approval)
State Chair Authorization: _____

PLEASE CHECK TASK FORCE ATTENDED:

- TASK FORCE**
- Civil Justice
 Commerce, Insurance, and Economic Development
 Public Safety & Elections
 Education
 Health and Human Services
 Natural Resources
 Tax and Fiscal Policy
 Telecommunications and Information Technology

DIRECTOR
Amy C. KJose
Michael Hough
Michael Hough
Jeff Reed
Christie Raniszewski Herrera
Matt Warner
Jonathan Williams
Seth Cooper

CHECK TO:
Name: Rep. Peggy Lehner
Address: 77 S. High St.; 11th floor
City: Columbus State: OH Zip Code: 43215

Are receipts attached? YES NO

If "NO," please explain: _____

Please Mail/Fax to:
Jonathan Moody, Policy Coordinator
American Legislative Exchange Council
1101 Vermont Ave., NW, 11th Floor
Washington, D.C. 20005

FAX: (202) 466-3801
Phone: (202) 742-8516

FOR OFFICE USE ONLY

Department Manager _____ Date _____ Executive Director _____ Date _____

Account: _____ Sub-Account: _____

Task Force Director/Comments: _____



Your trip details

Know Before You Go

- [Print this page](#) and keep for your records.
- Read the [policies](#).
- **Contact us immediately if any issues arise with your reservation before or during your trip.**

Note: We sent a confirmation message to the email address you provided ([REDACTED])

Your Travelocity Trip ID is: 2910 3319 1945

Your phone number for this trip: 937.477.7640



This is an e-ticket, so no paper ticket will be mailed to you. [What is an e-ticket?](#)
Please note: Your original [seat requests](#) could not be accommodated. Also, note that seat requests are not guaranteed and may be changed by the airline.
 In addition, [flight schedules](#) may be changed by the airline.

Itinerary

Primary Contact: MARGUERITE LEHNER
 For questions about this itinerary, call 1.888.872.8356

Travel Tools:
[Online flight check-in](#) | [Look up flight status](#)

Flight: 1 Round-Trip Ticket

[Change/Cancel Flight](#)

All flight times are local to each city.

For your boarding pass, use reference code **BQNFVB** for [online](#) or airport check-in.

Thu, Apr 30, 2009 Dayton International Airport (DAY) to Memphis International Airport (MEM)

Depart: 12:20pm Dayton, OH (DAY) to
 Arrive: 01:45pm Charlotte, NC (CLT)

US Airways
 Flight 2474 operated by US AIRWAYS EXPRESS-PSA AIRLINES (on Canadair Regional Jet)
 Confirmation #: BQNFVB
[Adult fare rules](#)

Requested Seats: 6F
 1 Stop – change planes in Charlotte, NC (CLT)
 Connection Time: 3 hrs 50 mins

Depart: 05:35pm Charlotte, NC (CLT) to
 Arrive: 06:19pm Memphis, TN (MEM)

US Airways
 Flight 2671 operated by US AIRWAYS EXPRESS-MESA AIRLINES (on Canadair Regional Jet 900)
 Confirmation #: BQNFVB
[Adult fare rules](#)

Requested Seats: 2F

Total Travel Time: 6 hrs 59 mins

For your boarding pass, use reference code BQNFBV for online or airport check-in.

Sat, May 2, 2009 Memphis International Airport (MEM) to Dayton International Airport (DAY)

Depart: 08:00am
Arrive: 10:36am

Memphis, TN (MEM) to
Charlotte, NC (CLT)

 US Airways

Flight 2868 operated by US
AIRWAYS EXPRESS-MESA
AIRLINES (on Canadair
Regional Jet 900)
Confirmation #: BQNFBV
Adult fare rules

Requested Seats: 10C
1 Stop - change planes in Charlotte, NC (CLT)
Connection Time: 2 hrs 35 mins

Depart: 01:11pm
Arrive: 02:41pm

Charlotte, NC (CLT) to
Dayton, OH (DAY)

 US Airways

Flight 2219 operated by US
AIRWAYS EXPRESS-PSA
AIRLINES (on CRJ-700
CANADAIR REGIONAL)
Confirmation #: BQNFBV
Adult fare rules

Requested Seats: 8C
Total Travel Time: 5 hrs 41 mins

Passenger Name	Frequent Flyer Information	Ticket Number
MARGUERITE LEHNER	You can add your frequent flyer number at the airport.	0377420156188

Travel Alert!

The TSA has adjusted its ban on liquids, aerosols, and gels, so you can now carry the following items on board your flight:


- Travel-size toiletries (3 ounces or less) that fit comfortably in a quart-size, clear plastic zip-top bag. One zip-top bag is permitted per passenger. Beverages and other items purchased in the secure boarding area.
- At the security checkpoint, place the zip-top bag of liquids in a bin or on the conveyor belt for inspection.
- Passengers carrying on larger amounts of prescription liquid medications, baby formula, and diabetic glucose treatments must declare these at the security checkpoint for additional screening.

Arrive at the airport early. Enhanced security measures may mean longer lines at security checkpoints.

This new security policy applies to all domestic and international flights departing from U.S. airports. We always recommend checking the TSA Web site (www.tsa.gov) for the most up-to-date information about security procedures. If you are departing from a non-U.S. airport, be sure to check that airport's security policies and pack accordingly.

Pricing

1 Adult:	\$212.09
Taxes & Fees:	\$50.81
Total:	\$262.90

We charged a total of \$262.90 to your M 

- Travelocity Fees and airline charges will be shown as separate line items on your credit card statements.

Travelocity Points

- Your Travelocity Points will be updated to show 789 earned. Your new balance will be updated in My Stuff within 1-2 days. For more information about your credit card, Travelocity Points, or balances, visit www.travelocitymastercard.com.

Ohio House of Representatives



July 27, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative Seth Morgan in the amount of \$3,454.36.

This request for reimbursement is due to Rep. Morgan's attendance at the ALEC Annual Meeting in Atlanta. I have reviewed this request and its attached receipts and everything is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Rep. Morgan from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany Rhodes".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 7-24-09 Amount: \$

Submitted by: Bethany Rhoades

CHECK TO:

Name Seth Morgan

Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

Reason for Expenditure: ALEC Annual Meeting

Are Receipts Attached? [X] YES [] NO

If "No", please explain:

AUTHORIZATION:

[Signature] State Chair Signature

Please Mail/Fax to: Director of Membership ALEC 1129 20th Street, NW Suite 500 Washington D.C. 20036

FAX: (202) 466 3801

Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager Date Executive Director Date

Account: Batch#: To Be Paid on:

Comments:

Rep. Hogan

Registration:	\$1,575.00
Hotel:	\$1,206.25
Mileage:	\$530.34 (1050.18 miles x \$.505)
Meals:	\$142.77

Total: \$3,454.36



205 Peachtree St. N.E.
 Atlanta, GA, USA 30303
 TELEPHONE (404) 577-1234
 FACSIMILE (404) 588-1137

thank you

Last Name MORGAN First Name SETH
 Street 1129 20TH STREET NW
 SUITE 500
 City WASHINGTON State DC Zip 20036
 202-742-8513 2

Folio 1 Page 1
 Room 1829
 Rate 189.00
 Arrival 07/14/09 Tue
 Departure 07/18/09 Sat
 Bonus Type CCARD
 Account

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
07/14	*NO SHOW ROOM	199.00	07/17	GROUP ROOM	189.00
07/14	*OCCUPANCY TAX	13.93	07/17	*OCCUPANCY TAX	13.23
07/14	*SALES TAX	15.92	07/17	*SALES TAX	15.12
07/14	XXXXXXXX2057	228.85	07/18	XXXXXXXX2057	-1072.94
07/14	GROUP ROOM	189.00		Total	0.00
07/14	*OCCUPANCY TAX	13.23			
07/14	*SALES TAX	15.12			
07/15	*NO SHOW ROOM	-199.00			
07/15	*OCCUPANCY TAX	-13.93			
07/15	*SALES TAX	-15.92			
07/15	GROUP ROOM	189.00			
07/15	*OCCUPANCY TAX	13.23			
07/15	*SALES TAX	15.12			
07/14	*OVERNIGHT PARK	27.00			
07/15	*OVERNIGHT PARK	27.00			
07/16	*OVERNIGHT PARK	27.00			
07/16	GROUP ROOM	189.00			
07/16	*OCCUPANCY TAX	13.23			
07/16	*SALES TAX	15.12			
07/17	*OVERNIGHT PARK	27.00			

296.36

(Handwritten scribble)

977.40
 +228.85
 1206.25

(Handwritten signatures)

VISA 67040470015
 No frequent traveler account has been credited for this stay.
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WE LISTEN! WE CARE!
 Please share your comments directly with our General Manager.
 You may call 404-460-6457 and leave your contact information
 or e-mail at qualityattra@hyatt.com.

If you have any questions regarding your billing please contact
 our Customer Service department by phone at 888-472-2870 or by
 email at NA.CustomerService@hyatt.com
 *****Thank you for staying with us!*****

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

36TH ANNUAL MEETING

Receipt for: **Seth A. Morgan**
2009 Annual Meeting - Atlanta, GA

Amount
\$475.00
\$350.00
\$750.00

Full Attendee Registration 1.00
Spouse/Guest Registration 1.00
Kids' Congress Full Conference 3.00



Total
\$ 1,575.00

Balance
\$ 0.00

Pay Method

Card Name: **Seth A. Morgan**

ATLANTA, GEORGIA • JULY 15-18

Ohio House of Representatives



January 15, 2009

Rick Gowdy
ALEC
1129 20th Street NW, Suite 500
Washington, D.C. 20036

Dear Rick:

Attached please find a reimbursement request from State Representative Tom Brinkman in the amount of \$2,215.57.32. This request for reimbursement is due to Rep. Brinkman's attendance at the ALEC Annual States and Nation Policy Summit.

Rep. Brinkman was the only member attending from Ohio; therefore, Ohio will only be utilizing one of the allotted two scholarships provided by ALEC. In the event that any portion of Rep. Brinkman's reimbursement request exceeds this scholarship, please reimburse Rep. Brinkman for the said amount from the Ohio Scholarship Account.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 1-14-09 Amount: \$ 2,215.57

Submitted by: Bethany Rhodes

CHECK TO:

Name Tom Brinkman, Jr.

Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

Reason for Expenditure: States & Nation Policy Summit

Are Receipts Attached? [X] YES [] NO

If "No", please explain:

AUTHORIZATION:

[Signature]

State Chair Signature

Please Mail/Fax to: Director of Membership ALEC 1129 20th Street, NW Suite 500 Washington D.C. 20036

FAX: (202) 466 3801

Phone: (202) 466 3800

FOR OFFICE USE ONLY

Department Manager Date Executive Director Date

Account: Batch#: To Be Paid on:

Comments:

ALEC Conference
Washington, DC
December 4 - 6, 2008

DATE	ITEM	VENDOR	\$\$\$	receipts	
12/4/2008	Conference Registration	ALEC	\$500.00	yes	
12/4/2008	Milage to Wardman Park	516 miles @ 58.5 cents	\$301.86	map quest	
12/4/2008	Breakfast	Panara Bread	\$15.35	yes	
12/4/2008	Tolls	Penna Turnpike	\$5.25	yes	
12/4/2008	Transport to Renaissance M St	Metro card	\$20.00	not provided	by machine
12/5/2008	Dinner Friday evening	State Night alone	\$148.93	yes	
12/6/2008	Dinner Saturday evening	James Hoban's	\$50.88	yes	
12/6/2008	Dinner Saturday evening	California Pizza Kitchen	\$12.98	yes	
12/7/2008	Hotel Room	Renaissance M St. Hotel	\$792.03	yes	
12/7/2008	Breakfast	Walgreens	\$9.97	yes	
12/7/2008	Lunch	Panera Bread	\$21.00	yes	
12/7/2008	Dinner	Noodles & Company	\$35.46	yes	
12/7/2008	Milage to Cincinnati	516 miles @ 58.5 cents	\$301.86	map quest	
		GRAND TOTAL	\$2,215.57		
		reimbursement			
For:	Tom Brinkman Jr.				
	3215 Hardisty Avenue				
	Cincinnati, OH 45208				
	513/321-6591				
	614-644-6886				
					1/12/2009



Search

Events & Meetings

Spring Task Force Summit

Annual Meeting

States and Nation Policy Summit

State Events

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Purchase Detail

[other orders](#)

If changes need to be made to your registration, contact ALEC at 202-466-3800.

Order# 34310
ID: 103217
Full Name: Tom Brinkman, Jr.
Order Date 11/18/2008

Description	Unit Price	Qty.	Price.
States & Nation Policy Summit 2008 - From: 12/04/2008 To: 12/06/2008			
Full Attendee Registration 12/04/2008 07:30 AM - 12/06/2008 04:45 PM	\$ 300.00	1	\$300.00
Spouse/Guest Registration 12/04/2008 07:30 AM - 12/06/2008 04:45 PM	\$ 200.00	1	\$200.00
Total			\$500.00

Hotel Reservations

If you would like to make your hotel reservations now, please click [here](#)

A confirmation email has been sent to: tom@gobrinkman.com



RENAISSANCE.
HOTELS & RESORTS

Guest Folio

RENAISSANCE M STREET HOTEL

439	BRINKMAN/TOM/MR	209.00	12/07/08	12:00	3838
Room	Name	Rate	Depart	Time	ACCT#
GD			12/04/08	14:09	
Type			Arrive	Time	

14

Payment

CHARGES CREDITS BALANCE DUE

RF 32.00
439.1 199.00
439.1 28.86
1.00
199.00
32.00

\$792.03

CURRENT BALANCE .00

THE M STREET HOTEL!! TO EXPEDITE
PLEASE CALL THE FRONT DESK OR PRESS "MENU"
NOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

**GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR MARRIOTT
REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR
BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON
MARRIOTT.COM**

**Gifts for them, Points for you! Earn Marriott Rewards points on all
Marriott GiftCard purchases November 1 - December 31st.
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Give the Gift of Marriott this holiday.**

**Marriott Rewards Account # XXXXX8340
Date 12/04/08-12/07/08 Est. Eligible Revenue \$693.71
Est. base Points Earned: 6937
For account activity: 801-468-4000 or www.Marriott.com**

**RENAISSANCE M STREET HOTEL
1143 NEW HAMPSHIRE N
WASHINGTON, DC 20037**

This statement is your only receipt. You agree to pay by personal check or credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

To secure your next stay, go to renaissancehotels.com or call 800 228 9290.

PENNA TURNPIKE COMM FARE RECEIPT
 PLAZA 161 BREEZEWOOD

DATE	TIME	COLL	TRAN	ENTRY
12/04/08	09:52	2897	5390	075
LANE	CLASS	TP	UO	PATD
07	1	CA		\$5.25

For E-ZPass, call 1-877-736-6727

Walgreens

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I'm DONNA M.. Thank you for allowing me to serve you today.

588 10 5010 10071 028

REF# 1007 100-0812-0620

807 1 3.49
 3.49
 9.97

CASH 10.00
 .03



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 WWW.WALGREEN.COM 24 HOURS IN

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PLUS, PAY \$12.00 FOR 90-DAY SUPPLY
 OF OVER 400 COMMON MEDICATIONS.
 ASK HOW MUCH YOU CAN SAVE TODAY!

DECEMBER 6, 2008 9:35 PM

HOW ARE WE DOING?

ENTER OUR MONTHLY CASH PRIZE CONTEST
 THIS MONTH THE PRIZE IS

\$3,000 CASH

PLEASE CALL TOLL FREE

1-800-217-7451

OR VISIT

WWW.WALGREENSATISFACTION.COM

WITHIN 72 HOURS TO COMPLETE A
 SHORT SURVEY ABOUT YOUR RECENT
 VISIT TO THIS WALGREENS.

SURVEY# 1007-1285-0100-0812-0620-10

FOR CONTEST RULES, SEE STORE OR
 WWW.WALGREENSATISFACTION.COM

DECEMBER 6, 2008 9:35 PM

 DATE 12/05/08 TIME 8:39PM
 MID CCRD

McCormick & Schmick
 1652 K Street, N W
 Washington, D.C.
 20006

202-861-2233

PLEASE SIGN AND LEAVE THE MERCHANT COPY
 THE CUSTOMER COPY IS YOURS TO TAKE

PRE-AUTH TBL 72 CHECK 458421 S
 DINING S SAL

AMOUNT 117.20
 TAX 11.73

SUBTOTAL \$ 128.93

TIP \$ 20.00

TOTAL \$ 148.93

CUSTOMER COPY

Panera Bread #3589
1700 Kingfisher Drive
Frederick, MD 21701
(202) 223-8440
FAX



www.noodles.com
Noodles & Company
3707 Isabella Ave
Cincinnati, OH 45208
(513)351-3451

Host: PM Cash 1
2

12/07/2008
8:40 PM
30084

1 LRG SOBA @ 1.89 1.89
1 BCN EGG & CHZ @ 3.39 3.39
[REDACTED] 21.00
FOOD 16.22
BEVERAGE 3.59
Tax 1.19
PAYMENT 21.00

Small Chinese Chop Salad 3.95
Pesto Cavatappi 5.25
Shrimp 2.00
Bisque 5.25
Trio Penne Rosa 7.25
Lg Fountain (3 @1.70) 5.10
Cookie (3 @1.50) 4.50

Sub Total 33.30
Tax 2.16

HERE Total 35.46

[REDACTED] 35.46

TELL US HOW WE ARE DOING
AND YOU MAY WIN \$2000
GO TO WWW.PANERASURVEY.COM
OR CALL 1-877-467-8436
WITHIN 48 HRS / MONTHLY DRAWING
RULES AT WWW.PANERASURVEY.COM

SIGNATURE : _____

Order # 2969

Thank You, Enjoy!!
Feedback on your
Experience today?
Call 866-95NOODLE
(866-956-6635)

JAMES HOBAN'S
1 Dupont Circle
(202) 223-8440

Date: 12/06/2008 Time: 08:26:58 PM

Server Name: JONATHAN
Check Number: 90255
Table Number: 200
Check Number: 90255
Card Owner: BRINKMAN, JAMES

AMOUNT 44.88

TIP 6.00

TOTAL 50.88

Approval: 025608

RETAIN THIS COPY FOR YOUR RECORDS

California Pizza Kitchen
1260 Connecticut Ave. NW
Washington DC 20036
202-331-4020

Server: Ada
09:13 PM
Table 42/1

DOB: 12/06/2008
12/06/2008
4/40055

Magnetic card present: BRINKMAN THOMAS
Approval: 01546B

Amount: 10.98
+ Tip: 2.00
= Total: 12.98

X
Approval: 01546B

CUSTOMER COPY

TO GO

Your Order Number is: 334

Panera Bread
Cafe 3507
107 Trinity Point
Washington, PA 15301
Phone: 7242259778
Fax: 7242259798

12/4/2008 7:54:26 AM
Order: 368734 Cashier: Marilyn

2 COOKIE CHOC CHIP	2.78
1 SPIN/ ART EGG	3.29
1 TURK/ SAUS EGG	3.29
1 SAUS EGG & CHZ	3.49
1 LRG SODA	1.79
SubTotal	14.64
Tax	0.71
Total	15.35
Visa	15.35
Trans#:7515	

TELL US HOW WE ARE DOING
AND YOU MAY WIN \$2000
GO TO WWW.PANERASURVEY.COM
OR CALL 1-877-467-8436
WITHIN 48 HOURS/ MONTHLY DRAWING
RULES AT WWW.PANERASURVEY.COM

Your Order Number is: 334
Customer / Pager: 73 TOM
Customer Copy

Ohio House of Representatives



April 21, 2010

American Legislative Exchange Council
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

To Whom It May Concern:

Attached please find a copy of reimbursement request from State Representative John Adams, Ohio Public Sector Chairman, in the amount of \$1,389.38. This request for reimbursement is due to Rep. Adams' attendance at the ALEC States and Nations Conference in Washington, D.C.

In reviewing the scholarship report and reconciling the past year, it is apparent that Rep. Adams has not yet been reimbursed for his attendance at this meeting.

I have reviewed this request and its attached receipts and it is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would again request that you please reimburse Rep. Adams from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany Rhodes".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives



December 17, 2009

American Legislative Exchange Council
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

To Whom It May Concern:

Attached please find a reimbursement request from State Representative John Adams, Ohio Public Sector Chairman, in the amount of \$1,389.38.

This request for reimbursement is due to Rep. Adams' attendance at the ALEC States and Nation Conference in Washington, D.C. I have reviewed this request and its attached receipts and it is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Rep. Adams from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany Rhodes".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 12-17-09 Amount: \$ 1,389.38

Submitted by: Bethany Rhodes

CHECK TO:

Name John Adams

Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted]

Reason for Expenditure: States & Nation Conference

Are Receipts Attached? [X] YES [] NO

If "No", please explain:

AUTHORIZATION:

[Signature]
State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801
Phone: (202) 466 3800

FOR OFFICE USE ONLY
Department Manager Date Executive Director Date
Account: Batch#: To Be Paid on:
Comments:

Rep. Adams

Airfare: \$ 395.80

Hotel: \$ 889.68

Airport parking: \$ 48.00

Cabs: \$ 30.00

Meal: \$ 25.90

Total: \$ 1389.38

John Adams

From: reservations@email-usairways.com
Sent: Tuesday, November 24, 2009 4:27 PM
To: [REDACTED]
Subject: Your US Airways flight



Your reservation

[Book travel](#)

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[Dividend Miles](#)

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[US Airways Vacations](#)

Confirmation code: B09H2N

Date issued: Tuesday, November 24, 2009



Scan at any US Airways kiosk to check in.



• [New baggage policy](#)

Passenger summary

JOHN P ADAMS

03723706658361



Trip details [Download to Outlook](#)

Depart: Dayton, OH (DAY) Washington, DC (Reagan) (DCA)

Date: Wednesday, December 02, 2009

Flight#/Carrier	Depart	Arrive	Duration	Meals	Aircraft	Cabin	Seats
2372 PSA	06:30 AM DAY	07:57 AM DCA	1h 27m	None	CRJ	Coach	7D

PSA Flight operated by PSA Airlines doing business as US Airways Express



Total travel cost (1 passengers)

[Helpful links](#)



Thank you for flying AirTran Airways.
If you have any questions about your reservation, please
call 1-800-AIR-TRAN.

Confirmation number: MY6KFG

Passenger:

JOHN P ADAMS



Flight Information:

Should our flight schedule change, we will notify you by email as
early as possible.

Saturday, December 05, 2009

Flight 157 [Non-Stop]

Departing Washington, DC - Reagan (DCA) at 02:46 PM

Arriving Atlanta, GA (ATL) at 04:50 PM

NOTE: Remember, you must check in for your DCA flight
a minimum of 30 minutes before the scheduled departure.

— Connecting To —

Saturday, December 05, 2009

Flight 702 [Non-Stop]

Departing Atlanta, GA (ATL) at 05:27 PM

Arriving Dayton, OH (DAY) at 06:59 PM

*Alpha fa:
Baggage Check
fee: 15.00
OK
BR*

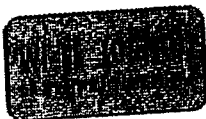
Payment Information:

Air Fare	175.00
Federal Segment Tax	7.20
Airport Passenger Facility Charge	9.00
September 11th Security Fee	5.00
Ticket Total	196.20

*OK
BR*

Ticket Reference Number: 332077390691

Now you can check in for your flight online - see details below.



Wi-Fi Now Onboard

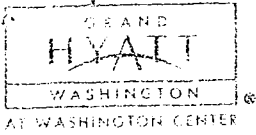
Wi-Fi available on every AirTran flight.
Power up and you're ready to go online.



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rental.

Looking for a place to stay?



1000 H Street, NW
 Washington, D.C. 20001 USA
 TELEPHONE: 202.582.1234
 FACSIMILE: 202.537.4907

thank you

Last Name ADAMS		First Name JOHN		Folio 1	Page 1
Street 1101 VERMONT AVENUE, NW				Room 474	
11TH FLOOR				Rate 259.00	
City WASHINGTON		State DC	Zip Code 20005	Arrival 12/02/09 WED	
(202) 742-8534		1/0		Departure 12/05/09 SAT	
				Bonuses	Type CCARD
				Account [REDACTED] XX/XX	

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
11/30	PREPAYMENT	-296.56		billing inquiries to us:	
12/02	GROUP ROOM	259.00		Grand Hyatt Washington	Or, Email us at:
12/02	*ROOM TAX	37.56		At Your Service	NA.CustomerService@Hyatt.com
12/03	GROUP ROOM	259.00		1000 H Street, N.W.	
12/03	*ROOM TAX	37.56		Washington, D.C. 20001	
12/04	GROUP ROOM	259.00			
12/04	*ROOM TAX	37.56			
12/05	[REDACTED]	-62.01			
	Total Due				

See receipt
 \$ 859.68
 [Handwritten initials]

No frequent traveler account has been credited for this stay.
 To enroll in Gold Passport, call 1-800-51-HYATT.

Thank you for choosing the Grand Hyatt Washington. Our goal is to exceed all of your guest service expectations. We are very interested in hearing your feedback regarding your visit. Please use the following information when forwarding your comments or

Signature

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

**Airtran
Payment Receipt**

Date : 05Dec09
Confirmation Number : MY6KFG
Receipt/Auth # MY6KFG-02

██████████ 15.00
15.00 USD
\$15.00
\$15.00 USD

*OK
MLC*

Received by Agent : 108001

Signature: _____

The Grand Cafe
The Grand Hyatt Washington
www.grandhyattwashington.com
17071 Rey

TBL 91/1 CHK 1246 GST 1
05DEC'09 10:44AM

1 ADULT BUFFET 19.90
Subtotal 19.00
F&B Add On Tax 1.90
Total Due \$20.90
Below for Room Charge Only

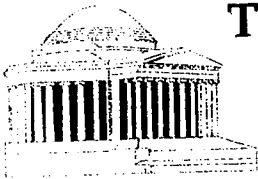
Gratuity: 5.00
Total: 25.90

Room Number: 474
Print Name: John Adams
Signature: *[Signature]*
Please send comments to F&B DIR.
thomas.carlos@hyatt.com

*Breakfast
Included
on hotel
receipt*

*OK
MLC*

TAXICAB RECEIPT



Time: P.M.
Date: 12/02/09

Origin of trip: Airport
Destination: Grand Hyatt Washington DC.
Fare: 15.00 Sign: [Signature]

*OK
MLC*

REPUBLIC PARKING-MAIN LOT
3600 TERMINAL DRIVE STE 300
VANDALIA, OH 45377
937-698-1555

Sale

Clerk ID: 6451
ID: 007
Merchant ID: 000131669432
Bank ID: 1340
12/05/09 19:11:00
Batch #: 339001
Retrieval Ref #: 55260726

MASTERCARD Entry Method: Swiped
Appr Code: 041872 Inv #: 000005
Total: \$ 48.00

*OK
MLC*

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
11/24	AIRTRANAI 33200773906910 ATLANTA GA	196.20
120509 1 T	DCA ATL	
2 T	ATL DAY	
[REDACTED]		
11/24	USAIRWAY 03723706658361 800-428-4322 AZ	164.60
120209 1 T	DAY DCA	
[REDACTED]		
[REDACTED]		
[REDACTED]		
12/02	USAIRWAY 03723713359800 ALLENTOWN PA	20.00
120209 1 Y	EBC FEE	

OK

OK

OK

OK

extra fee: baggage checked fee of \$20.00

OK

OK

FINANCE CHARGES

Category	Daily Periodic Rate 30 days in cycle	Corresp. APR	Average Daily Balance	Finance Charge Due To Periodic Rate	Transaction Fee / Service Charge	Accumulated Fin Charge	FINANCE CHARGES
Purchases	[REDACTED]	[REDACTED]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cash advances	[REDACTED]	[REDACTED]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total finance charges:							\$0.00

Effective Annual Percentage Rate (APR): 0.00%

Please see Information About Your Account section for balance computation method, grace period, and other important information.

The Corresponding APR is the rate of interest you pay when you carry a balance on any transaction category.

The Effective APR represents your total finance charges - including transaction fees such as cash advance and balance transfer fees - expressed as a percentage.

Ohio House of Representatives



December 17, 2009

American Legislative Exchange Council
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

To Whom It May Concern:

Attached please find a reimbursement request from State Representative John Adams, Ohio Public Sector Chairman, in the amount of \$1,389.38.

This request for reimbursement is due to Rep. Adams' attendance at the ALEC States and Nation Conference in Washington, D.C. I have reviewed this request and its attached receipts and it is in accordance with the Ohio ALEC Scholarship Fund policy; therefore, I would request that you please reimburse Rep. Adams from the Ohio ALEC Scholarship Fund.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Bethany Rhodes".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 12-17-09 Amount: \$ 1,389.38

Submitted by: Bethany Rhodes

CHECK TO:

Name John Adams

Address [REDACTED]


City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Reason for Expenditure: States & Nation Conference

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:



State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801
Phone: (202) 466 3800

FOR OFFICE USE ONLY			
_____ Department Manager	_____ Date	_____ Executive Director	_____ Date
Account: _____	Batch#: _____	To Be Paid on: _____	
Comments: _____			

Cep. Adams

Airfare: \$ 395.80

Hotel: \$ 889.68

Airport parking: \$ 48.00

Cabs: \$ 30.00

Meal: \$ 25.90

Total: \$ 1389.38

John Adams

From: reservations@email-usairways.com
Sent: Tuesday, November 24, 2009 4:27 PM
To: [REDACTED]
Subject: Your US Airways flight

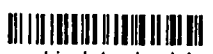
U.S. AIRWAYS
Fly with US

Your reservation

- [Book travel](#)
- [Travel tools](#)
- [Dividend Miles](#)
- [Specials](#)
- [US Airways Vacations](#)

Confirmation code: B09H2N

Date issued: Tuesday, November 24, 2009



Scan at any US Airways kiosk to check in.

[New baggage policy](#)

Passenger summary

Passenger name	Frequent flyer # (Airline)	Ticket number	Special notes
JOHN P ADAMS		03723706658361	



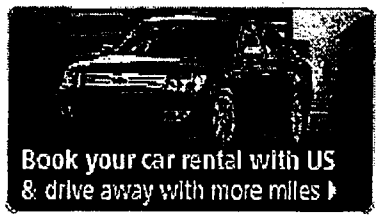
Trip details [Download to Outlook](#)

Depart: Dayton, OH (DAY) Washington, DC (Reagan) (DCA)

Date: Wednesday, December 02, 2009

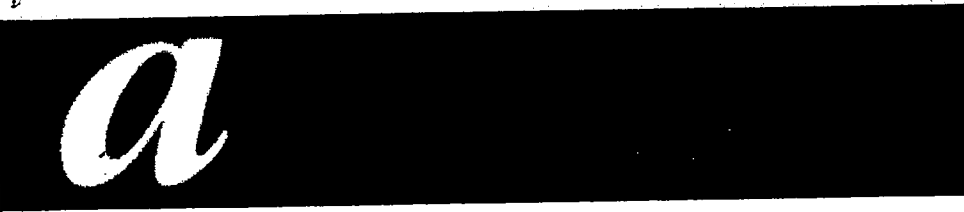
Flight #	Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
2372	PSA	06:30 AM DAY	07:57 AM DCA	1h 27m	None	CRJ	Coach	7D

PSA Flight operated by PSA Airlines doing business as US Airways Express



Total travel cost (1 passengers)

[Helpful links](#)



Thank you for flying AirTran Airways.
If you have any questions about your reservation, please call 1-800-AIR-TRAN.

Confirmation number: MY6KFG

Passenger:

JOHN P ADAMS

[REDACTED] E
[REDACTED] 5

Flight Information:

Should our flight schedule change, we will notify you by email as early as possible.

Saturday, December 05, 2009

Flight 157 [Non-Stop]

Departing Washington, DC - Reagan (DCA) at 02:46 PM

Arriving Atlanta, GA (ATL) at 04:50 PM

NOTE: Remember, you must check in for your DCA flight a minimum of 30 minutes before the scheduled departure.

--- Connecting To ---

Saturday, December 05, 2009

Flight 702 [Non-Stop]

Departing Atlanta, GA (ATL) at 05:27 PM

Arriving Dayton, OH (DAY) at 06:59 PM

*Extra fee:
Baggage Check
fee: 15.00
OK
BR*

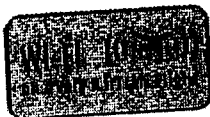
Payment Information:

Air Fare	175.00
Federal Segment Tax	7.20
Airport Passenger Facility Charge	9.00
September 11th Security Fee	5.00
Ticket Total	196.20

*OK
BR*

Ticket Reference Number: 332077390691

Now you can check in for your flight online - see details below.



Wi-Fi Now Onboard

Wi-Fi available on every AirTran flight.
Power up and you're ready to go online.



Will you need a rental car?

Get the special AirTran Airways discount in Dayton, OH on a Hertz car rental.

Looking for a place to stay?

... AirTran Vacations



1000 H Street NW
 Washington, D.C. 20001 USA
 TELEPHONE 202.582.1234
 FACSIMILE 202.582.4907

thank you

Last Name ADAMS		First Name JOHN		Folio	1	Page	1
Street 1101 VERMONT AVENUE ,NW				Room	474		
11TH FLOOR				Rate	259.00		
City WASHINGTON		State DC	Zip Code 20005	Arrival	12/02/09 WED		
(202) 742-8534		1/0		Departure	12/05/09 SAT		
				Bonuses	Type CCARD		
				Account	[REDACTED] 9957 XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
11/30	PREPAYMENT	-296.56			
12/02	GROUP ROOM	259.00			
12/02	*ROOM TAX	37.56			
12/03	GROUP ROOM	259.00			
12/03	*ROOM TAX	37.56			
12/04	GROUP ROOM	259.00			
12/04	*ROOM TAX	37.56			
12/05	X [REDACTED] [REDACTED] [REDACTED]	-629.01			
	Total Due				

See receipt

HYATT

\$ 889.68

OK

BVC

billing inquiries to us:

Grand Hyatt Washington Or, Email us at:

At Your Service NA.CustomerService@Hyatt.com

1000 H Street, N.W.

Washington, D.C. 20001

No frequent traveler account has been credited for this stay.
 To enroll in Gold Passport, call 1-800-51-HYATT.

Thank you for choosing the Grand Hyatt Washington. Our goal is to exceed all of your guest service expectations. We are very interested in hearing your feedback regarding your visit. Please use the following information when forwarding your comments or

Signature

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

**Airtran
Payment Receipt**

Date : 05Dec09
Confirmation Number : MY6KFG
Receipt/Auth # MY6KFG-02

Received : [REDACTED] 15.00

15.00 USD
\$15.00
\$15.00 USD

*OK
ML*

Received by Agent : 108001

Signature: _____

The Grand Cafe
The Grand Hyatt Washington
www.grandhyattwashington.com
17071 Rey

TBL 91/3 CHK 1248 GST 1
05DEC'09 10:44AM

1 ADULT BUFFET 19.00
Subtotal 19.00
F&B Add On Tax 1.90
Total Due \$20.90
Below for Room Charge Only

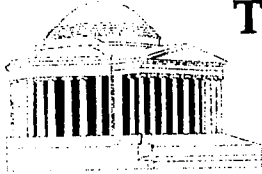
Gratuity: 5.00
Total: 25.90

Room Number: 474
Print Name: John Adams
Signature: *[Signature]*
Please send comments to F&B DIR.
thomas.carlos@hyatt.com

*Breakfast
Included
on hotel
receipt*

*OK
ML*

TAXICAB RECEIPT



Time: P.M.
Date: 12, 02, 09

Origin of trip: Airport

Destination: Grand Hyatt Washington DC.

Fare: 15.00 Sign: *[Signature]*

*OK
ML*

REPUBLIC PARKING-MAIN LOT
3600 TERMINAL DRIVE STE 300
VANDALIA, OH 45377
937-898-1555

Sale

Clerk ID: 6451
ID: 007
Merchant ID: 000131669432
Bank ID: 1340
12/05/09
Batch#: 339001
Retrieval Ref #: 55250720

MASTERCARD Entry Method: Swiped
[REDACTED]
Appr Code: 04187Z Inv #: 000005
Total: \$ 48.00

*OK
ML*

John Adams

From: reservations@email-usairways.com
Sent: Tuesday, November 24, 2009 4:27 PM
To: [REDACTED]
Subject: Your US Airways flight



Your reservation

[Book travel](#) [Travel tools](#) [Dividend Miles](#) [Specials](#) [US Airways Vacations](#)

Confirmation code: B09H2N

Date issued: Tuesday, November 24, 2009



Scan at any US Airways kiosk to check in.

[New baggage policy](#)

Passenger summary

Passenger name	Frequent flyer # (Airline)	Ticket number	Special needs
JOHN P ADAMS		03723706658361	



Trip details [Download to Outlook](#)

Depart: Dayton, OH (DAY) Washington, DC (Reagan) (DCA)

Date: Wednesday, December 02, 2009

Flight #/ Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
2372 PSA	06:30 AM DAY	07:57 AM DCA	1h 27m	None	CRJ	Coach	7D

PSA Flight operated by PSA Airlines doing business as US Airways Express



Total travel cost (1 passengers)

Helpful links



Thank you for flying AirTran Airways.
If you have any questions about your reservation, please call 1-800-AIR-TRAN.

Confirmation number: MY6KFG

Passenger:
JOHN P ADAMS



Flight Information:

Should our flight schedule change, we will notify you by email as early as possible.

Saturday, December 05, 2009

Flight 157 [Non-Stop]

Departing Washington, DC - Reagan (DCA) at 02:46 PM

Arriving Atlanta, GA (ATL) at 04:50 PM

NOTE: Remember, you must check in for your DCA flight a minimum of 30 minutes before the scheduled departure.

--- Connecting To ---

Saturday, December 05, 2009

Flight 702 [Non-Stop]

Departing Atlanta, GA (ATL) at 05:27 PM

Arriving Dayton, OH (DAY) at 06:59 PM

*Extra fee:
Baggage Check
fee: 15.00
OK
BR*

Payment Information:

Air Fare	175.00
Federal Segment Tax	7.20
Airport Passenger Facility Charge	9.00
September 11th Security Fee	5.00
Ticket Total	196.20

*OK
BR*

Ticket Reference Number: 332077390691

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Wi-Fi Now Onboard

Wi-Fi available on every AirTran flight.
Power up and you're ready to go online.

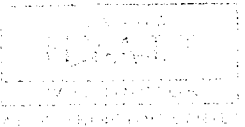


Will you need a rental car?

Get the special AirTran Airways discount in Dayton, OH on a Hertz car rental.

Looking for a place to stay?

... AirTran Vacations



Faded text in the top left area, possibly a header or address.

thank you

Last Name ADAMS		First Name JOHN		Folio 1	Page 1
Street 1101 VERMONT AVENUE ,NW				Room 474	
11TH FLOOR				Rate 259.00	
City WASHINGTON		State DC	Zip Code 20005	Arrival 12/02/09 WED	
(202) 742-8534		1/0		Departure 12/05/09 SAT	
				Bonuses	Type CCARD
				Account [REDACTED] XX/XX	

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
11/30	PREPAYMENT	-296.56			
12/02	GROUP ROOM	259.00			
12/02	*ROOM TAX	37.56			
12/03	GROUP ROOM	259.00			
12/03	*ROOM TAX	37.56			
12/04	GROUP ROOM	259.00			
12/04	*ROOM TAX	37.56			
12/05	XXXXXXXXXXXX3057 ExXXCX	-629.01			
	Total Due				

billing inquiries to us:
 Grand Hyatt Washington Or, Email us at:
 At Your Service NA.Customerservice@Hyatt.com
 1000 H Street, N.W.
 Washington, D.C. 20001

See receipt
 \$ 859.68
 [Handwritten signature and initials]

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Thank you for choosing the Grand Hyatt Washington. Our goal is to exceed all of your guest service expectations. We are very interested in hearing your feedback regarding your visit. Please use the following information when forwarding your comments or

Signature

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

**Airtran
Payment Receipt**

Date : 05Dec09
Confirmation Number : MY6KFG
Receipt/Auth # MY6KFG-02

Received : XXXXXXXXXX 15.00

15.00 USD
\$15.00
\$15.00 USD

*OK
BAC*

Remarks : XXXXXXXXXX

Received by Agent : 108001

Signature: _____

The Grand Cafe
The Grand Hyatt Washington
www.grandhyattwashington.com
17071 Ray

FBL 91/1 CHN 1246 GST 1
OSDEC'09 10:44AM

3 ADULT BUFFET 19.00
Subtotal 19.00
F&B Add On Tax 1.90
Total Due \$20.90
Below for Room Charge Only

Gratuity: 5.00
Total: 25.90

Room Number: 474
Print Name: John Adams
Signature: *[Signature]*
Please send comments to F&B DIR.
thomas.carlos@hyatt.com

*Breakfast
Included
on hotel
receipt

OK
BAC*

TAXICAB RECEIPT



Time: P.m.
Date: 12, 02, 09

Origin of trip: Airport

Destination: Grand Hyatt Washington DC.

Fare: 15.00 Sign: *[Signature]*

*OK
BAC*

REPUBLIC PRKING-MAIN LOT
3600 TERMINAL DRIVE STE 300
VANDALIA, OH 45377
937-698-1555

Sale

Clerk ID: 6451
ID: 007
Merchant ID: 000131669432
Bank ID: 1340
12/05/09 19:11:06
Batch#: 339001
Retrieval Ref #: 55263126

MASTERCARD Entry Method: Swiped
Appr Code: 041872 Inv #: 000005
Total: \$ 48.00

*OK
BAC*

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
11/24	AIRTRANAI 33200773906910 ATLANTA GA	196.20
120509 1 T	DCA ATL	
2 T	ATL DAY	
[REDACTED]	[REDACTED]	[REDACTED]
120209 1 T	DAY DCA	
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
12/02	USAIRWAY 03723713359800 ALLENTOWN PA	20.00
120209 1 Y	EBC FEE	

OK

extra fee: baggage checked fee of \$20.00 OK MK

FINANCE CHARGES

Category	Daily Periodic Rate	Corresp. APR	Average Daily Balance	Finance Charge Due To Periodic Rate	Transaction Fee / Service Charge	Accumulated Fin Charge	FINANCE CHARGES
Purchases	V .03353%	12.24%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cash advances	V .05271%	19.24%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total finance charges							\$0.00

Effective Annual Percentage Rate (APR): 0.00%

Please see Information About Your Account section for balance computation method, grace period, and other important information.

The Corresponding APR is the rate of interest you pay when you carry a balance on any transaction category.

The Effective APR represents your total finance charges - including transaction fees such as cash advance and balance transfer fees - expressed as a percentage.

John Adams
 ALEC Trip Expenses to Washington DC,
 Dec. 3-5, 2009

© WILSON JONES

CV2004 GRILL II

Date	Rate

1					
2					
3					
4	Airfare - DC to Dayton	196.00			
5	Dayton to DC.	164.60			
6	Baggage check	20.00			
7	" "	<u>15.00</u>			
8			395.80		
9					
10	Hotel - Grand Hyatt	296.50			
11	Dec. 2-4 th	<u>629.01</u>			
12			925.57		
13					
14					
15	Taxi		15.00		
16					
17					
18	Dayton airport parking		<u>48.00</u>		
19					
20			<u>1384.37</u>		
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40					

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

ALEC

2009 SPRING TASK FORCE SUMMIT REIMBURSEMENT FORM

Date submitted: 5-18-09 Amount: \$ 441.86
Submitted by: Bethany Rhodes **MAXIMUM AMOUNT: \$500**

Full Task Force Member
 Alternate Task Force Member (Reimbursement requires State Chair approval)
State Chair Authorization: J. Adams

PLEASE CHECK TASK FORCE ATTENDED:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> | TASK FORCE | |
| <input type="checkbox"/> | Civil Justice | |
| <input type="checkbox"/> | Commerce, Insurance, and Economic Development | |
| <input type="checkbox"/> | Public Safety & Elections | |
| <input type="checkbox"/> | Education | |
| <input type="checkbox"/> | Health and Human Services | |
| <input type="checkbox"/> | Natural Resources | |
| <input checked="" type="checkbox"/> | Tax and Fiscal Policy | |
| <input type="checkbox"/> | Telecommunications and Information Technology | |

DIRECTOR
Amy C. Kjose
Michael Hough
Michael Hough
Jeff Reed
Christie Raniszewski Herrera
Matt Warner
Jonathan Williams
Seth Cooper

CHECK TO:
Name: Rep. John Adams
Address: 77 S. High St., 14th floor
City: Columbus State: Ohio Zip Code: 43215
Are receipts attached? YES NO
If "NO," please explain: _____

Please Mail/Fax to:
Jonathan Moody, Policy Coordinator
American Legislative Exchange Council
1101 Vermont Ave., NW, 11th Floor
Washington, D.C. 20005

FAX: (202) 466-3801
Phone: (202) 742-8516

FOR OFFICE USE ONLY

Department Manager Date Executive Director Date

Account: _____ Sub-Account: _____

Task Force Director/Comments: _____

Memphis, TN



Booked items

Although this itinerary doesn't qualify for ThankYou Points, you can still earn points if you add a hotel booking today or any time before you travel.



[Learn more](#) about how to earn points for future bookings.

Flight: Dayton to Memphis

[back to top](#)

Expedia itinerary number: 127117003845
Airline ticket number(s): 0067417776032
Delta confirmation code: C047MT

Main contact: JOHN P ADAMS
E-mail: [REDACTED]
Home phone: [REDACTED]

Traveler and cost summary

JOHN ADAMS	Adult	<u>Add Frequent Flyer number(s)</u>	\$208.00
		Taxes & Fees	\$37.91
		Total (MasterCard)	\$245.91

[Change this flight](#) [Request seat changes](#) [Print a receipt](#) [View cancellation information](#)

Flight summary

Please be sure to re-confirm your flight at least 24 hours prior to scheduled departure (72 hours prior for flights to Hawaii and international destinations). You may check your flight status and departure gate online, or contact the airline directly. Seat assignments, meal preferences, and special requests must be confirmed with the airline; we cannot guarantee that they will be honored. Free and special meals are not available on many flights.

➔ Fri 1-May-09

Dayton (DAY)	to Atlanta (ATL)	434 mi (698 km)	DELTA
Depart 5:50 am	Arrive 7:26 am	Duration: 1hr 36mn	Flight: 5855
	Terminal SOUTH		Operated by: NORTHWEST
	TERMINAL		AIRLINK

Economy/Coach Class (15C), CR9
Please check in with Northwest Airlink. If checking in at a kiosk, use your name rather than confirmation number.

Atlanta (ATL)	to Memphis (MEM)	332 mi (534 km)	DELTA
Depart 8:30 am	Arrive 9:03 am	Duration: 1hr 33mn	Flight: 1531
	Terminal SOUTH		
	TERMINAL		

Economy/Coach Class (28C), BOEING (DOUGLAS) MD-88

Total distance: 766 mi (1,233 km)

Total duration: 3hr 9mn (4hr 13mn with connections)

➔ Sat 2-May-09

Memphis (MEM)	to Atlanta (ATL)	332 mi (534 km)	DELTA
Depart 2:30 pm	Arrive 4:55 pm	Duration: 1hr 25mn	Flight: 1644
	Terminal SOUTH		
	TERMINAL		

Economy/Coach Class (29C), BOEING (DOUGLAS) MD-88

Ticket receipt for Memphis, TN



Booked items

Although this itinerary doesn't qualify for ThankYou Points, you can still earn points if you add a hotel booking today or any time before you travel.



[Learn more](#) about how to earn points for future bookings.

1 Ticket / Round Trip

Dayton, OH (DAY-Dayton Intl.) to Memphis, TN (MEM-Memphis Intl.)
Departure Date: Fri 1-May-09 Return Date: Sat 2-May-09

Expedia Itinerary #: 127117003845 Purchase Date: 3-Apr-09

[← Back to itinerary page](#)

Ticket numbers: 0067417776032

Traveler and cost summary

JOHN ADAMS Adult

	\$208.00
Taxes & Fees	\$37.91
Total	\$245.91
[MasterCard XXXXXXXXXXXXX3057] Payment	\$245.91
Balance Due	\$0.00

744 ADAMS/JOHN/HR 169.00 05/02/09 12:00 15210 13648
 Room Name Rate Depart Time ACCT#
 NKNG 05/01/09 14:57
 Type Arrive Time
 35

MR#:

Room Clk	Address	Payment	MR#:
04/27	ADVDP-CA GL 13648		
	FROM: SPRING T		
05/01	ROOM-GRP 744, 1	169.00	
05/01	ROOM TAX 744, 1	15.63	A
05/01	OCC TAX 744, 1	11.32	B

TO BE SETTLED TO: [REDACTED]

\$-.01

THANK YOU FOR CHOOSING THE MEMPHIS MARRIOTT DOWNTOWN. TO EXPEDITE YOUR CHECK OUT, PLEASE CALL THE FRONT DESK.

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
C TEST	.00	.00
E TAX EXEMPT	.00	.00
F F	.00	.00
NET CHARGES	TAX	CREDITS
195.95	.00	195.96
		FOLIO
		-.01

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

Ohio House of Representatives



Mary 19, 2009

Rick Gowdy
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Rick:

Attached please find a reimbursement request from State Representative John Adams in the amount of \$114.10.

This request for reimbursement is due to Rep. Adams's attendance at the ALEC Spring Task Force Summit in Memphis. The request is for incidental charges covered under the Ohio Scholarship Fund but not covered by the Health and Human Services Task Force upon which he serves.

Thank you for your assistance in this matter and please do not hesitate to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth".

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 5-19-09 Amount: \$ 114.10

Submitted by: Bethany Rhodes

CHECK TO:

Name Rep. John Adams

Address 77 S. High St.; 14th floor

City Columbus State Ohio Zip Code 43215

Reason for Expenditure: Spring Task Force Summit
(member of Tax & Fiscal Policy Task Force)

Are Receipts Attached? YES NO

If "No", please explain: _____

AUTHORIZATION:


State Chair Signature

Please Mail/Fax to:
Director of Membership
ALEC
1129 20th Street, NW Suite 500
Washington D.C. 20036

FAX: (202) 466 3801
Phone: (202) 466 3800

FOR OFFICE USE ONLY

_____ Department Manager	_____ Date	_____ Executive Director	_____ Date
Account: _____	Batch#: _____	To Be Paid on: _____	
Comments: _____ _____			

Rep. John Adams

- 2009 Spring Task Force Summit
- Tax & Fiscal Policy Task Force

Parking- \$ 24.00

Cabs - \$ 28.00

Meals- \$ 38.18

Mileage- \$ 23.92 (.30/mile x 79.74 rndtp miles)

Total: \$ 114.10

3600 TERMINAL DRIVE STE
VANDALIA, OH 43177
937-898-1555

Sale

Clerk ID: 6451
ID: 887
Merchant ID: 0001 569432
Bank ID: 1348
05-02-09
Batch#: 122081
Retrieval Ref #: 58195021

19:49:00

MASTERCARD

Entry Method: Swiped

Appr Code: 87795Z

Inv #: 000019

Total:

Customer Copy

ADVANTAGE CAB

CAB # 303

05/01/09 09:12

05/01/09 09:25

TRIP # 1693

DIST 12.28 mi

FARE \$ 24.00

EXTRAS \$ 4.00

TOTAL \$ 28.00

THANK YOU

TEL(901)323-3333

2240DEADRICK AVE

MEMPHIS, TN 38114

OK MK
[Signature]

King's Palace Cafe
The Best On Beale

Server: Chico
08:46 PM
Fast Close/1

DOB: 05/01/2009
05/01/2009
4/40315

MC

Magnetic card present: ADAMS JOHN
Approval: [Redacted]

Amount: 27.48

+ Tip: _____

= Total: _____

OK MK
ANTON'S AIRFOOD
STARBUCKS COFFEE B4
MEMPHIS

1000367 SHALAMAR

6372 MAY02'09 1:10PM GST 2

1 HAM SWISS CIAB 7.29
1 GRND ICD COFFEE 2.50

[Redacted]
SUBTOTAL 9.79
TAX 0.91
AMOUNT PAID 10.70

X
Approval: 03908Z

GRATUITY NOT INCLUDED
IN TOTAL!
Thank you for coming!
We VALIDATE parking
for the 250 Peabody Lot

Thanks! Come again.