2009 SPRING TASK FORCE SUMMIT
REIMBURSEMENT FORM

Date submitted: 5-6-09
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:

☐ 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
Jeff Reed
Christie Raniszewski Herrera
Matt Warner
Jonathan Williams
Seth Cooper

CHECK TO: Rep. Todd Snitcher
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: __________________________
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)

<table>
<thead>
<tr>
<th>Air Confirmation #: NP2OZA</th>
<th>Hotel Confirmation #: None</th>
</tr>
</thead>
<tbody>
<tr>
<td>View current reservation details.</td>
<td>Book a hotel today!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Car Confirmation #: None</th>
<th>Activities &amp; Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve a car today!</td>
<td>Purchase Travel Insurance today!</td>
</tr>
</tbody>
</table>

Learn more about other Activities & Services for your upcoming trip!

---

Flight Details

<table>
<thead>
<tr>
<th>Traveler(s): TODD SNITCHLER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Flight Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 30, 2009</td>
<td>Northwest Airlines #2566</td>
</tr>
<tr>
<td>Depart 5:55 PM</td>
<td>Columbus Ohio Port Columbus Intl (CMH)</td>
</tr>
<tr>
<td>Arrive 8:37 PM</td>
<td>(Operated by Pinnacle Airlines/NWA Airlift)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cabin</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coach</td>
<td>07-B</td>
</tr>
</tbody>
</table>
Check in with Northwest Airlines

| May 02, 2009 | Northwest Airlines #2227 |
| 2:25 PM | Memphis International Airport (MEM) |
| 5:09 PM | 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

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: 'mough@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.
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 [mhough@alac.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

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.
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
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<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax</th>
<th>Credits</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/30</td>
<td>ROOM-GRP</td>
<td>648, 1</td>
<td>169.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30</td>
<td>ROOM TAX</td>
<td>648, 1</td>
<td>15.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30</td>
<td>OCC TAX</td>
<td>648, 1</td>
<td>11.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/01</td>
<td>ROOM-GRP</td>
<td>648, 1</td>
<td>169.00</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>05/01</td>
<td>ROOM TAX</td>
<td>648, 1</td>
<td>15.63</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>05/01</td>
<td>OCC TAX</td>
<td>648, 1</td>
<td>11.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/02</td>
<td>VS CARD</td>
<td></td>
<td></td>
<td></td>
<td>$391.90</td>
</tr>
</tbody>
</table>

**Current Balance: .00**

Thank you for choosing the Memphis Marriott Downtown. To expedite your check out, please call the front desk.

---

### Summary of Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax</th>
<th>Credits</th>
<th>Folio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>391.90</td>
<td>.00</td>
<td></td>
<td>391.90</td>
</tr>
</tbody>
</table>

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
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

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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
Mary 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,

Bethany Rhodes  
Assistant Legal Counsel  
Minority Caucus  
Ohio House of Representatives
MSE Branded Foods
CONCOURSE SNACK BAR

THU APRIL 30, 2009
CHECK #1515987-1

1 BTL SODA $2.19
1 POP ARTS $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

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.csianey@hmshost.com

Your order number is: 1259

CITY-WIDE CAB
324-4202

DRIVER
CAB No.
DATE 4/30/09
AMOUNTS 29.60

AKRON-CANTON
REGIONAL AIRPORT
PARKING FACILITY

Rec# 35189
05/02/09 20:51 L123 A#4 Txn# 57681
04/30/09 11:17 In 05/02/09 20:51 Out
Tk# 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
Total: $ 99.98

Mileage
Meals
Golf
Parking

$ 4.87 (16.24 miles x .30)
$ 34.51
$ 39.60
$ 41.00

Public Safety & Elections Task Force
2009 Spring Task Force Summit
Rep. Todd Strieter
STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 5-6-09
Submitted By: Bethany Rhodes

CHECK TO: Rep. Todd Snitchler
Name: 77 S. High St. 10th Floor
Address: Columbus, Spring Task Force Summit
City State: OH Zip Code: 43215

Reason for Expenditure: Public Safety & Elections

Are Receipts Attached? YES NO

If "No", please explain:

Authorization: [Signature]

FAX: (202) 466 3601
Phone: (202) 466 3800

FOR OFFICE USE ONLY

Date
Batch #
Department Manager:
Account:
Comments:
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,

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
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?  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: ____________________________

______________________________
[Signature]
Registration: $825.00
Hotel: $802.05
Mileage: $588.24 (1164.84 miles x $0.50 per mile)
Limo: $46.00
Meals: $108.87

Total: $2,370.16
# American Legislative Exchange Council

## 36th Annual Meeting

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Qty</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Attendee Registration</td>
<td>1.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>Spouse/Guest Registration</td>
<td>1.00</td>
<td>$350.00</td>
</tr>
</tbody>
</table>

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

Atlanta, Georgia - July 15-18

---

BAAS  
614 Jupiter St NE Ste B  
Atlanta, GA 30308-1303  
404-541-0888

Merchant ID: 206408343222894  
Date: 07/19/09 12:49:33 PM

Record Number: 005  
Server: 2

Amount: 22.36  
Tip: 5.00  
Total: 26.36

Kristopher J.  
I agree to pay above total amount according to card issuer agreement.

Tip Table: Provided for your convenience.  
15%: $3.35  
20%: $4.47  
25%: $5.59  

Thank you.  
Merchant Copy
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGE/CREDIT</th>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGE/CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/16</td>
<td>*OVERNIGHT PARK</td>
<td>27.00</td>
<td>07/16</td>
<td>GROUP ROOM</td>
<td>209.00</td>
</tr>
<tr>
<td>07/16</td>
<td>*OCCUPANCY TAX</td>
<td>14.63</td>
<td>07/16</td>
<td>*SALES TAX</td>
<td>16.72</td>
</tr>
<tr>
<td>07/17</td>
<td>*OVERNIGHT PARK</td>
<td>27.00</td>
<td>07/17</td>
<td>*GROUP ROOM</td>
<td>209.00</td>
</tr>
<tr>
<td>07/17</td>
<td>*OCCUPANCY TAX</td>
<td>14.63</td>
<td>07/17</td>
<td>*SALES TAX</td>
<td>27.00</td>
</tr>
<tr>
<td>07/18</td>
<td>*OVERNIGHT PARK</td>
<td>209.00</td>
<td>07/18</td>
<td>GROUP ROOM</td>
<td>209.00</td>
</tr>
<tr>
<td>07/18</td>
<td>*OCCUPANCY TAX</td>
<td>14.63</td>
<td>07/18</td>
<td>*SALES TAX</td>
<td>27.00</td>
</tr>
<tr>
<td>07/19</td>
<td>XXXXXXXXXXXXXX2334</td>
<td>-802.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 qualityatrha@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!

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 any part or the full amount of these charges.
Order #334  TO GO

1 SAU EGG MCMUFFIN ML  8.46
1 BAC EGG CH BISC ML  2.89
2 MED COFFEE  2.58
1 PUTN 2 CREAM  0.00
1 PUTN 1 EQUAL  0.00
1 PUTN 2 CREAM  0.00

SUB TOTAL  8.46
TAKE OUT TAX  0.82
CASH TENDERED  9.28
CHANGE  0.72
Taxi Service Receipt

Date: 1/16/09  Cab# 0239
From: Hyatt on Peachtree
To: 159 Krog St.
Driver: Abramov Abrash

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

Thank You!

Taxi Service Receipt

Date: 07/19/2009  Cab# 1110
From: Oakwood
To: Hyatt
Driver: Okwuchu

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

Thank You!
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,

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
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:

[Blank space for comments]
Registration: $650.00
Hotel: $1079.85
Mileage: $545.40 (1080 miles * $0.50)
Meals: $104.52
Total: $2,379.77
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:

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Qty.</th>
<th>Event Price</th>
<th>Total Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Attendee Registration</td>
<td>1</td>
<td>$375.00</td>
<td>$375.00</td>
</tr>
<tr>
<td>Spouse/Guest Registration</td>
<td>1</td>
<td>$275.00</td>
<td>$275.00</td>
</tr>
<tr>
<td><strong>Order Total:</strong></td>
<td></td>
<td></td>
<td><strong>$650.00</strong></td>
</tr>
</tbody>
</table>

Here are the payments you have made thus far:

<table>
<thead>
<tr>
<th>Date</th>
<th>Credit Card Type</th>
<th>Charged to CC</th>
<th>Name on Card</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/13/2009</td>
<td></td>
<td></td>
<td>John P. Adams</td>
<td>$650.00</td>
</tr>
</tbody>
</table>

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

7/30/2009
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGE/CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/14</td>
<td>*OVERNIGHT PARK</td>
<td>27.00</td>
</tr>
<tr>
<td>07/14</td>
<td>GROUP ROOM</td>
<td>199.00</td>
</tr>
<tr>
<td>07/14</td>
<td>*OCCUPANCY TAX</td>
<td>13.93</td>
</tr>
<tr>
<td>07/14</td>
<td>*SALES TAX</td>
<td>15.92</td>
</tr>
<tr>
<td>07/15</td>
<td>GROUP ROOM</td>
<td>199.00</td>
</tr>
<tr>
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<td>*OCCUPANCY TAX</td>
<td>13.93</td>
</tr>
<tr>
<td>07/15</td>
<td>*SALES TAX</td>
<td>15.92</td>
</tr>
<tr>
<td>07/15</td>
<td>KOBE MANUAL - Breakfast</td>
<td>-</td>
</tr>
<tr>
<td>07/14</td>
<td>*OVERNIGHT PARK</td>
<td>27.00</td>
</tr>
<tr>
<td>07/16</td>
<td>GROUP ROOM</td>
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<td>*SALES TAX</td>
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<tr>
<td>07/17</td>
<td>*OVERNIGHT PARK</td>
<td>27.00</td>
</tr>
<tr>
<td>07/17</td>
<td>GROUP ROOM</td>
<td>199.00</td>
</tr>
<tr>
<td>07/17</td>
<td>*OCCUPANCY TAX</td>
<td>13.93</td>
</tr>
<tr>
<td>07/17</td>
<td>*SALES TAX</td>
<td>15.92</td>
</tr>
<tr>
<td>07/18</td>
<td>KAFE KOBNAVN B - Breakfast</td>
<td>-</td>
</tr>
<tr>
<td>07/18</td>
<td></td>
<td>36.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1206.32</td>
</tr>
</tbody>
</table>

**DATE**

**DESCRIPTION**

**CHARGE/CREDIT**

---

**DATE**

**DESCRIPTION**

**CHARGE/CREDIT**

**Total Due**

.00

**DISCOVER CARD**

601101631030382

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 qualityatl@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!***************
RECREATE AUDIT CHECK

< DUPLICATE >

AVANZARE

Check Number: 92070
Server: Christina C. (21011)
Table Number: 6
Number of Guests: 2
Terminal Number: 9
Tendered Offline: No

Open at: 07/14/2009 7:53:43 PM
Cashier: Christina C. (21011)
Meal Period: DINNER (3)
Check Type: REGULAR FOOD CHK (4)
Assoc Check Number: 0
Transaction Tag:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Artisan Cheese Tasting Plate</td>
<td>$12.00</td>
</tr>
<tr>
<td>1 6 oz. Filet Mignon</td>
<td>$26.00</td>
</tr>
<tr>
<td>MEDIUM RARE</td>
<td>$0.00</td>
</tr>
<tr>
<td>1 Whipped Potatoes</td>
<td>$9.00</td>
</tr>
<tr>
<td>1 Grilled Jumbo Asparagus</td>
<td>$9.00</td>
</tr>
<tr>
<td>1 Kurobuta Pork Chop</td>
<td>$26.00</td>
</tr>
</tbody>
</table>

1 FREE 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

Received $116.52

Room: 1654
Name: ADAMS JOHN
Folio: 11654 11
Change: $0.00
Breakage: $0.00

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,

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
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? X YES  O 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: 

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Registration: $475.00
Hotel: $802.05
Mileage: $477.73 (946 miles, roundtrip x $.505)
Parking: $31.00
Cabs: $17.00
Total: $1,802.78
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cab #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** $17

**Tips:** $1

**Payment:**
- Cash: $17
- Change: $0

**Notes:**
- Thank you for using our valet service.
- Questions or comments? Please call 404-571-1234 for any issues.

---

**TOM NEHAUS**

Senator
Ohio Senate
Columbus, OH

36th Annual Meeting
Atlanta, Georgia - July 15-18

2009 ALEC Annual Meeting

---

**American Legislative Exchange Council**

"Advocating Responsible Solutions for a Free Society"
WIN TRIPS AROUND THE WORLD
Enter the Ambassadors of Rock
Sweepstakes for your chance to win at www.hardrock.com
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,

Bethany Rhodes  
Assistant Legal Counsel  
Minority Caucus  
Ohio House of Representatives
STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: July 22, 2009    Amount: $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? y YES    □ NO
If "No", please explain: [Redacted]

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: ___________________________
Registration: $650.00
Hotel: $684.55
Airfare: $169.20
Baggage: $30.00
Mileage: $22.58 (44.72 miles x $0.505)
Shuttle: $29.00
Taxis: $6.19

Total: $1,593.52
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@wynndhamjade.com.

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

The following table lists your purchases:

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Qty</th>
<th>Event Price</th>
<th>Total Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Attendee Registration</td>
<td>1</td>
<td>$650.00</td>
<td>$650.00</td>
</tr>
</tbody>
</table>

Order Total: $650.00

Here are the payments you have made thus far:

<table>
<thead>
<tr>
<th>Date</th>
<th>Credit Card Type</th>
<th>Charged to CC</th>
<th>Name on Card</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/16/2009</td>
<td></td>
<td>[Redacted]</td>
<td>Kara L. Joseph</td>
<td>$650.00</td>
</tr>
</tbody>
</table>
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.

Flight Information

DELTA CONFIRMATION #: RRS91B
TICKET #: 00623115205392

Day Date Flight Status Bkng Class City Time Meals/ Seat/ Other Cabin

Wed 15JUL DELTA 5950* OK T LV COLUMBUS OH 815A **
AR ATLANTA 954A COACH

*Operated by SHUTTLE AMERICA

Sat 18JUL DELTA 1658 OK U LV ATLANTA 951A 19C COACH
AR COLUMBUS OH 1140A

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.

Passenger Information

KARA JOSEPH

Billing Details
DELTA

KARA/JOSEPH
**NOT VALID FOR**
**TRANSPORTATION**

DL/WW  ATL FTO

PASSENGER RECEIPT 17JUL09 0066

01 US

EXCESS BAGGAGE TICKET

PASSENGER TICKET 0062311520539

THIS IS YOUR RECEIPT

FOR CONDITIONS OF CONTRACT - SEE PASSENGER TICKET AND BAGGAGE CHECK

NOT VALID FOR TRAVEL

0 006 2506689401 6

0 006 2506689401 6

USD 15.00

USD 15.00

1
**DELTA**

KARA/JOSEPH
**NOT VALID FOR**
**TRANSPORTATION**

CMH DL ATL
PIECE 15.00
EBC 15.00

USD 15.00

01
PSGR TICKET 0062311520539
EXCESS BAGGAGE
006 2506037951
US
BAGGAGE TICKET
006 2506037951
THIS IS YOUR RECEIPT
FOR CONDITIONS OF
CONTRACT - SEE
PASSenger TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

CA00000000000033723482

006 2506037951
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tall White Mocha</td>
<td>1</td>
<td>3.85</td>
</tr>
<tr>
<td>Danish</td>
<td>1</td>
<td>2.19</td>
</tr>
</tbody>
</table>

**Subtotal:** 6.04

**Tax:** 0.15

**Amount:** 6.19

---

**RECEIPT**

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

Card holder: KARA JOSEPH

Approval: 530530

Trans Seq #: 406

Sequence #: 806001076

Trans Id: 48423220

Amount: 29.00

Date: 07/15/09 10:27

Agent: 4045

Terminal: 805

---

**Adults:** 1

**Ticket#:** EXORGYTO

Atlanta Airport
Fare: 29.00

**Customer Copy**
Mary 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,

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
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  X NO
If "No", please explain: Rep. Lehner lost the receipt for parking; I verified this amount with the Dayton Airport Authority.

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:
Representative Peggy Lehner

Spring Task Force Summit
- Health & Human Services Task Force

Parking: $26.00

Mileage: $11.83 (39.42 miles x .30)

Total $37.83
2009 SPRING TASK FORCE SUMMIT
REIMBURSEMENT FORM

Date submitted: 5-28-09
Submitted by: Bethany Rhodes

Amount: $262.90
MAXIMUM AMOUNT: $500

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

PLEASE CHECK TASK FORCE ATTENDED:

☐ 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: Rep. Peggy Lehner
Name: ________________________________
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.

Your Travelocity Trip ID: 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
- Change/Cancel Flight

Flight: 1 Round-Trip Ticket
All flight times are local to each city.

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

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

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

US Airways
Flight 2474 operated by US AIRWAYS EXPRESS-PSA
AIRCRAFT: AIRWAYS (on Canadair
Regional Jet)
Confirmation #: BQNFBV
Adult fare rules

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

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

US Airways
Flight 2671 operated by US AIRWAYS EXPRESS-MESA
AIRCRAFT: AIRWAYS (on Canadair
Regional Jet 900)
Confirmation #: BQNFBV
Adult fare rules

Requested Seats: 2F
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 Mastercard. 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.travelocymastercard.com.
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,

[Signature]

Bethany Rhodes  
Assistant Legal Counsel  
Minority Caucus  
Ohio House of Representatives
STATE SCHOLARSHIP REIMBURSEMENT FORM

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

Submitted by: Bethany Rhodes

CHECK TO:

Name: Seth Morgan

Address: 

City:  State:  Zip Code: 

Reason for Expenditure: ALEC Annual Meeting

Are Receipts Attached? 

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

Total: $3,454.36
thank you

Last Name: MORGAN
First Name: SETH

Street:
1129 20TH STREET NW

City: WASHINGTON
State: DC
Zip: 20036

DATE DESCRIPTION AMOUNT
07/14 *NO SHOW ROOM 199.00
07/14 *OCCUPANCY TAX 13.93
07/14 *SALES TAX 15.92
07/14 XXXXXXXX2057 228.85
07/14 GROUP ROOM 189.00
07/14 *OCCUPANCY TAX 13.93
07/14 *SALES TAX 15.92
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 13.93
07/15 *SALES TAX 15.92
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 13.93
07/16 *SALES TAX 15.92
07/17 *OVERNIGHT PARK 27.00

Total: 977.40

VISA 67040470015
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 email at qualitythreenyatt.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.CustomerServices@hyatt.com.

********** Thank you for staying with us **********
Acres in Mayflower
Johnny Rockets
280 Luckie St
Atlanta, GA 30303

Server: Charles
DOB: 07/18/2009
11:01 AM
Table 25/1

Magnetic card present: MORGAN SETH
Approval: 668245

Amount: $ 29.38
+ Tip: 2.40
= Total: $ 31.78

1/2 Price Shake with the purchase of any Hamburger or Sandwich and Starter!
Must present receipt within 7 days from date on receipt.
One offer per check. Thanks!

Guest Copy

Durango Steakhouse - 025
230 Peachtree St.

Server: Chris
DOB: 07/14/2009
07:21 PM
Table 10/1

Magnetic card present: MORGAN SETH A
Approval: 01541B

Amount: 59.11
+ Tip: 6.00
= Total: 65.11

Enjoy the Best Margaritas in Downtown Atlanta

Customer Copy

CHECK #: 694842
DATE 7/16/03
TIME 6:27PM

DINING: JENNA ZA

ITEMS ORDERED AMOUNT
1 ANY/EVERY SALAD 9.49
1 1/2oz RIB/EVE w/salad 15.99
2 $$ JR Pop Shrimp/k/milk 2.98
2 $$ JR apples 5.98
2 $$ JR apples 4.98
2 ICE TEA

39.03

SUBTOTAL
39.03

TAX 2.35

TOTAL DUE 41.38

# OF GUESTS
5

Thank you for dining at Logan's Roadhouse. **Gratuity not included. Hit the Road! Head to Logan's!**

Logan's Roadhouse-Lexington, KY 40509
859-285-4716

**Acres in Mayflower**

*Johnny Rockets*
280 Luckie St
Atlanta, GA 30303

**Durango Steakhouse - 025**
230 Peachtree St.

**Server: Chris**
DOB: 07/14/2009
07:21 PM
Table 10/1

**Magnetic card present: MORGAN SETH A**
Approval: 01541B

**Amount:** 59.11
**+ Tip:** 6.00
**= Total:** 65.11

Enjoy the Best Margaritas in Downtown Atlanta

**Customer Copy**

CHECK #: 694842
DATE 7/16/03
TIME 6:27PM

**DINING: JENNA ZA**

**ITEMS ORDERED**

- **AMOUNT**
  - 1 ANY/EVERY SALAD 9.49
  - 1 1/2oz RIB/EVE w/salad 15.99
  - 2 $$ JR Pop Shrimp/k/milk 2.98
  - 2 $$ JR apples 5.98
  - 2 $$ JR apples 4.98
  - 2 ICE TEA

**39.03**

**SUBTOTAL**

**TAX 2.35**

**TOTAL DUE 41.38**

**# OF GUESTS**

5

Thank you for dining at Logan's Roadhouse. **Gratuity not included. Hit the Road! Head to Logan's!**

Logan's Roadhouse-Lexington, KY 40509
859-285-4716
<table>
<thead>
<tr>
<th>Item</th>
<th>Qty</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Attendee Registration</td>
<td>1.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>Spouse/Guest Registration</td>
<td>1.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Kids' Congress Full Conference</td>
<td>3.00</td>
<td>$750.00</td>
</tr>
</tbody>
</table>

Total: $1,575.00

Paid: $1,575.00

Balance: $0.00

Pay Method: [Signature]

ATLANTA, GEORGIA - JULY 15-18
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,

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives
STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 1-14-09  
Amount: $ 8,215.57

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?  

□ NO

If "No", please explain: 

[Redacted]

AUTHORIZATION:

[Signature]

State Chair Signature

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:  

[Redacted]
<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>VENDOR</th>
<th>$$$</th>
<th>receipts</th>
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<tr>
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<td>Conference Registration</td>
<td>ALEC</td>
<td>$500.00</td>
<td>yes</td>
</tr>
<tr>
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<td>Mileage to Wardman Park</td>
<td>516 miles @ 58.5 cents</td>
<td>$301.86</td>
<td>map quest</td>
</tr>
<tr>
<td>12/4/2008</td>
<td>Breakfast</td>
<td>Panera Bread</td>
<td>$15.35</td>
<td>yes</td>
</tr>
<tr>
<td>12/4/2008</td>
<td>Tolls</td>
<td>Penna Turnpike</td>
<td>$5.25</td>
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</tr>
<tr>
<td>12/4/2008</td>
<td>Transport to Renaissance M St</td>
<td>Metro card</td>
<td>$20.00</td>
<td>not provided by machine</td>
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<tr>
<td>12/5/2008</td>
<td>Dinner Friday evening</td>
<td>State Night alone</td>
<td>$148.93</td>
<td>yes</td>
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<tr>
<td>12/6/2008</td>
<td>Dinner Saturday evening</td>
<td>James Hoban's</td>
<td>$50.88</td>
<td>yes</td>
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<tr>
<td>12/6/2008</td>
<td>Dinner Saturday evening</td>
<td>California Pizza Kitchen</td>
<td>$12.98</td>
<td>yes</td>
</tr>
<tr>
<td>12/7/2008</td>
<td>Hotel Room</td>
<td>Renaissance M St. Hotel</td>
<td>$792.03</td>
<td>yes</td>
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<tr>
<td>12/7/2008</td>
<td>Breakfast</td>
<td>Walgreens</td>
<td>$9.97</td>
<td>yes</td>
</tr>
<tr>
<td>12/7/2008</td>
<td>Lunch</td>
<td>Panera Bread</td>
<td>$21.00</td>
<td>yes</td>
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<tr>
<td>12/7/2008</td>
<td>Dinner</td>
<td>Noodles &amp; Company</td>
<td>$35.46</td>
<td>yes</td>
</tr>
<tr>
<td>12/7/2008</td>
<td>Mileage to Cincinnati</td>
<td>516 miles @ 58.5 cents</td>
<td>$301.86</td>
<td>map quest</td>
</tr>
</tbody>
</table>

GRAND TOTAL: $2,215.57

For: Tom Brinkman Jr.
3215 Hardisty Avenue
Cincinnati, OH 45208
513/321-6591
614-644-6886

1/12/2009
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

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<th>Unit Price</th>
<th>Qty</th>
<th>Tot Price</th>
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<td></td>
</tr>
<tr>
<td>Full Attendee Registration 12/04/2008 07:30 AM</td>
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<td>$300.00</td>
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<tr>
<td>Spouse/Guest Registration 12/04/2008 07:30 AM</td>
<td>$200.00</td>
<td>1</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$500.00</td>
</tr>
</tbody>
</table>

**Hotel Reservations**

If you would like to make your hotel reservations now, please click here.

A confirmation email has been sent to: tom@go brinkman.com
Gifts for them, Points for you! Earn Marriott Rewards points on all Marriott GiftCard purchases November 1 - December 31st. Visit gifts.marriott.com or call 1-800-813-GIFT.
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

To secure your next stay, go to renaissancehotels.com or call 800 228 9290.
FENNA TURNPIKE COMM FARE RECEIPT
PLAZA 161  BREEZEWOOD

DATE  TIME  COLL  TRAN  ENTRY
12/04/08  09:52  2897  5390  075
LANE  CLASS  TP  00  PAID
07  1  PAID  $5.25

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

-------------------------------
DATE 12/05/08  TIME  8:39 PM
MID CARD

McCormick & Schmitt
1652 K Street, N.W.
Washington, D.C. 20006
202-681-2233

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

PRE-AUTH TBL 72 CHECK 458421
SAL DINING S SAL

AMOUNT  117.20  11.73
TAX

SUBTOTAL $ 128.93

TIP $ 20.00

TOTAL $ 148.93

CUSTOMER COPY

------------------------------
Order #: 2589

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

Host: PK Cash 1
Date: 12/07/2008
Time: 8:40 PM

Food:
1 Lrg. Soup @ 1.69 $1.69
1 BCN Egg & Chk @ 3.39 $3.39
= 21.00

Beverage:
16.22
Tax:
1.19
PAYMENT:
21.00

Sub Total:
33.30
Tax:
2.16
HERE Total:
35.46

SIGNATURE:

Thank You, Enjoy!!
Feedback on your
Experience today?
Call 866-956-NOODLE
(866-956-6635)
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
4/40055

Magnetic card present: BRINKMAN THOMAS
Approval: 01546B

Order: 368734
Cashier: Marilynn

12/4/2008 7:54:26 AM

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

CUSTOMER COPY

TO GO

Your Order Number is: 334
Panera Bread
Cafe 3607
107 Trinity Point
Washington, PA 15301
Phone: 7242259778
Fax: 7242259798

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
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,

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,

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? X YES o 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: ____________________________
Airfare: $395.80
Hotel: $889.68
Airport parking: $48.00
Taxi: $30.00
Meal: $25.90
Total: $1389.38
From: reservations@email-usairways.com
Sent: Tuesday, November 24, 2009 4:27 PM
To: 
Subject: Your US Airways flight

---

**US AIRWAYS**

*Fly with us*

---

**Confirmation code:** B09H2N

Date issued: Tuesday, November 24, 2009

*New baggage policy*

---

**Passenger summary**

JOHN P ADAMS 03723706658361

---

**Trip details**

- Depart: Dayton, OH (DAY) ➔ Washington, DC (Reagan) (DCA)
- Date: Wednesday, December 02, 2009

**Flight details**

- **2372**
- 06:30 AM DAY ➔ 07:57 AM DCA: 1h 27m
- None
- CRJ
- Coach
- 7D

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

---

**Helpful links**

- Give yourself peace of mind with Trip insurance
- Book your car rental with US & drive away with more miles
- We'll get you there, now get a hotel room with US

---

**Total travel cost (1 passengers)**
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

Payment Information:
<table>
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<td>Federal Segment Tax</td>
<td>7.20</td>
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<tr>
<td>Airport Passenger Facility Charge</td>
<td>9.00</td>
</tr>
<tr>
<td>September 11th Security Fee</td>
<td>5.00</td>
</tr>
<tr>
<td>Ticket Total</td>
<td>196.20</td>
</tr>
</tbody>
</table>

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?
Thank you

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charge/Credit</th>
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<td>12/02</td>
<td>GROUP ROOM</td>
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<tr>
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<td>*ROOM TAX</td>
<td>37.56</td>
</tr>
<tr>
<td>12/03</td>
<td>GROUP ROOM</td>
<td>259.00</td>
</tr>
<tr>
<td>12/03</td>
<td>*ROOM TAX</td>
<td>37.56</td>
</tr>
<tr>
<td>12/04</td>
<td>GROUP ROOM</td>
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</tr>
<tr>
<td>12/05</td>
<td>XXXX</td>
<td>627.01</td>
</tr>
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</table>

Total Due

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 questions:

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

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.
TAXICAB RECEIPT

Date: 11/02/09
Time: P.M.
Fare: $15.00 USD

Origin of Trip:
Airport: Grand Hyatt Washington DC

Destination:
เกาะ: Washington DC

Signature:

Received by Agent: 100001

Airtran

Payment Receipt

Date: 12/05/09
Confirmation Number: 3005096001
Reserve #1502

Total: $15.00 USD

$15.00

Signature:

Judy Adams

Print Name:

Total: 25.00 USD

Included on receipt:

Breakfast
### ACCOUNT ACTIVITY (CONTINUED)

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<tr>
<td>120509 1 T</td>
<td>DCA ATL</td>
<td></td>
</tr>
<tr>
<td>2 T</td>
<td>ATL DAY</td>
<td></td>
</tr>
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<td>11/24</td>
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<td>120209 1 Y</td>
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### FINANCE CHARGES

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<th>Transaction Fee / Service Charge</th>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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.
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.

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

Sincerely,

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:
City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Reason for Expenditure: States & Nation Conference

Are Receipts Attached? ☑ 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: [Redacted]  Date: [Redacted]  Executive Director: [Redacted]  Date: [Redacted]
Account: [Redacted]  Batch#: [Redacted]  To Be Paid on: [Redacted]
Comments: ____________________________

_______________________________
Airfare: $395.80
Hotel: $889.68
Airport parking: $48.00
Cab: $30.00
Meal: $25.90

Total: $1389.38
Confirmation code: B09H2N
Date issued: Tuesday, November 24, 2009

Passenger summary

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<th>Issue license/endorsement</th>
<th>Issue country</th>
<th>Issue number</th>
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</thead>
<tbody>
<tr>
<td>JOHN P ADAMS</td>
<td>03723706658361</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trip details

- Depart: Dayton, OH (DAY) ➔ Washington, DC (Reagan) (DCA)
- Date: Wednesday, December 02, 2009

<table>
<thead>
<tr>
<th>Flight #</th>
<th>Carrier</th>
<th>Depart</th>
<th>Arrive</th>
<th>Stopovers</th>
<th>Miles</th>
<th>Aircraft</th>
<th>Cabin</th>
<th>Seats</th>
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</thead>
<tbody>
<tr>
<td>2372</td>
<td>PSA</td>
<td>06:30 AM</td>
<td>07:57 AM</td>
<td>DCA</td>
<td>1h 27m</td>
<td>CRJ</td>
<td>Coach</td>
<td>7D</td>
</tr>
</tbody>
</table>

Flight operated by PSA Airlines doing business as US Airways Express

Total travel cost (1 passengers)
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
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Departing Atlanta, GA (ATL) at 05:27 PM
Arriving Dayton, OH (DAY) at 06:59 PM

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<td>September 11th Security Fee</td>
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<td>Ticket Total</td>
<td>196.20</td>
</tr>
</tbody>
</table>

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?
GRAND HYATT
WASHINGTON, D.C.
1101 VERMONT AVENUE, NW
11TH FLOOR
WASHINGTON, D.C. 20005

Last Name: ADAMS
First Name: JOHN
Street: 1101 VERMONT AVENUE, NW
City: WASHINGTON
State: DC
Zip Code: 20005

(202) 742-8534

Folio: 1
Page: 1
Room: 474
Rate: 259.00
Arrival: 12/02/09 WED
Departure: 12/05/09 SAT

Total Due: $89,68

DATE
11/30
12/02
12/02
12/03
12/03
12/04
12/04
12/05

DESCRIPTION
PREPAYMENT
GROUP ROOM
*ROOM TAX
GROUP ROOM
*ROOM TAX
GROUP ROOM
*ROOM TAX

CHARGE/CREDIT
-298.56
259.00
37.56
259.00
37.56
259.00
37.56

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:

billing inquiries to us:

Grand Hyatt Washington
At Your Service
1000 H Street, N.W.
Washington, D.C. 20001

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: 05-Dec-09
Confirmation Number: MY8KFG
Receipt/Auth #: MY8KFG-02

Received : ___________________________ 15.00
15.00 USD
$15.00
$15.00 USD

Received by Agent : 108001

Signature: ________________________________

---

TAXICAB RECEIPT

Time: 12:00 PM
Date: 16-02-09

Origin of trip: Airport
Destination: Grand Hyatt Washington DC.
Fare: 15.00

---

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

TBL 91/3 CHK 1248 657 1
05-Dec-09 10:44 AM

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

Please send comments to F&B Dir:
thomas.carlos@hyatt.com
## ACCOUNT ACTIVITY (CONTINUED)

<table>
<thead>
<tr>
<th>Date of Transaction</th>
<th>Merchant Name or Transaction Description</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/24</td>
<td>AIRTRANAJ 33200773906910 ATLANTA GA</td>
<td>196.20</td>
</tr>
<tr>
<td></td>
<td>120509 1 T DCA ATL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 T ATL DAY</td>
<td></td>
</tr>
<tr>
<td>11/24</td>
<td>USAIRWAY 0372370658361 800-428-4322 AZ</td>
<td>164.60</td>
</tr>
<tr>
<td></td>
<td>120209 1 T DAY DCA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>120209 1 T DAY DCA</td>
<td></td>
</tr>
<tr>
<td>12/02</td>
<td>USAIRWAY 03723713359600 ALLENTOWN PA</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>120209 1 Y EBC FEE</td>
<td></td>
</tr>
</tbody>
</table>

## FINANCE CHARGES

<table>
<thead>
<tr>
<th>Category</th>
<th>Daily Periodic Rate</th>
<th>Corresponding APR</th>
<th>Average Daily Balance</th>
<th>Finance Charge Due To</th>
<th>Transaction Fee / Service Charge</th>
<th>Accumulated Finance Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases</td>
<td>30 days in cycle</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash advances</td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

US AIRWAYS

Confirmation code: B09H2N
Date issued: Tuesday, November 24, 2009

- New baggage policy

Passenger summary

<table>
<thead>
<tr>
<th>Passenger name</th>
<th>Frequent flyer # (Airline)</th>
<th>Ticket number</th>
<th>Special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN P ADAMS</td>
<td></td>
<td>03723706658361</td>
<td></td>
</tr>
</tbody>
</table>

Trip details

Depart: Dayton, OH (DAY) ➔ Washington, DC (Reagan) (DCA)
Date: Wednesday, December 02, 2009

<table>
<thead>
<tr>
<th>Flight #</th>
<th>Carrier</th>
<th>Depart</th>
<th>Arrive</th>
<th>Travel time</th>
<th>Meal</th>
<th>Aircraft</th>
<th>Cabin</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>2372</td>
<td>PSA</td>
<td>06:30 AM DAY</td>
<td>07:57 AM DCA</td>
<td>1h 27m</td>
<td>None</td>
<td>CRJ</td>
<td>Coach</td>
<td>7D</td>
</tr>
</tbody>
</table>

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

Payment Information:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Air Fare</td>
<td>$175.00</td>
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<tr>
<td>Federal Segment Tax</td>
<td>$7.20</td>
</tr>
<tr>
<td>Airport Passenger Facility Charge</td>
<td>$9.00</td>
</tr>
<tr>
<td>September 11th Security Fee</td>
<td>$5.00</td>
</tr>
<tr>
<td>Ticket Total</td>
<td>$196.20</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGE/CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30</td>
<td>PREPAYMENT</td>
<td>$296.56</td>
</tr>
<tr>
<td>12/02</td>
<td>GROUP ROOM</td>
<td>$259.00</td>
</tr>
<tr>
<td>12/02</td>
<td>*ROOM TAX</td>
<td>$37.56</td>
</tr>
<tr>
<td>12/03</td>
<td>GROUP ROOM</td>
<td>$259.00</td>
</tr>
<tr>
<td>12/03</td>
<td>*ROOM TAX</td>
<td>$37.56</td>
</tr>
<tr>
<td>12/04</td>
<td>GROUP ROOM</td>
<td>$259.00</td>
</tr>
<tr>
<td>12/04</td>
<td>*ROOM TAX</td>
<td>$37.56</td>
</tr>
<tr>
<td>12/05</td>
<td>XXXXXXXXXXXXXXX3057</td>
<td>$630.01</td>
</tr>
</tbody>
</table>

**Total Due:** $630.01

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 inquiries to us:

** billing inquiries to us:**

Grand Hyatt Washington
At Your Service
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.

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.

Signature

**See receipt** $9.68
Airtran
Payment Receipt

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

Received: 15.00

15.00 USD $15.00 $15.00 USD

Remarks: 

Received by Agent: 108001
Signature: 

The Grand Carly
The Grand Hyatt Washington
www.grandhyattwashington.com
17001 Gay

FBL 91/1 CHK 1248 GST I
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: 

Please send comments to F&B Dir. thomas.carlos@hyatt.com

---

TAXICAB RECEIPT

Time: 12:37
Date: 14-02-09

Origin of trip: Airport

Destination: Grand Hyatt Washington DC

Fare: 15.00

Sign: [Signature]

---

REPUBLIC PARKING MAIN LOT
3600 TERMINAL DRIVE STE 300
KAPAA, HI 96746

Sale

Clerk ID: 6451
ID: 007
Merchant ID: 06110755565432
Bank ID: 1040
12-05-09
Batch ID 3356861
Retrieval Ref #: 55263050

MASTER CARD
Entry Method: Swiped

Account Code: 041872 Inv #: 0000065

Total: 48.00

Customer Code
## ACCOUNT ACTIVITY (CONTINUED)

<table>
<thead>
<tr>
<th>Date of Transaction</th>
<th>Merchant Name or Transaction Description</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/24</td>
<td>AIRTRAN 3220773906910 ATLANTA GA</td>
<td>196.20</td>
</tr>
<tr>
<td>120509 1 T</td>
<td>DCA ATL</td>
<td></td>
</tr>
<tr>
<td>2 T</td>
<td>ATL DAY</td>
<td></td>
</tr>
<tr>
<td>120209 1 T</td>
<td>DAY DCA</td>
<td></td>
</tr>
<tr>
<td>12/02</td>
<td>USAIRWAY 03723713359800 ALLENTOWN PA</td>
<td>20.00</td>
</tr>
<tr>
<td>120209 1 Y</td>
<td>EBC FEE</td>
<td></td>
</tr>
</tbody>
</table>

## FINANCE CHARGES

<table>
<thead>
<tr>
<th>Category</th>
<th>Daily Periodic Rate</th>
<th>Corresponding APR</th>
<th>Average Daily Balance</th>
<th>Finance Due To Periodic Rate</th>
<th>Finance Fee / Service Charge</th>
<th>Accumulated Finance Charge</th>
<th>FINANCE CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases</td>
<td>V 0.3353%</td>
<td>12.24%</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash advances</td>
<td>V 0.5271%</td>
<td>19.24%</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare - DC to Dayton</td>
<td>196.00</td>
</tr>
<tr>
<td>Dayton to DC</td>
<td>164.60</td>
</tr>
<tr>
<td>Baggage check</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>15.00</td>
</tr>
<tr>
<td></td>
<td>375.80</td>
</tr>
<tr>
<td>Hotel - Grand Hyatt, Dec 2-4</td>
<td>296.54</td>
</tr>
<tr>
<td></td>
<td>639.01</td>
</tr>
<tr>
<td></td>
<td>925.57</td>
</tr>
<tr>
<td>Taxi</td>
<td>15.00</td>
</tr>
<tr>
<td>Dayton airport parking</td>
<td>48.00</td>
</tr>
<tr>
<td></td>
<td>1384.37</td>
</tr>
</tbody>
</table>
AMERICAN LEGISLATIVE EXCHANGE COUNCIL

2009 SPRING TASK FORCE SUMMIT
REIMBURSEMENT FORM

Date submitted: 5-18-09
Submitted by: Bethany Rhodes

☐ Full Task Force Member
X Alternate Task Force Member (Reimbursement requires State Chair approval)
State Chair Authorization: [Signature]

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: 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

Expedia itinerary number: 127117003845
Airline ticket number(s): 006741776032
Delta confirmation code: C047M7

Traveler and cost summary

JOHN ADAMS

Add Frequent Flyer number(s) $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)
Depart 5:50 am Arrive 7:26 am
Terminal SOUTH
TERMINAL

434 mi (698 km)
Duration: 1hr 36min

Flight: 5855
Operated by: NORTHWEST AIRLINK

Economy/Coach Class ( 1C ), CR9
Please check in with Northwest Airlink. If checking in at a kiosk, use your name rather than confirmation number.

✈ Sat 2-May-09
Memphis (MEM) to Atlanta (ATL)
Depart 2:30 pm Arrive 4:55 pm
Terminal SOUTH
TERMINAL

332 mi (534 km)
Duration: 1hr 33min

Flight: 1531

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

Total distance: 766 mi (1,233 km)
Total duration: 3hr 9min (4hr 13min with connections)

✈ Sat 2-May-09
Memphis (MEM) to Atlanta (ATL)
Depart 2:30 pm Arrive 4:55 pm
Terminal SOUTH
TERMINAL

332 mi (534 km)
Duration: 1hr 25min

Flight: 1644

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

Ticket numbers: 0067417776032

Traveler and cost summary
JOHN ADAMS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>$208.00</td>
</tr>
<tr>
<td>Taxes &amp; Fees</td>
<td>$37.91</td>
</tr>
<tr>
<td>Total</td>
<td>$245.91</td>
</tr>
<tr>
<td>Payment</td>
<td>$245.91</td>
</tr>
<tr>
<td>Balance Due</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

[MasterCard XXXXXXXXXXXX3057]
**744 Adams/John/NR**

**169.00** 05/02/09 12:00 15210 13648

**NKNG**

Type 35

**ACCT#**

**Room** | **Name** | **Rate** | **Depot** | **Time**
---|---|---|---|---
**Room** | **Name** | **Rate** | **Depot** | **Time**
---|---|---|---|---
04/27 ADVIP-CA-GL 13648 | 195.96 | FROM: SPRING T
05/01 ROOM-GRP | 744, 1 | 169.00 | A
05/01 ROOM TAX | 744, 1 | 15.63 | A
05/01 OCC TAX | 744, 1 | 11.32 | B

**MR#:**

**To be settled to:**

**Thank you for choosing the Memphis Marriott Downtown. To expedite your check out, please call the front desk.**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>C TEST</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>E TAX EXEMPT</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>F</td>
<td>.00</td>
<td>.00</td>
</tr>
</tbody>
</table>

**Net Charges** | **Tax** | **Credits** | **Folio**
---|---|---|---
195.95 | .00 | 195.96 | -.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 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 on 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**

© Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com
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,

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:

[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. 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 round trip miles)

Total: $114.10
ADVENTAGE CAB
Cab #: 303
05/01/09 09:12
05/01/09 09:25
TRIP #: 1593
DIST: 12.20 mi
FARE: $24.00
EXTRAS: $4.00
TOTAL: $28.00
THANK YOU
TEL(901)323-3333
2240 DEADRICK AVE
MEMPHIS, TN 38114

Magnetic card present: ADAMS JOHN
Approval: [Signature]
Amount: 27.48
+ Tip: [Space]
= Total: [Space]

X
Approval: 039082

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