

5466 1602 1450 0171

DO NOT WRITE ABOVE THIS LINE

KARA L JOSEPH
93

EXPIRATION
☒ DATE
CHECKED

DATE TIME
CAB NO. I.D. NO.
AUTHORIZATION NO.

TRANSPORTATION
650000000775568

381692

650000001503054

Yellow Cab of San Diego

Administrative Services SD, LLC



FARE	12.00
TIP	1.00
TOTAL	13.00

TAXICAB SERVICES
CUSTOMER COPY

*Cab
ok
MR*

SIGN
HERE ☒

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I agree to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card.

MSHOST
ARL STRAUSS
SAN DIEGO AIRPORT
CHECK: 3827
TABLE: 122/1
SERVER: 5622 MIRNA
DATE: AUG08'10 1:30PM
CARD TYPE: MSTRCARD A1
ACCT #: XXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 79199Z
KARA L JOSEPH

TOTAL: 13.04

TIP: 1.50

TOTAL: 14.54

I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

HMSHOST
KARL STRAUSS
SAN DIEGO AIRPORT

5622 MIRNA

TBL 122/1 3827 GST 1
AUG08'10 1:07PM

1 BURG CHD BAC 1/2 11.99
SEE SERVER
2 SEE SERVER
2 WATER BACK 0.00
SUBTOTAL 11.99
TAX 1.05 AMOUNT 13.04

SUBTOTAL 11.99
TAX 1.05
1:27 AMOUNT \$13.04

Duplicate

*ok
MR*

5466 1602 1956 6141

3/09 02/30/11

JOSEPH

93

0324027112225

WASH TIL SAN DIEGO

SAN DIEGO CA

043362419

60 003002960693

614 864-8431

IGN HERE

I hereby authorize the use of the card identified on this form to pay the amount shown as TOTAL on proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Cub Joe for

QTY	CLASS	DESCRIPTION	PRICE	AMOUNT
1		SAN-Manchester Grand Hyatt		8.00
DATE 8/04/10			AUTHORIZATION 29115784	SUB TOTAL 8.00
REFERENCE NO.			SERVER	TAX 0
ID-FOLIO/CHECK NO./LIC. NO. STATE			REG./DEPT.	CLERK TIP 1.00
5183656			TOTAL 9.00	

SALES SLIP
CUSTOMER COPY

CUSTOMER: RETAIN THIS COPY FOR YOUR RECORDS

ANN MARIE'S COFFEE SHOP
MANCHESTER GRAND HYATT SAN DIEGO
8004 ISAM
CHK 3061 AUG08'10 8:29AM

REPRINT
CLOSED CHECK

1 MUFFIN 2.50
1 MOCHA 160Z 4.00

SUBTOTAL 6.50
SERVICE CHARGE 1.00
TAX 0.57

TOTAL PAID 8.07
\$ CHARGE TIP 1.00
XXXXXXXXXXXX
MASTERCARD 8.07
8004 CLOSED AUG08 8:29AM

TIP: 1.00

TOTAL: 9.07

ROOM #: 8004

PRINT NAME: Joe Jackson

SIGNATURE: Joe Jackson
PLEASE SEND ANY FEEDBACK TO
JOE.JACKSON@HYATT.COM

HMSHost
S3 Cinnabon/TCBY
Phoenix Sky Harbor Int'l Airport

9777 JESSICA

CHK 4957 AUG04'10 3:16PM

1 Reg REG CUP 3.69
Reg NO TOPPING

Subtotal 3.69
Tax 0.34
Amt Paid 4.03
XXXXXXXXXXXX
MSTRCARD AT 4.03

HMSHost
S3 Cinnabon/TCBY
Phoenix Sky Harbor Int'l Airport

HMS HOST
CHILI'S
COLUMBUS AIRPORT
CHECK: 6906
TABLE: 233/1
SERVER: 9746 JODY
DATE: AUG04'10 12:22PM
CARD TYPE: MSTRCARD A1
ACCT #: XXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 85380Z
KARA L JOSEPH

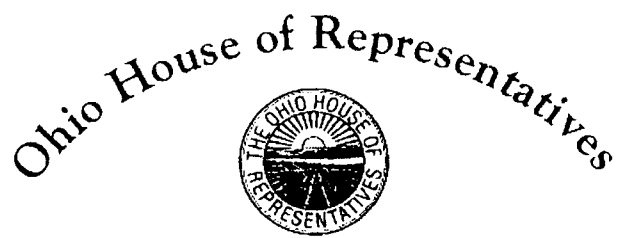
TOTAL: \$ 9.96

TIP: 2.00

TOTAL: 10.96

X *Kara Joseph*
I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

OK
PS



October 19, 2010

Laura Elliott
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Laura:

Attached please find a reimbursement request from State Senator Tom Niehaus in the amount of \$2,182.62.

This request for reimbursement is due to Sen. Niehaus' attendance at the ALEC Annual Meeting in San Diego. 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", is written over the typed name.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 10-19-10 Amount: \$ 2,182.62Submitted by: Bethany Rhodes

CHECK TO:

Name Tom NiehausAddress [REDACTED]City [REDACTED] State [REDACTED] Zip Code [REDACTED]Reason for Expenditure: ALEC Annual MeetingAre Receipts Attached? ☒ YES ☐ NO

If "No", please explain: _____

AUTHORIZATION:


State Chair SignaturePlease 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. Nichols

Registration :	\$ 510.00
Hotel :	\$ 986.36
Parking :	\$ 28.00
Cabs :	\$ 40.00
Tips :	\$ 5.00
Airfare :	\$ 550.00
Baggage :	\$ 20.00
Meals :	\$ 12.95
Mileage :	\$ 30.31 (60.02 miles x \$.505)

Total: \$2,182.62



Manchester Grand Hyatt San Diego
One Market Place
San Diego, CA 92101 USA
619.232.1234
FAX: 619.233.6464

Guest Account

Room	Rate	Arrive	Depart	Folio No.	Account	Affiliation	FF	ID	Page
2452	*CONF.*	08/03/10	08/08/10	938558		2-ALEC	11	NAM	1

NIEHAUS THOMAS
1131 LITTLE INDIAN CREEK

** DEPARTED **

02:35

TTP

2/0

NEW RICHMOND

OH 461579602

RES NO: HH-152967-1

SPIRIT: 42333379

-01

X XX/XX

Date	Code	Reference	ID	Description	Charges	Credits	Balance
0804	112	Rm 2452	DCC	GROUP ROOM	219.00		390.38
0804	812	Rm 2452	DCC	*SD TMD ASSMNT	4.38		394.76
0804	811	Rm 2452	DCC	*ROOM TAX	23.00		417.76
0804	813	Rm 2452	DCC	*CA TOUR ASSMNT	.21		417.97
0805	112	Rm 2452	DCC	GROUP ROOM	219.00		636.97
0805	812	Rm 2452	DCC	*SD TMD ASSMNT	4.38		641.35
0805	811	Rm 2452	DCC	*ROOM TAX	23.00		664.35
0805	813	Rm 2452	DCC	*CA TOUR ASSMNT	.21		664.56
0806	112	Rm 2452	VVE	GROUP ROOM	219.00		883.56
0806	812	Rm 2452	VVE	*SD TMD ASSMNT	4.38		887.94
0806	811	Rm 2452	VVE	*ROOM TAX	23.00		910.94
0806	813	Rm 2452	VVE	*CA TOUR ASSMNT	.21		911.15
0807	112	Rm 2452	VVE	GROUP ROOM	219.00		1130.15
0807	812	Rm 2452	VVE	*SD TMD ASSMNT	4.38		1134.53
0807	811	Rm 2452	VVE	*ROOM TAX	23.00		1157.53
0807	813	Rm 2452	VVE	*CA TOUR ASSMNT	.21		1157.74
0808	931	ExXX/XX	NAM	XXXXXXXXXXXX1004		-1157.74	.00
				TOTAL			.00
AMERICAN EXPRESS				5040303869			

246.59
4
986.36

5. for bellman

Old
per

Miller, Candice

From: DeltaElectronicTicketReceipt@delta.com
Sent: Tuesday, July 13, 2010 4:21 PM
To: Niehaus, Tom
Subject: THOMAS N CINCINNATI 01AUG10



Your Receipt and Itinerary

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

THOMAS NIEHAUS
 [REDACTED]
 [REDACTED]

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

Flight Information

DELTA CONFIRMATION #: 274YJV
 TICKET #: 00621799858783

Day	Date	Flight	Status	Bkng Class	City	Time	Meals/ Other	Seat/ Cabin
Sun	01AUG	DELTA 2917	OK	L	LV CINCINNATI AR SAN DIEGO	825P 951P	V	** COACH
Sun	08AUG	DELTA 2578	OK	H	LV SAN DIEGO AR SALT LAKE CITY	615A 915A	V	** COACH <i>AE</i>
Sun	08AUG	DELTA 2186	OK	H	LV SALT LAKE CITY AR CINCINNATI	1001A 338P	V	** COACH

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

Key to Terms
 # - Arrival date different than

7/14/2010

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>.

Do you have comments about our service? Please email us to share them with us.

departure date
 ** - See Seats on delta.com
 *** - Multi meals
 *SS - 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


THOMAS NIEHAUS

Billing Details

Receipt Information

Fare Details: CVG DL SAN Q9.30 189.77LE07A0NJ DL X/SLC Q27.91DL CVG306.97HB07
 AONA USD533.95END ZP CVGSANSLC XF CVG3SAN4.5SLC4.5

Fare: 533.95 USD
 Tax: 70.65 TX
 Total: 604.60 USD

Form of Payment 
 FP A/CUSD429.45/TL520.10
 Org Tkt 00621719497302
 Org FOP DS*****6131

NON-REF/\$CHANGE FEE

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Detailed Tax Information

Total Tax: 70.65 USD

XF	12.00	ZP	11.10	AY	7.50	US	40.05
----	-------	----	-------	----	------	----	-------

Service Charge/Fees

Psgr: THOMAS NIEHAUS
 Not Transferable

Service Charge/Fee Number: 00621799858783

Retain this receipt for your records. The amount shown below is the total of any nonrefundable service charges or fees paid in conjunction with issuance, exchange or refund of the following tickets/documents, including any direct ticket charge included in the fare you were quoted.

Original Ticket Number: 00621719497302 25SEP09

Date of Issue: 13JUL10

7/14/2010

New Ticket Number: 00621799858783

PNR Code: 274YJV

Place of Issue: TPARES

Issuing Agent ID: DL/KR

ASC/FEES: 20.00 USD

TOTAL: 20.00 USD

Ticketing Details

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



TICKET #: 00621799858783
 Issue Date: 07/13/10 Expiration: 07/13/11
 Place of Ticket Issue: TPARES
 Issuing Agent Id: DL/KR
 Ticket Issue date: 13JUL10
 Not Transferable

Save money when you
 book your next car or
 hotel at delta.com.

Up to 20% off and earn
 100 miles per day, (200
 miles per day for
 Medallion members).

Hotel Search by Hilton
 Worldwide.

Up to 25,000 bonus
 miles. Plus, no annual
 fee for first year. Apply
 Now.

**Hertz.**

HHONORS

**Conditions of Carriage**

Air transportation on Delta and the Delta Connection carriers® is subject to Delta's conditions of carriage. They include terms governing, for example:

- Limits on our liability for personal injury or death of passengers, and for loss, damage or delay of goods and baggage.
- Claim restrictions, including time periods within which you must file a claim or bring an action against us
- Our right to change terms of the contract
- Check-in requirements and other rules establishing when we may refuse carriage
- Our rights and limits of our liability for delay or failure to perform service, including schedule changes, substitution of alternative air carriers or aircraft, and rerouting
- Our policy on overbooking flights, and your rights if we deny you boarding due to an oversold flight

These terms are incorporated by reference into our contract with you. You may view these conditions of carriage

on delta.com, or by requesting a copy from Delta.

You have received this e-mail because you elected to receive your Electronic Ticket receipt sent to you via e-mail. If you would like to take advantage of other Delta e-mail programs featuring special fares, promotions, information and flight updates, please visit: delta.com/emailprograms or delta.com/notifications.

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This is a post only email. Please do not respond to this message.

7/14/2010

\$20
Older

Shuttle from airport

[REDACTED]
[REDACTED]
[REDACTED]

ASIE RAS

SIGN HERE

X

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

CURRENCY CONVERSION		RATE		AMOUNT	
DATE					
QTY.	CLASS	DESCRIPTION		PRICE	AMOUNT
					12.50
DATE		AUTHORIZATION		SUB TOTAL	
REFERENCE NO.		SERVER		TAX	
ID-FOLIO/CHECK NO./J.C. NO. STATE		REG./DEPT.		CLERK TIP	
				MISC.	
				TOTAL 20.00	

SALES SLIP
BANK/PROCESSING COPY

ALEC

Receipt for: Tom Niehaus
2010 Annual Meeting - San Diego, CA

Full Attendee Registration
Spouse/Guest Registration

Qty	Amount
1.00	\$510.00
1.00	\$150.00

Total
\$ 560.00

Card Name:

Paid
\$ 560.00

Balance
\$ 0.00

Card #:

Pay Method

San Diego, California - August 5-8

Cincinnati/Northern Kentucky
International Airport
Operated by
Standard Parking

PARKING RECEIPT

SOUTHLAND PRINTING - SHREVEPORT, LA.

818078

Fare Receipt

Date

Passenger:

The sum of \$

From

To

Cab

Edgewater Grille
861 W. Harbor Drive
San Diego, Ca. 92101
(619) 232-7581

Server: Eric
Table 101/1
Guests: 0

#50050

Soda
Mixed Greens
Cobb Salad

Sub Total
Tax
Total

Balance Due

15% Gratuity
Added To Parties Of 8 Or More
Please Pay Your Server

Kansas City Barbeque
600 West Harbor Dr
San Diego CA 92101

Server: Sara
06:16 PM
Table 24/1

DOB: 08/03/2010
08/03/2010
3/30040

Magnetic Card Present: NIEHAUS THOMAS E
App # 003258

Amount: 23.71
+ Tip: 3.50
Total: 27.21

Visit us at
www.kcbbq.net
Book Your Summer Party
With Us!!!

Kansas City Barbeque

Ohio House of Representatives



August 19, 2010

Chaz Cirame
ALEC
1101 Vermont Avenue NW, 11th Floor
Washington, D.C. 20005

Dear Chaz:

Attached please find a reimbursement request from State Representative Barbara Sears in the amount of \$2,167.49.

This request for reimbursement is due to Rep. Sears' attendance at the ALEC Annual Meeting in San Diego. 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. Sears 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 horizontal line.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: August 19, 2010 Amount: \$ 2,167.49

Submitted by: Bethany Rhodes

CHECK TO:

Name Barbara Sears

Address [REDACTED]


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

Reason for Expenditure: 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. Sears

Registration:	\$ 510.00
Hotel:	\$ 986.36
Airfare:	\$ 514.40
Luggage fees:	\$ 50.00
Cabs:	\$ 36.00
Meals:	\$ 4.26
Mileage:	\$ 66.47 (131.62 miles x \$.505)
<hr/>	
Total:	\$ 2,167.49

Betty Rhodes



One Market Place
San Diego, CA, 92101 USA
TELEPHONE 619 232 1234
FACSIMILE 619 233 6464

thank you

Last Name SEARS	First Name BARBARA	Folio 1	Page 1
Street [REDACTED]		Room 3004	
City [REDACTED]	State CA	Rate *CONF.*	
Zip Code [REDACTED]		Arrival 08/04/10 WED	
		Departure 08/08/10 SUN	
		Bonuses	Type CCARD
		Account [REDACTED]	

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
08/04	POOL BAR - BRK	40.00	AMERICAN EXPRESS	5040303869	
08/04	GROUP ROOM	219.00	No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.		
08/04	*SD TMD ASSMNT	4.38			
08/04	*ROOM TAX	23.00			
08/04	*CA TOUR ASSMNT	.21	We hope you had an exceptional stay at the Manchester Grand Hyatt and look forward to hearing your feedback. Parry Lawrence - Assistant Rooms Executive Please email your comments to: parry.lawrence@hyatt.com Billing Inquiries: NA.CustomerService@Hyatt.com Lost & Found: gordana.leger@hyatt.com Phone 1 888 552 7410 Fax 1 918 512 4083		
08/05	ANN MARIE'S	4.26			
08/05	SALLY'S - DIN	40.71			
08/05	GROUP ROOM	219.00			
08/05	*SD TMD ASSMNT	4.38			
08/05	*ROOM TAX	23.00			
08/05	*CA TOUR ASSMNT	.21			
08/06	GROUP ROOM	219.00			
08/06	*SD TMD ASSMNT	4.38			
08/06	*ROOM TAX	23.00			
08/06	*CA TOUR ASSMNT	.21			
08/07	GROUP ROOM	219.00			
08/07	*SD TMD ASSMNT	4.38			
08/07	*ROOM TAX	23.00			
08/07	*CA TOUR ASSMNT	.21			
08/08	[REDACTED]	-1071.33			
	Total Due	.00			

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.

8986.36
Total

514406954

37th Annual Meeting

ALEC

Receipt for: Barbara Sears
2010 Annual Meeting - San Diego, CA

Full Attendee Registration

Qty
1.00

Amount
\$510.00

OK

Total
\$ 510.00

Paid
\$ 510.00

Balance
\$ 0.00

Pay Method

BK

Card Name:

Card #:

San Diego, California - August 5-8

Fare Receipt

Date 1

Passenger: Barbara Sears

The sum of \$ 18.-

From Hyatt

To Airport

Cab
No.

Driver

8-10-10 OK

07/25/08 REV

Your Receipt

THE Transportation
NETWORK

Paid: ☒ Cash ☐ Charge Date 8-4-10

The sum of \$ 18.00

Passenger Barbara Sears

From: Airport

To: Hotel

Cab No. 423 Driver Name:

Driver Signature: (619)-234-1111

(PLEASE VERIFY PHYSICAL CAB NO. AND DRIVER NAME)

OK BK



PASSENGER RECEIPT
08AUG10 0066
DL/CA SAN FTO

01
US

EXCESS BAGGAGE
TICKET

BARBARA/SEARS
NOT VALID FOR
**TRANSPORTATION*

PSGR TICKET 0067849190967

THIS IS YOUR RECEIPT

SAN DL DTW
PIECE 25.00
EBC 25.00

CNB11T /DL

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

USD 25.00

NOT VALID FOR TRAVEL

0 006 8222655838 1

0 006 8222655838 1

USD25.00



PASSENGER RECEIPT
04AUG10 0066
DL/KI DTW FTO

00
US

EXCESS BAGGAGE
TICKET

BARBARA/SEARS
NOT VALID FOR
**TRANSPORTATION*

PSGR TICKET 0067849190967

THIS IS YOUR RECEIPT

DTW DL SAN
PIECE 25.00
EBC 25.00

CNB11T /DL

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

USD 25.00

NOT VALID FOR TRAVEL

0 006 8221169618 0

0 006 8221169618 0

USD25.00



NOT TRANSFERABLE

ETKT PASSENGER RECEIPT

PAGE 02 OF 03

ENDORSEMENTS NONREFUNDABLE/CHANGE FEE MAY APPLY

THIS DOCUMENT EXPIRES 30JUN11

DATE/PLACE OF ISSUE 30JUN10 DENE8

ISS AGT ID 1V/Z.RDW

CONF NBR CNB11T

IATA 44524351

FARE CALCULATION FC 4AUG DTT DL SAN Q9.30 180.47TE14A0NA DL DTT Q27.91 240.93LE07A0NA US 458.61END ZPDW5
AN XT 7.40ZP 5.00AY 9.00XFDTW4.5SAN4.5

USD 458.61
TAX 55.79

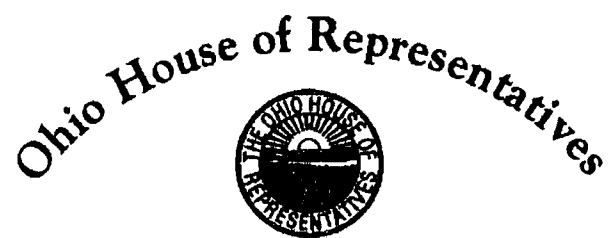
FORM OF PAYMENT AXXXXXXXXXXXX1004

USD514.40

DUPLICATE

0 0067849190967 5

DUPLICATE



July 24, 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 Danny Bulp in the amount of \$1,923.17.

This request for reimbursement is due to Rep. Bulp'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. Bulp 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 large, loopy circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 7-21-09 Amount: \$ 1,923.17

Submitted by: Bethany Rhodes

CHECK TO:

Name DANNY R. Bubp

Address [REDACTED]

City [REDACTED] State Ohio Zip Code 45693

Reason for Expenditure: ALEC ANNUAL Meeting

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. Rubp

Registration: \$ 475.00

Airtel: \$ 986.60

Mileage: \$ 461.57

Total: \$ 1923.17

Danny R Bubp

From: meetings@alec.org
Sent: Thursday, May 28, 2009 5:53 PM
To: dbubp@bubplawoffice.com
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: Danny R. Bubp

Attendee ID: 109519

Title: State Representative

Company: Ohio Legislature

Address: 77 South High Street

10th Floor

Columbus, OH 43215-6111

This confirmation serves as your receipt of payment for event registration only.

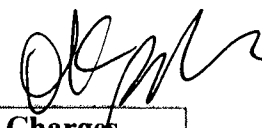
If you also submitted a housing reservation request, you will receive a separate confirmation for your housing from alec@wyndhamjade.com.

Registrant Class: ALEC Legislative Member

Order Number: 36357

Order Date: 05/28/2009

The following table lists your purchases:



Event Description	Qty.	Event Price	Total Charges
Full Attendee Registration	1	\$475.00	\$475.00
Order Total:			\$475.00

Here are the payments you have made thus far:

Date	Credit Card Type	Charged to CC	Name on Card	Total
05/28/2009		*****[REDACTED]	Danny R. Bubp	\$475.00

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

Direct: (202) 742-8538

Fax: (202) 331-1344 Email: meetings@alec.org

EVENT NOTES:

Registration Cancellation/ Refund Information: Registrations cancelled prior to 5pm Eastern June 17, 2009 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5pm Eastern June 17, 2009. All cancellation requests must be submitted in writing via email to meetings@alec.org or fax to 202-331-1344.

EVENT ADDRESS:

Hyatt Regency Atlanta

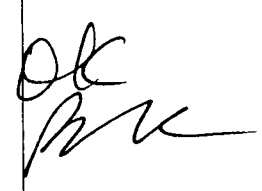
265 Peachtree Street

Atlanta, GA 30303

EVENT REGISTRATION:

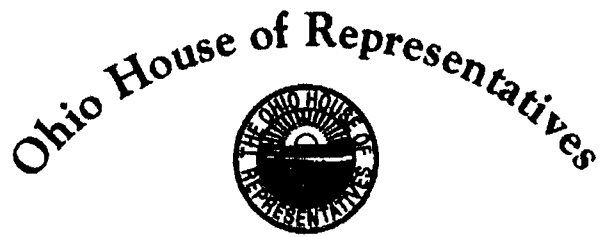
We look forward to seeing you in Atlanta, GA.

Last Name BUBP	First Name DANNY	Folio 2	Page 1
Street [REDACTED]		Room 335	
City [REDACTED]		Rate *CONF.*	
State [REDACTED]	Zip Code [REDACTED]	Arrival 07/15/09 WED	
[REDACTED]		Departure 07/19/09 SUN	
[REDACTED]		Bonuses	Type CCARD
[REDACTED]		Account XXXXXXXXXXXX	XX/XX

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
07/15	*OVERNIGHT PARK	27.00	Your account (G54984131V) will be credited for all eligible charges: * indicates an ineligible charge.		
07/16	*OVERNIGHT PARK	27.00			
07/17	*OVERNIGHT PARK	27.00			
07/15	DISCOUNT ROOM	191.00			
07/15	*OCCUPANCY TAX	13.37	WE LISTEN! WE CARE!		
07/15	*SALES TAX	15.28			
07/16	DISCOUNT ROOM	191.00	Please share your comments directly with our General Manager. You may call 404-460-6457 and leave your contact information or e-mail at qualityatltra@hyatt.com.		
07/17	*OCCUPANCY TAX	13.37			
07/17	*SALES TAX	15.28	If you have any questions regarding your billing please contact our Customer Service department by phone at 888-472-2870 or by e-mail at A.CustomerService@hyatt.com		
07/17	DISCOUNT ROOM	191.00			
07/17	*OCCUPANCY TAX	13.37	*****Thank you for staying with us!*****		
07/17	*SALES TAX	15.28			
07/18	*OVERNIGHT PARK	27.00			
07/18	DISCOUNT ROOM	191.00			
07/18	*OCCUPANCY TAX	13.37			
07/18	*SALES TAX	15.28			
07/19	XXXXXXXXXXXX1004 ExXX/XX	-986.60			
	Total Due	.00			

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.



July 21, 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 Barbara Sears in the amount of \$1,452.32.

This request for reimbursement is due to Rep. Sears' 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. Sears 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 large, stylized circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 7-21-09 Amount: \$ 1,452.32

Submitted by: Bethany Rhodes

CHECK TO:

Name Barbara Sears

Address [REDACTED]

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

Reason for Expenditure: ALEC Annual Meeting

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. Sears

Registration:	\$ 475.00
Airfare:	\$ 139.20
Hotel:	\$ 686.55
Parking:	\$ 64.00
Mileage:	\$ 57.57 (114 miles x \$.505)
Baggage:	\$ 30.00

Total: \$ 1452.32



EXCESS BAG RECEIPT
airtran.com

1 BAG
0 BAGS ALLOWED
1 PASSENGER

EXCESS BAG RECEIPT
airtran.com



Date	Flight	Depart	Arrive
Jul 15	252	DTW	ATL

1 Excess Bag

Total: \$ 15.00

GO. THERE'S NOTHING STOPPING YOU.

Sign up and save with Net Escapes emails.
www.net-escapes.com

Customer:
Confirmation Number:
Payment Type:
Payment Date:

SEARS, BARBARA
GYC73Q
[REDACTED]
Jul 15, 2009

*one
baggage
OK*

DETROIT METRO AIRPORT

7515-00036-03:14:16-07/18/09 19:46-000.00-1064.00

114 miles x .505 = \$57.57

#21934
SOUTHLAND PRINTING
SHREVEPORT, LA.

RECEIPT

*Parking
OK
MK*

*mileage
OK
MK*

Prepared For
BARBARA R SEARS

Account Number
XXXX-XXXX

Page 4 of 7

Due in Full continued			Amount \$
06/03/09	Sf		34.96
	4		
	D		
	A		
06/06/09	K		11.16
	2		
	C		
06/08/09	L		58.58
	S		
06/09/09	E		36.82
	F		
06/09/09	ALEC HOUSING	900-906-4213	258.75
	900-906-4213		
06/09/09			20.71
06/10/09			32.56
Total Due in Full Activity			3,384.52

ALEX

Total Room - 258.75
427.80
\$ 686.55

Prepared for
BARBARA R SEARS

Account Number
XXXX-XXXX

Closing Date
06/11/09

Page 3 of 7

Due in Full continued

Amount \$

05/13/09

K

8

31.77

AirTran.
AIRWAYS

PASSENGER RECEIPT

airtran.com

Date	Flight	Depart	Arrive	Fare Code
Jul 15	252	DTW	ATL	H
Jul 18	147	ATL	DTW	H

TOTAL FARE: 118.00
Total Tax: 7.20
September 11th Security Fee: 5.00
Passenger Facility Charges: 9.00
Other: 0.00
TOTAL: 139.20

Passenger: SEARS, BARBARA
Conf. Number: GYC73Q

PASSENGER RECEIPT

airtran.com

AirTran.
AIRWAYS

Conf. Number: GYC73Q
Issued Date: May 28, 2009
Total Fare This Ticket: 139.20

Transportation subject to terms of carriage printed
inside ticket jacket. Page 1 of 1.

05/29/09

S:

A:

05/28/09

AIRTRAN AIRWAYS ATLANTA GA

AIRTRAN AIRWAYS

From:

To:

DETROIT MI-WAYNE C

ATLANTA GA

DETROIT MI-WAYNE C

Carrier:

Class:

ALEX

FL

HO

Date of Departure: 07/15

Ticket Number: 33200674973170

Passenger Name: SEARS/B

Document Type: PASSENGER TICKET

05/28/09

AMERICAN LEGISLATIVE WASHINGTON

202-466-3800

05/30/09

1500-000-0000-0000-0000-0000-0000-0000

28.31

139.20

475.00

24.26

AirTran.
AIRWAYS

EXCESS BAG RECEIPT

airtran.com

1 BAG
0 BAGS ALLOWED
1 PASSENGER

Date	Flight	Depart	Arrive
Jul 15	252	DTW	ATL

1 Excess Bag

Total: \$ 15.00

EXCESS BAG RECEIPT

airtran.com


AirTran.
AIRWAYS

GO. THERE'S NOTHING STOPPING YOU.

Sign up and save with Net Escapes emails.
www.net-escapes.com

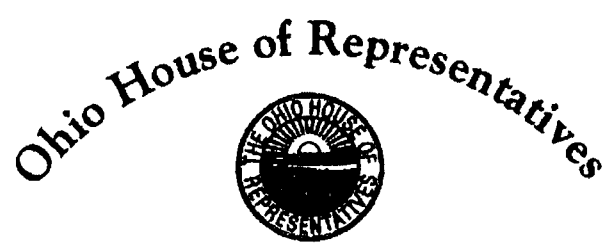
Customer: SEARS, BARBARA
Confirmation Number: GYC73Q
Payment Type: Visa
Payment Date: Jul 15, 2009

Last Name SEARS		First Name BARBARA		Folio 2	Page 1
Street 1129 20TH STREET NW				Room 633	
SUITE 500				Rate 199.00	
City WASHINGTON	State DC	Zip Code 20036		Arrival 07/15/09 WED	
(202) 742-8513				Departure 07/18/09 SAT	
0/0				Bonuses Type CCARD	
				Account XXXXXXXXXXXX XX/XX	

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
07/16	*ADVANCE DEPOSIT	-258.75		or e-mail at qualityatla@hyatt.com .	
07/15	GROUP ROOM	199.00			
07/15	*OCCUPANCY TAX	13.93			
07/15	*SALES TAX	15.92			
07/16	GROUP ROOM	199.00		If you have any questions regarding your billing please contact	
07/16	*OCCUPANCY TAX	13.93		our Customer Service department by phone at 888-472-2870 or by	
07/16	*SALES TAX	15.92		email at NA.CustomerService@hyatt.com	
07/17	GROUP ROOM	199.00		*****Thank you for staying with us!*****	
07/17	*OCCUPANCY TAX	13.93			
07/17	*SALES TAX	15.92			
07/18	XXXXXXXXXXXX1004 XXXX/XX	27.80			
	Total Due	.00			
					
	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				

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.



July 24, 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 Joseph Uecker in the amount of \$2,084.48.

This request for reimbursement is due to Rep. Uecker'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. Uecker 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", is written over a large, loopy circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives



EXCESS BAG RECEIPT
airtran.com

1 BAG
0 BAGS ALLOWED
1 PASSENGER

EXCESS BAG RECEIPT
airtran.com



Date	Flight	Depart	Arrive
Jul 15	252	DTW	ATL

1 Excess Bag

Total: \$ 15.00

GO. THERE'S NOTHING STOPPING YOU.

Sign up and save with Net Escapes emails.
www.net-escapes.com

Customer:
Confirmation Number:
Payment Type:
Payment Date:

SEARS, BARBARA
GYC73Q
[REDACTED]
Jul 15, 2009

*1 Old
baggage
OK*

DETROIT METRO AIRPORT

7515-0000-03:14:16-07/18/09 19:46-00.00-1064.00

114 miles x .505 = \$57.57

821934
SOUTHLAND PRINTING
SHREVEPORT, LA.

RECEIPT

*Parking
OK
MK*

*mileage
OK
MK*

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: July 23, 2009

Amount: \$ ~~\$1,000.00~~ 2,084.48

Submitted by: Bethany Rhodes

CHECK TO:

Name Joseph W. Uecker

Address 298 Indianview Drive

City Miami Township

State Ohio

Zip Code 45140

Reason for Expenditure: ALEC Annual Meeting

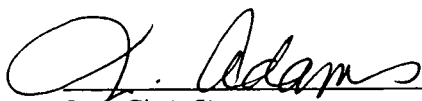
Are Receipts Attached?

☒ 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. Tucker

Registration -	\$ 825.00
Fare -	\$ 167.70
Hotel -	\$ 915.40
Parking -	\$ 65.00
Mileage -	\$ 37.38 (74.02 miles x \$.505)
Cabs -	\$ 74.00

Total: \$ 2084.48

Ross, Sheila

From: meetings@alec.org
Posted At: Thursday, June 18, 2009 3:34 PM
Conversation: Event Confirmation
Posted To: invites

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: Joseph W. Uecker

Attendee ID: 110021

Title: State Representative

Address: 77 South High Street

11th Floor

Columbus, OH 43215-6111

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: 36709

Order Date: 06/18/2009

The following table lists your purchases:

Event Description	Qty.	Event Price	Total Charges
Full Attendee Registration	1	\$475.00	\$475.00
Spouse/Guest Registration	1	\$350.00	\$350.00
Order Total:			\$825.00

Here are the payments you have made thus far:

Date	Credit Card Type	Charged to CC	Name on Card	Total
06/18/2009		*****[REDACTED]	Joseph W. Uecker	\$825.00

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
Direct: (202) 742-8538
Fax: (202) 331-1344 Email: meetings@alec.org

EVENT NOTES:

Registration Cancellation/ Refund Information: Registrations cancelled prior to 5pm Eastern June 17, 2009 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5pm Eastern June 17, 2009. All cancellation requests must be submitted in writing via email to meetings@alec.org or fax to 202-331-1344.

EVENT ADDRESS:

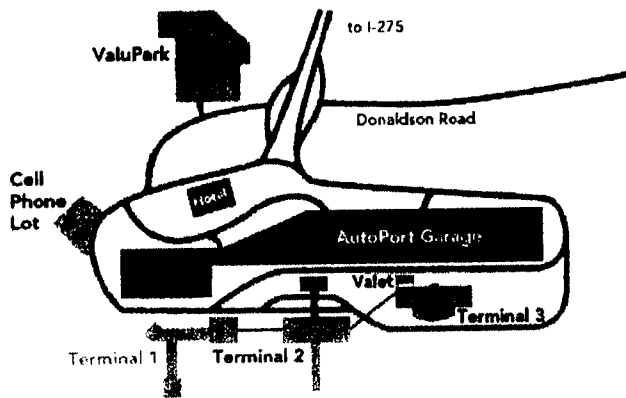
Hyatt Regency Atlanta
265 Peachtree Street
Atlanta, GA 30303

EVENT REGISTRATION:

We look forward to seeing you in Atlanta, GA.

 PRINT PAGE

CLOSE WINDOW



AutoPort Terminal Garage

The AutoPort offers 6,000 covered spaces just steps from your terminal. The exit plaza saves you time with three automated credit card lanes, in addition to the staffed booths.

Directions: Bear left as you approach the airport. Look for the entrance on the left, just past the airport hotel.

For added convenience, you can drop off bags and passengers in front of the terminals, then follow the signs to the AutoPort.

AutoPort Pricing:

- \$3 first hour
- \$2 next half hour
- \$1 each additional half hour
- \$13 maximum per day
- Pay with cash, credit or check

CVG AutoPort Features:

- Well lighted spaces
- Security by airport police
- Fast assistance for car trouble
- Handicap accessibility

Earn Free Parking Rewards

\$13 per day
X 5

\$65



Your Receipt and Itinerary

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

JOSEPH UECKER

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](#)

Flight Information

DELTA CONFIRMATION #: B1VX3N
TICKET #: 00623118826702

Day	Date	Flight	Status	Bkng Class	City	Time	Meals/ Other	Seat/ Cabin
Tue	14JUL	DELTA 1703	OK	T	LV CINCINNATI AR ATLANTA	835A 1013A		23C COACH
Sat	18JUL	DELTA 56	OK	U	LV ATLANTA AR CINCINNATI	925P 1057P		23D 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

*SS - 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

JOSEPH UECKER

Billing Details**Receipt Information**

Fare Details: CVG DL ATL54.88TA10R2SJ DL CVG82.79UA10H3SJ USD137.67END ZP CVG
ATL XF CVG3ATL4.5

Fare: 137.67 USD
Tax: 30.03 TX
Total: 167.70 USD

Form of Payment VI***** [REDACTED]

OK BRC

NON-REF/\$CHANGE FEE

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Detailed Tax Information

Total Tax: 30.03 USD

XF	7.50	ZP	7.20	AY	5.00	US	10.33
----	------	----	------	----	------	----	-------

Ticketing Details

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



TICKET #: 00623118826702
Issue Date: 06/17/09 Expiration: 06/17/10
Place of Ticket Issue: WWWRES
Issuing Agent Id: DL/WW
Ticket Issue date: 17JUN09
Not Transferable

Save money when you
book your next car or
hotel at delta.com.

Great Rates and 500
Bonus Miles on all
rentals.

Hotel Search by The
Hilton Family.

Up to 25,000 bonus
miles. Plus, no annual
fee for first year. Apply
Now.

**Conditions of Carriage**



US Taxicab Co.

55 Milton Avenue
Atlanta, GA 30315
404-589-1300

Taxi Service Receipt

Date: 7/18 Cab# 5

From: Hyatt

To: ATL

Driver: [Signature]

of Passengers: 2

Fare, \$ 32.⁰⁰

Tips, \$ 5.⁰⁰

Total, \$ 37.⁰⁰



US Taxicab Co.

55 Milton Avenue
Atlanta, GA 30315
404-589-1300

Taxi Service Receipt

Date: 7/14 Cab# 32

From: ATLANTA AIRPORT

To: Hyatt

Driver: [Signature]

of Passengers: 2

Fare, \$ 32.⁰⁰

Tips, \$ 5.⁰⁰

Total, \$ 37.00



JOSEPH UECKER
1129 20TH ST NW
WASHINGTON
DC

SUITE 500
20036

You have Checked Out of Room 554 [Signature]

Date	Description	Amount
Jul 14	GROUP ROOM	\$199.00
Jul 14	*OCCUPANCY TAX	\$13.93
Jul 14	*SALES TAX	\$15.92
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	XXXXXXXXX5148	\$915.40CR

Balance: \$0.00

Card: *****5148

VISA

Your account (5079974762) will be credited for all eligible charges: * indicates an ineligible charge.

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 qualityatlra@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 12:02:56 PM

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

2009 SPRING TASK FORCE SUMMIT REIMBURSEMENT FORM

Date submitted: 5-6-09

Amount: \$ 278.70
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 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 checked="" type="checkbox"/> Tax and Fiscal Policy | Jonathan Williams |
| <input type="checkbox"/> Telecommunications and Information Technology | Seth Cooper |

CHECK TO:

Name: Rep. Ron Maag

Address: _____

City: _____ State: _____ Zip Code: _____

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: _____



ETKT PASSENGER RECEIPT
NOT TRANSFERABLE

PAGE 02 OF 03

THIS DOCUMENT EXPIRES 15APR10

DL2047149362

DATE/PLACE OF ISSUE 15APR09

WWHRES

ISS AGT ID DL/WW

CONF NBR RSXMAZ

ENDORSEMENTS NON-REF / \$CHANGE FEE

FARE CALCULATION CVG DL MEM121.86UB14A0NJ DL CVG121.86UB14A0NJ USD243.72END ZP CVGMEM XF CVG4.5

USD 243.72
TAX 34.98

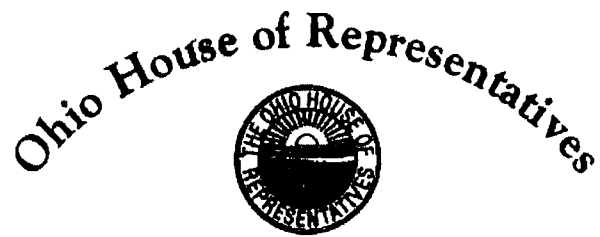
FORM OF PAYMENT CAXXXXXXXXXXXXXXXXXX2394/663788

USD278.70

DUPLICATE

0 0062308786796 4

DUPLICATE



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 Ron Maag in the amount of \$126.20.

This request for reimbursement is due to Rep. Maag'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 Tax and Fiscal Policy 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 black ink, appearing to read "Beth", is written over a large, stylized circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 5-6-09 Amount: \$ 126.20

Submitted by: Bethany Rhodes

CHECK TO:

Name Rep. Ron Maag

Address [REDACTED]

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

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

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. Ron Maag

- 2009 Spring Task Force Summit

- Tax & Fiscal Policy Task Force

Baggage	\$ 30.00
Parking	\$ 26.00
Cabs	\$ 42.00
Mileage	\$ 28.20 (94 miles x .30)

Total: \$ 126.20



PASSENGER RECEIPT 01 EXCESS BAGGAGE
02MAY09 0066 TICKET
DL/KI MI M FTO

RONALD/MAAG

NOT VALID FOR
TRANSPORTATION

MEM DL CVG
PIECE 15.00
EBC 15.00

USD 15.00

CAXXXXXXXXXXXX3350/08054P

USD15.00

0 006 2501892433 5 0 006 2501892433 5

NOT VALID FOR TRAVEL

PSGR TICKET 0062308786796

RSXMAZDL

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

THIS IS YOUR RECEIPT



RONALD/MAAG
**NOT VALID
**TRANSPORT/

CVG DL MEM
PIECE 15.00
EBC 15.00

USD 15.00

PASSENGER RECEIPT 01 US
01MAY09 0066
CVG FTO
DL177

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

KET 0062308786796

5006 DL042767

PNR: RSXMAZ
MAAG/RONALD

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

0 006 2501675563 2 0 006 2501675563 2

USD15.00

Yellow Cab 3200
577-7777
 581 So. Second Street, Memphis, Tennessee 38126

Your Preferred Provider Of Transportation In The Memphis Area

Charge To: AIRCRAFT TO PLANE

Cab No.

Where

Ordered

Where

Dismissed

Driver

Package

Received By

Customer's Charge Key No.

Authorized

By

Extra Charge

Total Amount

Date

Cincinnati/Northern Kentucky International Airport

Operated by
Standard Parking

PARKING RECEIPT



Toledo Ticket Co., Toledo, OH
 www.toledoticket.com

3809 05/01 06:55 05/02 19:25 \$26.00 2894

Raw MAG

FAST, FRIENDLY AND PROFESSIONAL SERVICE



METRO CAB & ADVANTAGE CAB



901-322-2222

www.metrocabmemphis.com

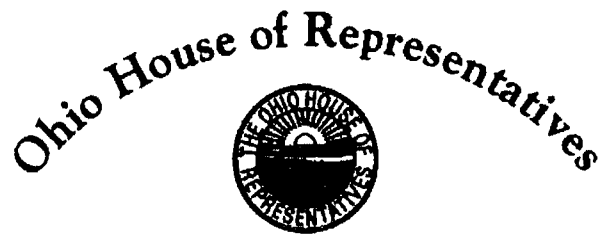
DRIVER

CAB #

DATE 5/2/09

TOTAL AMOUNT \$

10.00



August 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 \$2,236.04.

This request for reimbursement is due to Rep. Snitchler'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. Snitchler 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", is written over a large, stylized circular flourish.

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: \$ 2,236.04

Submitted by: Bethany Rhodes

CHECK TO:

Name Todd Snitchler

Address 77 S. High St. ; 10th flr.

City Columbus State OH Zip Code 43215

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. Snitchler

Registration:	\$ 950.00
Hotel:	\$ 824.55
Mileage:	\$ 249.20
Parking:	\$ 28.00
Cabs:	\$ 152.00
Mileage:	\$ 8.20 (16.24 miles x \$.505)
Meals:	\$ 24.09
<hr/>	
Total:	\$ 2236.04

AMERICAN LEGISLATIVE EXCHANGE COUNCIL
ALEC [LOGIN](#) | [LOGOUT](#) | [HOME](#) | [JOIN ALEC](#) | [CONTACT](#)[ABOUT](#) | [MEMBERS](#) | [EVENTS & MEETINGS](#) | [MODEL LEGISLATION](#) | [TASK FORCES](#) | [ALEC INITIATIVES](#) | [PUBLICATIONS](#) | [NEWS](#)

Events & Meetings

[Spring Task Force Summit](#)[Annual Meeting](#)[States and Nation Policy Summit](#)[State Events](#)[Future Meetings](#)[Home](#) → [Events & Meetings](#) → [Online Registration](#)

Purchase Detail

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

Order# 35930
ID: 115746
Full Name: Todd Snitchler
Order Date 05/08/2009

Description

Unit Price Qty. Price

2009 Annual Meeting - Atlanta, GA - From: 07/15/2009 To: 07/18/2009

Full Attendee Registration	\$ 375.00	1	\$375.00
Spouse/Guest Registration	\$ 275.00	1	\$275.00
Kids' Congress Full Conference	\$ 150.00	2	\$300.00
Total			\$950.00

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

A confirmation email has been sent to: district50@ohr.state.oh.us

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[Model Legislation](#) | [Task Forces](#) | [ALEC Initiatives](#) | [Publications](#) | [Home](#)
[Join ALEC](#) | [Contact](#) | [News](#)

OK
BK



thank you

Last Name SNITCHLER		First Name TODD		Folio 2	Page 1
Street 1129 20TH STREET NW				Room 1812	
SUITE 500				Rate 239.00	
City WASHINGTON		State DC	Zip Code 20036	Arrival 07/15/09 WED	
(202) 742-8513				Departure 07/18/09 SAT	
0/0				Bonuses CCARD	
Account XXXXXXXXXXXXXX XX/XX					

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
07/16	*ADVANCE DEPOSIT	-316.25		or e-mail at qualityatlra@hyatt.com.	
07/15	GROUP ROOM	239.00			
07/15	*OCCUPANCY TAX	16.73			
07/15	*SALES TAX	19.12			
07/16	GROUP ROOM	239.00		If you have any questions regarding your billing please contact	
07/16	*OCCUPANCY TAX	16.73		our Customer Service department by phone at 888-472-2870 or by	
07/16	*SALES TAX	19.12		email at NA.CustomerService@hyatt.com	
07/17	GROUP ROOM	239.00		*****Thank you for staying with us!*****	
07/17	*OCCUPANCY TAX	16.73			
07/17	*SALES TAX	19.12			
07/18	XXXXXXXXXXXX3395XXXXXX	508.30			
	Total Due	.00			
	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				

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

Todd Snitchler

From: confirmations@airtran.com
Sent: Friday, June 05, 2009 3:42 PM
To: Todd Snitchler
Subject: AirTran Airways Confirmation for NATHAN SNITCHLER on July 15, 2009



Thank you for flying AirTran Airways.

If you have any questions about your reservation, please call 1-800-AIR-TRAN.

Confirmation number: M9PNVW

Passenger:

NATHAN C SNITCHLER
2530 FOXFIRE STREET NW
UNIONTOWN, OH 44685

Flight Information:

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

Wednesday, July 15, 2009

Flight 202 [Non-Stop]

Departing Akron/Canton, OH (CAK) at 01:01 PM
Arriving Atlanta, GA (ATL) at 02:40 PM

Sunday, July 19, 2009

Flight 204 [Non-Stop]

Departing Atlanta, GA (ATL) at 08:00 AM
Arriving Akron/Canton, OH (CAK) at 09:31 AM

Payment Information:

Air Fare	228.00
Federal Segment Tax	7.20
Airport Passenger Facility Charge	9.00
September 11th Security Fee	5.00

Ticket Total 249.20

Ticket Reference Number: 332067990153

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



Atlanta, GA, Getaway Planner

Check out our [expert trip suggestion](#) or [plan your own](#).



Will you need a rental car?

Get the special AirTran Airways [discount in Atlanta, GA](#) on a Hertz car rental.

CROWN CAB CO.
 2024 MANCHESTER ST.
 ATLANTA, GEORGIA 30324
 404-898-0554

DATE _____
 PASSENGER
 PICKED UP AT: _____
 DISMISSED AT: _____
 CAB#: _____
 DRIVER'S
 NAME: _____

THANK YOU

FARE \$: 37
 TIP \$: 5
 TOTAL: 42

AKRON-CANTON
 REGIONAL AIRPORT
 PARKING FACILITY

RCPT# 40923
 07/19/09 09:36 LH23 AH 7 TXM#
 07/15/09 12:02 In 07/19/09 09:36 Out
 TKT# 080737
 New Rate \$ 28.00
 Total Fee \$ 28.00
 CASH PAID \$ 28.00
 Cash Tender \$ 28.00
 Change Due \$ 0.00
 OPERATED BY STANDARD PARKING
 PLEASE BUCKLE UP

JD AIRPORT CONNECTION

Phone: (770) 378-7335
 Office: (404) 886-5302

CASH RECEIPT

THIS RECEIPT GIVEN TO PASSENGER UPON REQUEST FOR
 PAYMENT OF ONE-WAY TRANSPORTATION TO THE AIRPORT

FARE PAID

\$16.00 \$525.00

\$110.00

Vehicle No.

Date

Driver

HMSHOST
STARBUCKS DB
ATLANTA HARTSFIELD INT'L AIRPORT

13157 WANDA

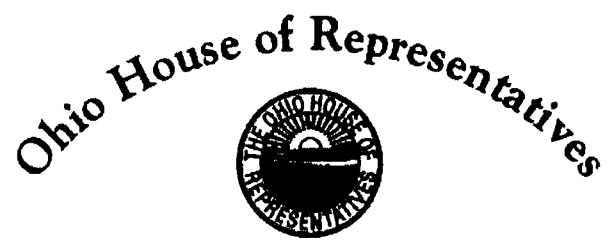
CHK 2577 JUL19'09 6:52AM GST 8

1 GRND COD G	2.05
1 TALL FRAP STRAW	3.90
1 TALL FRAP VAN BE	3.90
1 TALL CARML MACCH	3.60
1 CROISSANT	2.39
1 MUFFIN	2.09
2 POUND CAKE	4.58

SUBTOTAL	22.51
TAX	1.58
AMOUNT PAID	24.09
XXXXXXXXXXXXXXXXX5	XX/XX
VISA A0 4*	24.09

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.slane@hmshost.com



August 5, 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 Courtney Combs in the amount of \$1,625.85.

This request for reimbursement is due to Rep. Combs' 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. Combs 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 large, stylized circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

American Legislative Exchange Council

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 8-3-09 Amount: \$ 1,625.85

Submitted by: Bethany Rhodes

CHECK TO:

Name Courtney E. Combs

Address [REDACTED]

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

Reason for Expenditure: Annual Meeting

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: _____

Sep. Combs

Registration: \$ 375.00

Hotel: \$ 758.05

Mileage: \$ 492.80 (975.84 miles x \$.505)

Total: \$ 1,625.85

ATTENDEE REGISTRATION / HOUSING FORM

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

36th Annual Meeting
July 15-18, 2009

ATLANTA

Early registration deadline: May 6, 2009
Standard registration deadline: June 17, 2009
Housing cut-off date: June 17, 2009

Hyatt Regency Atlanta

Online
www.alec.org

Fax (credit cards only)
202.331.1344

Phone / Questions • Mon-Fri, 8am-6pm Central
866.210.5134 (U.S./Canada) / 972.349.5965 (International)

Mail • ALEC Registration & Housing
P.O. Box 96754 • Washington, DC 20090 - 6754

ATTENDEE INFORMATION

Prefix (required) ☐ Sen ☒ Rep ☐ Del ☐ Mr ☐ Mrs ☐ Ms ☐ Other
Last Name Combs First Name Courtney Middle Initial E Badge Nickname
Title State Rep. of Ohio
Organization (required) Ohio House of Representatives
Address [REDACTED] Suite #
City [REDACTED] State/Province [REDACTED] Country [REDACTED] ZIP/Postal code [REDACTED]
Daytime phone [REDACTED] Fax 614-220-9113 Alternate phone [REDACTED]
Email (confirmation will be sent by email) Patrick.Tully@ohio.state.oh.us
Spouse / Guest / Kids' Congress: Please complete the Spouse / Guest / Kids' Congress registration form.

REGISTRATION IS REQUIRED BEFORE HOUSING ACCOMMODATIONS WILL BE CONFIRMED

	EARLY until May 6	STANDARD until June 17	ON-SITE begin June 18	DAILY	Amount	METHOD OF REGISTRATION PAYMENT
<input type="checkbox"/> I am already registered: Order # _____						
** Please note that member fees are subject to verification						
<input checked="" type="checkbox"/> ALEC Legislative Member	\$375	\$475	\$575	\$295	\$375	Credit Card: Credit cards will be charged immediately. Please fax to the above number for processing.
<input type="checkbox"/> Legislator / Non-Member	\$475	\$550	\$700	\$395	\$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> ALEC Private Sector Member	\$700	\$950	\$1700	\$795	\$	Card # <u>[REDACTED]</u>
<input type="checkbox"/> Private Sector / Non-Member	\$925	\$1600	\$2100	\$995	\$	Cardholder (please print) <u>Courtney Combs</u>
<input type="checkbox"/> ALEC Non-Profit Member (501(c)(3) status required)	\$475	\$600	\$800	\$495	\$	Exp Date (mm/yy) <u>04/2011</u> Security Code <u>[REDACTED]</u>
<input type="checkbox"/> Non-Profit Non-Member (501(c)(3) status required)	\$600	\$800	\$1000	\$695	\$	Signature <u>[REDACTED]</u>
<input type="checkbox"/> Legislative Staff / Government	\$550	\$650	\$800	\$495	\$	Checks: Payment must be in U.S. currency drawn on a U.S. bank. Please make check payable to ALEC Registration and send to above address.
<input type="checkbox"/> ALEC Legacy Member	\$0	\$0	\$0	\$0	\$	

Promo Code _____ TOTAL REGISTRATION FEES: \$375

Note: Registration forms with enclosed payments must be received by 5pm Eastern on the following dates to be eligible for discounted registration rates: May 6 for early registration rates, or June 17 for standard registration rates. Forms and/or payments received after June 17 will be subject to the on-site registration rate. If registering after June 17, please bring completed form and payment to register on-site.

REGISTRATION CONFIRMATION INFORMATION

Online registrants will receive immediate email confirmation. If registering by form, confirmation will be emailed, faxed, or mailed within 72 hours of receipt of payment.

REGISTRATION CANCELLATION / REFUND INFORMATION

Registrations cancelled prior to 5pm Eastern June 17, 2009 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5pm Eastern June 17, 2009.

HOUSING RESERVATION CUTOFF FOR ALEC DISCOUNTED RATE IS JUNE 17, 2009

☐ I do not require a reservation at this time.

Arrival Date 7/15/09 Departure Date 7/18/09

☐ Sharing room with _____

Room type	Standard Rooms	Club Rooms
<input checked="" type="checkbox"/> Single (1 person-1 bed)	\$225	\$280
<input type="checkbox"/> Double (2 persons-1 bed)	\$235	\$290
<input type="checkbox"/> Dbl/Dbl (2 persons-2 beds)	\$235	\$290
<input type="checkbox"/> Triple (3 persons-2 beds)	\$255	\$310
<input type="checkbox"/> Quad (4 persons-2 beds)	\$275	\$330
<input type="checkbox"/> Government (Valid ID required)	\$141	n/a

A limited number of suites are available upon request. Please call ALEC Housing at the number listed above for additional information.

Special requests
☐ ADA room required:
____ Audio ____ Visual ____ Mobile
☐ Rollaway / crib:

☐ Other: _____

METHOD OF HOUSING PAYMENT
☒ Please use the same method of payment as above.

Credit Card: Credit cards will be charged immediately. The credit card statement will reference "ALEC Housing".
☐ Amer Express ☐ Visa ☐ MasterCard ☐ Discover

Card # _____
Cardholder (please print) _____
Exp Date (mm/yy) _____ Security Code _____
Signature [REDACTED]

Checks: Payment must be in U.S. currency drawn on a U.S. bank. Please make check payable to ALEC / Wyndham Jade Housing and send to above address.

Deposit: An advance deposit equal to the amount of one (1) night's room rate plus tax (currently 15% and subject to change) is required to hold all reservations.

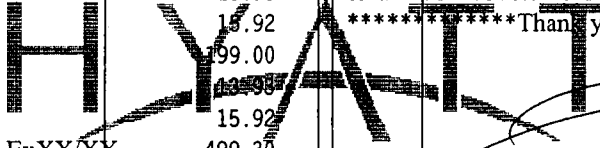
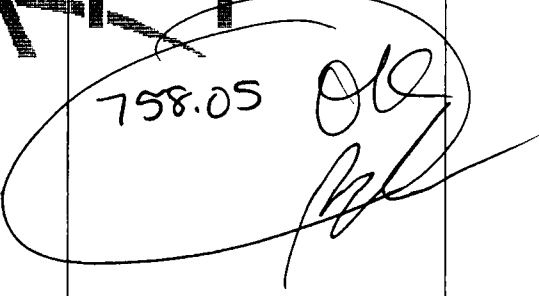
HOUSING CONFIRMATION / CUTOFF INFORMATION

Confirmation: Registration is required before housing accommodations will be confirmed. Online reservations will receive immediate email confirmation. Reservations received by form will be confirmed via email, fax, or mail within 72 hours of receipt of deposit. Cutoff for reservations at the ALEC rate is 5pm Eastern June 17, 2009. After June 17, every effort will be made to accommodate new reservations based on availability and rate.

HOUSING CANCELLATION / REFUND INFORMATION

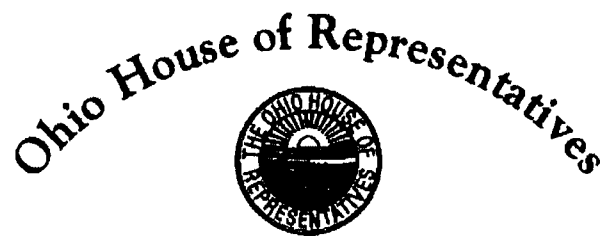
Cancellation must be made through ALEC/Wyndham Jade Housing. Please obtain a cancellation number when your reservation is cancelled.
Refunds: Deposit is refundable if cancellation occurs at least 72 hours prior to arrival.
Fees: Reservations NOT cancelled at least 72 hours prior to arrival will be charged one night room and tax.

Last Name COMBS		First Name COURTNEY		Folio 1	Page 1
Street 1129 20TH ST NW				Room 915	
SUITE 500				Rate 199.00	
City WASHINGTON		State DC	Zip Code 20036	Arrival 07/15/09 WED	
(202) 742-8513				Departure 07/17/09 FRI	
1/0				Bonuses Type CCARD	
Account XXXXXXXXXX [REDACTED] XX/XX					

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
07/15	*OVERNIGHT PARK	27.00		WE LISTEN! WE CARE!	
07/15	PARASOL BAR LIQ	17.50		Please share your comments directly with our General Manager.	
07/15	GROUP ROOM	199.00		You may call 404-460-6457 and leave your contact information	
07/15	*OCCUPANCY TAX	13.93		or e-mail at qualityattra@hyatt.com.	
07/15	*SALES TAX	15.92			
07/16	*OVERNIGHT PARK	27.00			
07/16	*ADVANCE DEPOSIT	-258.75		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	EARLY DEPARTURE	199.00			
07/17	*OCCUPANCY TAX	13.93			
07/17	*SALES TAX	15.92			
07/17	XXXXXXXXXXXX2009 ExXX/XX	-499.30			
	Total Due	.00			
	<div style="text-align: center;">  </div>				
	<div style="text-align: center;"> <p>758.05</p>  </div>				
	<p>Your account (G00355171B) will be credited for all eligible charges: * indicates an ineligible charge.</p>				

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.



August 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 Jarrod Martin in the amount of \$2,373.62.

This request for reimbursement is due to Rep. Martin'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. Martin 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 large, stylized circular flourish.

Bethany Rhodes
Assistant Legal Counsel
Minority Caucus
Ohio House of Representatives

STATE SCHOLARSHIP REIMBURSEMENT FORM

Today's Date: 8-6-09 Amount: \$ 2,373.62

Submitted by: Bethany Rhodes

CHECK TO:

Name Jarrod B. Martin

Address [REDACTED]

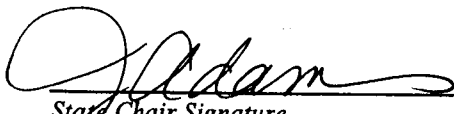
City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Reason for Expenditure: 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: _____

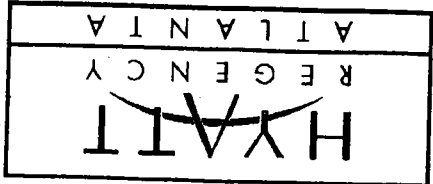
Cep. Martin

Registration: \$ 825.00

Hotel: \$ 1023.40

Mileage: \$ 525.22 (1040.04 miles x \$.505)

Total: \$ 2,373.62



ON PEACHTREE STREET

JARROD MARTIN
1129 20TH STREET NW
WASHINGTON
DC

20036

Resv #: HH7340941

You have Checked Out of Room 653

Date	Description	Amount
Jul 14	GROUP ROOM	\$199.00
Jul 14	*OCCUPANCY TAX	\$13.93
Jul 14	*SALES TAX	\$15.92
Jul 15	*OVERNIGHT PARK	\$27.00
Jul 15	GROUP ROOM	\$199.00
Jul 15	*OCCUPANCY TAX	\$13.93
Jul 15	*SALES TAX	\$15.92
Jul 16	*OVERNIGHT PARK	\$27.00
Jul 16	GROUP ROOM	\$199.00
Jul 16	*OCCUPANCY TAX	\$13.93
Jul 16	*SALES TAX	\$15.92
Jul 17	*OVERNIGHT PARK	\$27.00
Jul 17	GROUP ROOM	\$199.00
Jul 17	*OCCUPANCY TAX	\$13.93
Jul 17	*SALES TAX	\$15.92
Jul 18	XXXXXXXXXXXX1737	\$1,023.40CR

Balance: \$0.00

OK
OK

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 e-mail at quality@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 9:29:57 AM

Receipt for: Jarrod Martin
2009 Annual Meeting - Atlanta, GA

Full Attendee Registration	Qty 1.00	Amount \$475.00
Spouse/Guest Registration	1.00	\$350.00
Total		\$ 825.00
Paid		\$ 825.00
Balance		\$ 0.00

Atlanta, Georgia - July 15-18