



Best Western
Old Main Lodge



IH 35 & BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9225)

GUEST
FOLIO

TIME 0843 EMP S1 FOLIO # 04232

.00

ARRIVE NGTS DEPART
SUN MAR14, 93 01 MON MAR15, 93

ROOM MKT S/A # T/A #
202 GM

TYPE A K R C E D M
QQ 1

NAME / ADDRESS

1 [REDACTED]
AGTX CD
2 [REDACTED]
37 USA TX

PAY BY DS
GTD BY

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	AUD
1	MAR14	ROOM	Rm 202E	48.00+	NA
2	MAR15	DISCOVER		48.00-	S1

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Hi safe trip!

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 55895

Date 27 1993

ROOM NO. 21
NO. OF GUESTS 1

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1 NAME [REDACTED] Payable by
2 ADDRESS [REDACTED] cash in advance
3 CITY STATE [REDACTED] CAR. YEAR MAKE GOV. PU CHEV LICENSE NUMBER [REDACTED]
GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF [REDACTED]

DATE	ROOM NO.	NO. GUESTS	ROOM CHARGE NO. DAYS AMOUNT	TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CP	PREVIOUS BALANCE	CR	
					L.D.	LOCAL							
3-7	21	1	1 10.00				10.00						
3-8		1	1 10.00				10.00						
3-9		1	1 10.00				10.00						
3-10			10.00				10.00						
3-11			10.00				10.00						
3-12			10.00				10.00						
3-13			10.00				10.00		70.56				

EXPLANATION OF OTHER CHARGES
A. Guest's Last name RIDDLE - H
C.
D.

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 55944

Date 3-14 - 1993

ROOM NO. 21
NO. OF GUESTS [REDACTED]

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1 NAME [REDACTED] Payable by
2 ADDRESS [REDACTED] cash in advance
3 CITY STATE [REDACTED] YEAR MAKE [REDACTED] LICENSE NUMBER [REDACTED]
GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF [REDACTED]

DATE	ROOM NO.	NO. GUESTS	ROOM CHARGE NO. DAYS AMOUNT	TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CP	PREVIOUS BALANCE	CR	
					L.D.	LOCAL							
3-14			10.00				10.00						
3-15			10.00				10.00						
3-16			10.00				10.00						
3-17			10.00				10.00						
3-18			10.00				10.00						
3-19			10.00				10.00						
3-20			10.00				10.00		70.56				

EXPLANATION OF OTHER CHARGES
A. Guest's Last name _____
C.
D.


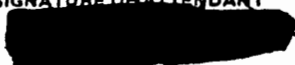
DAILY ISSUES OF PETROLEUM PRODUCTS

For use of this form, see AR 703-1; the proponent agency is OCSLOG

PAGE NO.

NO. OF PAGES

D2776


VEHICLE USA REGISTRATION NUMBER	TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED						ORGANIZATION AND ADDRESS <i>(Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps)</i>	SIGNATURE, GRADE
	ISSUES			RECEIPTS				
	Driver							
2AA01175	18						ISA M-2	
2AA00016	28					I2B M-2		
2AA01203	20					I4A M-2		
94 2AA01221	28					I6B M-2		
864002	35					DD GEN		
2AA01222	70					I17 M-2		
240 2AA01207	41					I3A M-2		
2AA01180	30					I4A M-2		
HEATER	10					A.T.F.		
TOTAL RECEIPTS		X	X	X	X	X		
TOTAL ISSUES	280							
POST, CAMP OR STATION						DATE	SIGNATURE OF ATTENDANT	
						14-MAR-83		

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨

COMPLETE ALL PERTINENT INFORMATION

State Counterdrug Support Operations Report

Proponent: Agency NGB-CDD

TO: Counterdrug Task Force				1. FROM (STATE): AGTX-CD TEXAS				
				2. DATE: 14 March 1993				
3. Operation Number:		State	Serial #	FY	Agency	NGB #	4. Operation Code Name: PLUS-UP	
		TX	0502	93	VAR	14		
5. POC: 				6. Telephone: (512) 465-5528		7. Fax Line: (512) 465-5695		
8. Initial <input type="checkbox"/>		Situation/ In-Process <input checked="" type="checkbox"/>		Seizure <input type="checkbox"/>		Termination <input type="checkbox"/>		
9. Agency Supported:								
10. Location of Operations: WACO, TEXAS								
11. Start Date:				12. Scheduled Ending Date:				
13. Counterdrug Funded			Incidental to Training					
Title 32 <input type="checkbox"/>	Title 10 <input type="checkbox"/>	AFTP <input type="checkbox"/>		IDT <input type="checkbox"/>	Annual Training <input type="checkbox"/>			
14. ARNG Commissioned/Warrant: 2			ARNG Enlisted: 13					
15. ANG Commissioned: 0			ANG Enlisted: 0					
16. Equipment (Including uniforms, weapons, vehicles, radios, etc.):								
Aircraft by type:								

FYTD NATIONAL GUARD ASSISTED SEIZURE INFORMATION

17. (Cumulative- Expressed in pounds and decimals thereof)

A. # MJ Plants:	B. Cocaine Lbs:	C. Heroin Lbs:
D. MJ Lbs:	E. Opium Lbs:	F. Hashish Lbs:
G. Vehicles:	H. Weapons:	I. Ammo Rounds:
J. Arrest:	K. Currency (\$\$):	L. Other Drugs Lbs:
M. Property \$\$ Value:	N. Property by Type:	

18. FLYING HOURS

Aircraft Hrs Flown:	UH-1:	OH-58:	OH-6:	C-130:	C-12:	
F-16:	RF-4C:	T-42:	UH-60:	C-26:	OV-10:	Other:

FYTD CARGO INSPECTION (IN-PROCESS) INFORMATION

19. This information is required (Cumulative FYTD)

A. Containers:	B. Aircraft:	C. Vehicles:
D. Buses:	E. Vessels:	F. 55 Gal. Drums:
G. Pallets Full: Pallets Empty:	H. Crates Full: Crates Empty:	I. Trailers Full: Trailers Empty:
J. Warehouses:	K. Boxes, etc.:	L. Buildings:

14 MAR 93

- Brief at Tinian Ldr's mtg
@ 530

- Med evac Drill with (1)
Second UH1H crew (Area Recon)
cold & hot lifts (a Pilot LZ)

- U.S. SS. Agent/EMER-P's
arrived (2)

(3) [redacted] depart to
San Diego

- Brief at Tin Ldr's mtg
@ 1730 - Overview of
medical chain of evac

- Gave expectation (requests)
to forward TOC in event
of intervention (4)

- Brief Rear TOC
gave update of med. Plan
to (5)

- ~~scheduled~~ Air ops for
med evac tomorrow @
D-1989

Give [redacted] Med Plan

to Forward TOC

ATF

Air operations

Rear TOC

Received guidance from
Steve Wilay not to
share Med Plan c DPS

Redact
name →

D-1990



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

**GUEST
FOLIO**

TIME 0843 EMP S1 FOLIO # 04232

**BALANCE
DUE**
0.00

ARRIVE SUN MAR14, 93 01 NGTS DEPART MON MAR15, 93

ROOM MKT S/A # T/A #
202 GM

TYPE A K R C E D M
QQ 1

NAME / ADDRESS

① [REDACTED]

AGTX CD
746 S SAN JOAQUIN

ANTONIO , TX
37 USA TX

② PAY BY DS
GTD BY

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR14	ROOM	Rm 202E	48.00+	NA
2	MAR15	DISCOVER		48.00-	S1

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

11

REVIEWED BY: [REDACTED]

ADSW

DATE: 16 MAR 93

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete by traveler, etc. or staff point den (PRESS HARD) do not use pencil)</small>			10. FOR DO USE ONLY				
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM			DO VOUCHER NO.				
NAME - FIRST NAME (Middle Initial optional)			SUBVOUCHER NO.				
GRADE/RANK			PAID BY				
SSN			COMPUTATIONS				
CHECKED BY (ADDRESS (Below ZIP Code))			SUMMARY OF PAYMENT				
DUTY PHONE NO. 512-406-6919			Per Diem				
ORGANIZATION AND STATION			Actual Expense				
AGTRCD - [REDACTED]			Mileage or Transp Allowances				
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)			Reimbursable Expenses				
OSD-014 OTD 15 MAR 93			Total Entitlement				
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)			Less Previous Payments				
NONE			Less Voucher Deductions				
1. ITINERARY (See Item 25 for Symbols)			11. PAYMENT DESIRED				
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS	4. POC MILES
12 MAR	DEP 0140	AUSTIN, TX	GA			GOVT DED.	
12 MAR	ARR 1900			TD	96.00		
14 MAR	DEP 1600	WACO, TX	GA				
14 MAR	ARR 1830	AUSTIN, TX	GA	MA			
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)			SUMMARY OF PAYMENT				
DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED				
13 MAR 93	Telephone Calls - Mission Related	3.18					
6. Long distance telephone calls are certified as necessary in the interest of the Government.			Per Diem				
7. TR'S/MTA'S/MTS (If none, so state)			Actual Expense				
NUMBER	FROM		Mileage or Transp Allowances				
	NONE		Reimbursable Expenses				
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____			Total Entitlement				
9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER			Less Previous Payments				
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287)			Less Voucher Deductions				
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.			11. PAYMENT DESIRED				
14. SIGNATURE OF CLAIMANT [REDACTED]			<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH				
15. PAYING CLASSIFICATION			12. <input checked="" type="checkbox"/> PER DIEM REQUESTED				
16. COLLECTION DATA			13. BAS RATE				
17. COMPUTED BY			19. TVL CARD POSTED BY				
18. AUDITED BY			20. RECEIVED (Print signature and date or check no.)				
21. AMOUNT PAID			DATE 14 MAR 93				



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Old Main Lodge



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WACO, TEXAS 76703
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RESERVATIONS 1 800 299-WACO (9226)

GUEST
FOLIO

BALANCE DUE
.00

ARRIVE NGTS DEPART
FRI MAR12, 93 02 SUN MAR14, 93

ROOM MKT S/A# T/A#
202 GM
TYPE A K R C E D M
QQ 1

NAME / ADDRESS

U.S. TREASURY
P.O. BOX 5218

AUSTIN , TX
7P USA AUS

GTD BY DC

TIME EMP FOLIO #
1447 S2 04170

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR12	ROOM	Rm 202E	48.00+	NA
2	MAR13	LONGDIST	750-6412	1.59+	
3	MAR13	LONGDIST	750-6412	1.59+	
4	MAR13	ROOM	Rm 202E	48.00+	NA
5	MAR14	DNRS/CB		99.18-	S2

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 197-181

5 October 1992

(1) [REDACTED] (2) [REDACTED] Co G 143d Inf, TXARNG (3) [REDACTED]
(WVKXAA-042)

You are ordered to active duty for special work (ADSW) for the period shown plus allowable travel time. Upon completion of the period of ADSW unless sooner released or extended by proper authority, you will return to the place where you entered ADSW and be released from such duty.

Period (PCS): 1 October 1992 - 30 September 1993

Report to: UNIT ARMORY/FURTHER ATTACHED TO TEXAS JOINT TASK FORCE ONE.

Reporting time/date: 0001 01 October 1992

Purpose: Support AGTX-CD Operations

Additional instructions: Government quarters and mess will be utilized. Travel by privately owned conveyance is authorized. Individual must comply with standards in AR 600-9. Enlisted personnel are authorized BAS at the RNA rate. This training is considered an event and individual's unit will not process payroll. Soldier will attend Annual Training (AT) with his/her unit. Soldier terminates ADSW status 240C hr on the day prior to AT and automatically reverts to ADSW status 0001 hr on the day following the AT period. Performance of AT does not constitute a break in service; accrued leave and all other appropriate entitlements are continued. VHA is not payable during the AT period. Travel of dependents and shipment of permanent change of station weight authorized IAW Joint Travel Regulations (JTR). The Government's obligation hereunder is made contingent upon Congress enacting appropriations. TCMJ authority is granted to attached unit. During IDT assemblies the Parent Unit has TCMJ authority.

FOR ARMY USE

(4) Auth: VOTAG dated 01 October 92, Subsec 502(f) Title 32 USC, AGTX-CD

HOR: [REDACTED]

Type duty code: 402

Acct clas:

Enl pay/alw/tvl/pd:

2132060 18-1041 P2M31.1100-1198/1199/1210/1250/211J/219J S41292 CD WVKXAA

PEBD:830210

Federal WE: M00

Marital status/ Number of dependents: M00

Type of incentive pay: NONE

Type of special pay: NONE

State tax code: TX

Scty cl: NONE

Format: 284

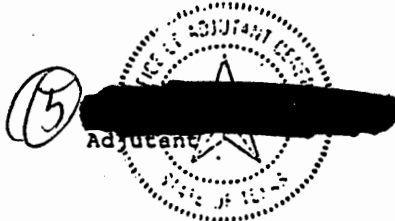
FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

AGTX-CD (5)

TX-SCF (2)

PARENT UNIT (5)



Z 0017870

1
2
3 [REDACTED]

I was in a military, TDY status from 14 March 1993 through 21 March 1993. I shared my hotel room with another individual. Towards the end of the duty, my room mate returned to MATES and was taken off military status, due to a family emergency. Therefore, I was left responsible for the total cost of the hotel room. This cost was \$20.16 per night, which I paid for two nights. Request the attached supplemental voucher be reviewed and reimbursement made for the additional \$20.16.

4 [REDACTED]

.....| | | | | | | | | |

14 MARCH '97

ME	28	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
①	[REDACTED]	P	P	P	P	P	P	X		P	P	P	P												
②	[REDACTED]	P	P	P	P			P	P	P	P		P	P	P										
③	[REDACTED]				P	P	P			P	P	P	P												
④	[REDACTED]						P	P	P	P			P	P	P										
⑤	[REDACTED]						P	P	P	P	P	P													
⑥	[REDACTED]												P												
⑦	[REDACTED]	P	P	P	P	P																			
⑧	[REDACTED]	P	P	P	P	P							P												
⑨	[REDACTED]	P	P	P	P	P							P												
⑩	[REDACTED]	P	P										P												
⑪	[REDACTED]	P	P										P												
⑫	[REDACTED]	P	P										P												
⑬	[REDACTED]	P	P	P	P	P	P	P	P	P	P														
⑭	[REDACTED]											P	P	P	P										
⑮	[REDACTED]	P	P	P	P	P	P	P																	
⑯	[REDACTED]	P	P	P	P	P	P	P	P	P	P														
⑰	[REDACTED]																								
⑱	[REDACTED]																								

Mar 14 95 8:06 No.001

D2315

000514