Raymond Trigg - LT. (NBPDNJ)

From: Do Not Reply <noreply@evawintl.org>
Sent: Monday, July 6, 2020 2:25 PM
To: Raymond Trigg - LT. (NBPDNJ); Jessica Fisher
Subject: EVAWI - Conference Registration Confirmation - International Conference on Sexual Assault, Domestic Violence and Campus Responses

Conference Information/Invoice

EVAWI's EIN Number Is: 75-3095110

Conference Information:

Registration ID: 8873
Registration Date: 12/9/2014
Conference Name: International Conference on Sexual Assault, Domestic Violence and Campus Responses
Conference Dates: 7 - 9 April 2015
Conference Location: New Orleans, LA

Attendees:

Events to Attend: Conference Only
Registration Date: 12/9/2014

First Name	Last Name	Address	Email Address	Paid
Raymond	Trigg	25 Kirkpatrick Street New Brunswick, NJ 08901	rtrigg@nbpdnj.org	Yes
Vincent	Sabo	25 Kirkpatrick Street New Brunswick, NJ 08901	vsabo@nbpdnj.org	Yes
Harry	Hudson	25 Kirkpatrick Street New Brunswick, NJ 08901	hhudson@nbpdnj.org	Yes
Danilo	Gallardo	25 Kirkpatrick Street New Brunswick, NJ 08901	dgallardo@nbpdnj.org	Yes

Payment Information:

Conference Total: $2,180.00
Total $2,180.00
Payment Contact Name: Raymond Trigg
Payment Contact Phone: 7327455280
Payment Contact Email: rtrigg@nbpdnj.org
Payment Method: [redacted]
Transaction ID: [redacted]
Name On Card: [redacted]

CC Last Four: [redacted]
CC Expiration:

Please visit http://www.evawintl.org for more information.

Raymond Trigg - LT. (NBPDNJ)

From: info@evawintl.org
Sent: Wednesday, December 16, 2015 7:44 PM
To: Raymond Trigg - LT. (NBPDNJ); Vincent Sabo - Dpt-Chief. (NBPDNJ); Harry Hudson - DET. (NBPDNJ); Danilo Gallardo - DET. (NBPDNJ)
Subject: EVAWI - Conference Registration Confirmation - International Conference on Sexual Assault, Domestic Violence, and Engaging Men & Boys

Conference Information/Invoice

EVAWI's EIN Number Is: 75-3095110

Conference Information:

Registration ID: 11126
Registration Date: 12/16/2015
Conference Name: International Conference on Sexual Assault, Domestic Violence, and Engaging Men & Boys
Conference Dates: March 22 - 24 2016
Conference Location: Washington, DC

Refunds & Cancellation Policy: Cancellation requests must be received by February 19, 2016. No refunds will be given after this date. Cancellation and refund requests must be made in writing and must be emailed to jessica@evawintl.org or faxed to 774-404-7108. An administrative fee of $100 applies to all cancellations. Refunds are processed 30-45 days following your request. Please contact jessica@evawintl.org for additional information.

Attendees:

Events to Attend: Conference Only
Registration Date: 12/16/2015

First Name	Last Name	Address	Email Address	Paid
Raymond	Trigg	25 kirkpatrick Street PO Box 909 New Brunswick, NJ 08901	rtrigg@nbpdnj.org	Yes
Vincent	Sabo	25 Kirkpatrick Street Po Box 909 New Brunswick, NJ 08902	vsabo@nbpdnj.org	Yes
Harry	Hudson	25 KirkPatrick Street PO Box 909 New Brunswick, NJ 08901	hhudson@nbpdnj.org	Yes
Danny	Gallardo	25 Kirkpatrick Street PO Box 909 New Brunswick, NJ 08901	dgallardo@nbpdnj.org	Yes

Payment Information:

Conference Total: $2,180.00
Sub-Total: $2,180.00
Early Registration Discount: -$200.00
Total $1,980.00
Payment Contact Name: Lt. Raymond Trigg

Payment Contact Phone: 7327455280
Payment Contact Email: rtrigg@nbpdnj.org
Payment Method: [redacted]
Transaction ID: [redacted]
Name On Card: [redacted]
CC Last Four: [redacted]
CC Expiration: [redacted]

Please visit http://www.evawintl.org for more information.

Raymond Trigg - LT. (NBPDNJ)

From:	info@evawintl.org
Sent:	Monday, December 5, 2016 9:09 AM
To:	Raymond Trigg - LT. (NBPDNJ); Vincent Sabo - Dpt-Chief. (NBPDNJ); Danilo Gallardo - DET. (NBPDNJ); Harry Hudson - DET. (NBPDNJ)
Subject:	EVAWI - Conference Registration Confirmation - International Conference on Sexual Assault, Domestic Violence, and Systems Change

Conference Information/Invoice

EVAWI's EIN Number Is: 75-3095110

Conference Information:

Registration ID: 12471
Registration Date: 12/5/2016
Conference Name: International Conference on Sexual Assault, Domestic Violence, and Systems Change
Conference Dates: April 18 - 20 2017
Conference Location: Orlando, FL

Refunds & Cancellations Policy: EVAWI understands that circumstances change and there may be emergencies that prevent an individual from attending the conference.

- **No refund will be provided if you have not cancelled your registration prior to midnight (PST)* on March 17, 2017**. If you are registered for the conference at this point, we have incurred significant expenses on your behalf, and the **FULL registration fee is due whether or not you attend**.
- If your registration is cancelled by **midnight (PST)* on March 17, 2017**, we will refund your registration fee **less a $100 administrative fee**. Cancellation and refund requests must be made in writing and emailed to Jessica@evawintl.org or faxed to 774-404-7108. Refunds will be processed within 30 days of receiving your cancellation.

To help avoid the loss of an individual's registration fee or to avoid the $100.00 cancellation fee, you may substitute another person in your place at no charge. To make a substitution, complete a manual conference registration form for the substitute participant and email it to info@evawintl.org. The name of the original registrant MUST be included.

If you are unable to identify a substitute for the current conference, we will allow you to carry any **PAID** registration forward one year, to use at the next annual conference without incurring any additional fees.

If you have any questions about your registration, please call our financial manager, Jessica Fisher, at 774-404-7108 or email Jessica@evawintl.org

Attendees:

Events to Attend: Conference Only
Registration Date: 12/5/2016

First Name	Last Name	Address	Email Address	Paid
Raymond	Trigg	25 Kirkpatrick Street PO BOX 909 New Brunswick, NJ 08903	rtrigg@nbpdnj.org	Yes
Vincent	Sabo	25 Kirkpatrick Street PO Box 909 New Brunswick, NJ 08903	vsabo@nbpdnj.org	Yes
Danny	Gallardo	25 Kirkpatrick Street PO Box 909 New Brunswick, NJ 08903	dgallardo@nbpdnj.org	Yes
Harry	Hudson	25 Kirkpatrick Street PO Box 909 New Brunswick, NJ 08903	hhudson@nbpdnj.org	Yes

Payment Information:

Conference Total: $2,380.00
Sub-Total: $2,380.00
Early Registration Discount: -$400.00
Total $1,980.00
Payment Contact Name: Raymond Trigg

Payment Contact Phone: 7327455280
Payment Contact Email: rtrigg@nbpdnj.org
Payment Method: [redacted]
Transaction ID: [redacted]
Name On Card: [redacted]
CC Last Four: [redacted]
CC Expiration: [redacted]

Please visit http://www.evawintl.org for more information.

Raymond Trigg - LT. (NBPDNJ)

From:	EVAW International <noreply@evawintl.org>
Sent:	Monday, December 11, 2017 2:13 PM
To:	Raymond Trigg - LT. (NBPDNJ); Vincent Sabo - Dpt-Chief. (NBPDNJ); Harry Hudson - DET. (NBPDNJ); Danilo Gallardo - DET. (NBPDNJ)
Subject:	EVAWI - Conference Registration Confirmation - International Conference on Sexual Assault, Domestic Violence, and Gender Bias

Conference Information/Invoice

EVAWI's EIN Number Is: 75-3095110

Conference Information:

Registration ID: 17298
Registration Date: 12/11/2017
Conference Name: International Conference on Sexual Assault, Domestic Violence, and Gender Bias
Conference Dates: April 3 - 5 2018
Conference Location: Chicago, IL

Refunds & Cancellations Policy: EVAWI understands that circumstances change and there may be emergencies that prevent an individual from attending the conference.

- **No refund will be provided if you have not cancelled your registration prior to midnight on March 2nd**. If you are registered for the conference at this point, whether paid or unpaid, we have incurred significant expenses on your behalf, and the **FULL registration fee is due whether or not you attend**.
- If your registration is cancelled by **midnight (PST)* on March 2nd, 2018**, we will refund your registration fee **less a $100 administrative fee if the registration fee has been paid. If the registration fee has not been paid, you will be billed for the $100 administrative fee.** Cancellation and refund requests must be made in writing and emailed to Jessica@evawintl.org or faxed to 774-404-7108. Refunds will be processed within 30 days of receiving your cancellation.

To help avoid the loss of an individual's registration fee or to avoid the $100.00 cancellation fee, you may substitute another person in your place at no charge. To make a substitution, complete a manual conference registration form for the substitute participant and email it to info@evawintl.org. The name of the original registrant MUST be included.

If you are unable to identify a substitute for the current conference, we will allow you to carry any **PAID** registration forward one year, to use at the next annual or regional conference without incurring any additional fees.

If you have any questions about your registration, please call our financial manager, Jessica Fisher, at 774-404-7108 or email Jessica@evawintl.org

Attendees:

Events to Attend: Conference Only
Registration Date: 12/11/2017

First Name	Last Name	Address	Email Address	Paid
Raymond	Trigg	25 Kirkpatrick Street PO Box 909 North Brunswick, NJ 08902	rtrigg@nbpdnj.org	Yes
Vincent	Sabo	25 Kirkpatrick Street PO Box 909 North Brunswick, NJ 08902	vsabo@nbpdnj.org	Yes
Harry	Hudson	25 Kirkpatrick Street PO Box 909 North Brunswick, NJ 08902	hhudson@nbpdnj.org	Yes
Danny	Gallardo	25 Kirkpatrick Street PO Box 909 North Brunswick, NJ 08902	dgallardo@nbpdnj.org	Yes

Payment Information:

Conference Total: $2,380.00
Sub-Total: $2,380.00
Early Registration Discount: -$400.00
Total $1,980.00
Payment Contact Name: Raymond Trigg

Payment Contact Phone: 7327455280
Payment Contact Email: rtrigg@nbpdnj.org
Payment Method:
Transaction ID:
Name On Card:
CC Last Four:
CC Expiration:

Please visit http://www.evawintl.org for more information.

End Violence Against Women International
145 S. Main Street
Colville, WA 99114
EIN# 75-3095110
Phone/Fax # (774) 404-7108
admin@evawintl.org
www.evawintl.org

Invoice/Receipt

Billed To:
New Brunswick Police Department
25 Kirkpatrick Street PO BOX 909
New Brunswick, NJ 08901

Invoice	Order	Invoice Date
SNDG19-01012019-0003-0003	D5NRKF849TD	Tuesday, January 1, 2019 / 4:17 AM PT

Item	Price	Quantity	Amount
Full Conference Only	$495.00	1	$495.00
		Order Total:	**$495.00**

Order Summaries:

Date	Invoice #	Type	Amt Ordered	Amt Paid	Amt Due
1-Jan-2019 4:17 AM PT	SNDG19-01012019-0003-0003	online order	$495.00	$495.00	$0.00

Payment Details:

Date	Type	Reference #	Amt Paid
1-Jan-2019	Visa	0198	$495.00

International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access

Where: San Diego, California
When: Monday, April 22, 2019 through Thursday, April 25, 2019
Confirmation # DVNHTZHR5HQ
Attendee: Danny Gallardo

End Violence Against Women International
145 S. Main Street
Colville, WA 99114
EIN# 75-3095110
Phone/Fax # (774) 404-7108
admin@evawintl.org
www.evawintl.org

Invoice/Receipt

Billed To:
New Brunswick Police Department
25 Kirkpatrick Street PO BOX 909
New Brunswick, NJ 08901

Invoice
SNDG19-01012019-0001-0001

Order
MJNJLDHV4NR

Invoice Date
Tuesday, January 1, 2019 / 4:17 AM PT

Item	Price	Quantity	Amount
Full Conference Only	$495.00	1	$495.00
		Order Total:	**$495.00**

Order Summaries:

Date	Invoice #	Type	Amt Ordered	Amt Paid	Amt Due
1-Jan-2019 4:17 AM PT	SNDG19-01012019-0001-0001	online order	$495.00	$495.00	$0.00

Payment Details:

Date	Type	Reference #	Amt Paid
1-Jan-2019	Visa	0198	$495.00

International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access

Where: San Diego, California
When: Monday, April 22, 2019 through Thursday, April 25, 2019
Confirmation # NYNB6QZVSXC
Attendee: Raymond Trigg

End Violence Against Women International
145 S. Main Street
Colville, WA 99114
EIN# 75-3095110
Phone/Fax # (774) 404-7108
admin@evawintl.org
www.evawintl.org

Invoice/Receipt

Billed To:
New Brunswick Police Department
25 Kirkpatrick Street PO BOX 909
New Brunswick, NJ 08901

Invoice
SNDG19-01012019-0004-0004

Order
PKNW5HTWGCF

Invoice Date
Tuesday, January 1, 2019 / 4:17 AM PT

Item	Price	Quantity	Amount
Full Conference Only	$495.00	1	$495.00
		Order Total:	**$495.00**

Order Summaries:

Date	Invoice #	Type	Amt Ordered	Amt Paid	Amt Due
1-Jan-2019 4:17 AM PT	SNDG19-01012019-0004-0004	online order	$495.00	$495.00	$0.00

Payment Details:

Date	Type	Reference #	Amt Paid
1-Jan-2019	Visa	0198	$495.00

International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access

Where: San Diego, California
When: Monday, April 22, 2019 through Thursday, April 25, 2019
Confirmation # VKNLW2NH2JV
Attendee: Vincent Sabo

End Violence Against Women International
145 S. Main Street
Colville, WA 99114
EIN# 75-3095110
Phone/Fax # (774) 404-7108
admin@evawintl.org
www.evawintl.org

Invoice/Receipt

Billed To:
New Brunswick Police Department
25 Kirkpatrick Street PO BOX 909
New Brunswick, NJ 08901

Invoice	Order	Invoice Date
SNDG19-01012019-0002-0002	HNN7GXQDZWH	Tuesday, January 1, 2019 / 4:17 AM PT

Item	Price	Quantity	Amount
Full Conference Only	$495.00	1	$495.00
		Order Total:	**$495.00**

Order Summaries:

Date	Invoice #	Type	Amt Ordered	Amt Paid	Amt Due
1-Jan-2019 4:17 AM PT	SNDG19-01012019-0002-0002	online order	$495.00	$495.00	$0.00

Payment Details:

Date	Type	Reference #	Amt Paid
1-Jan-2019	Visa	0198	$495.00

International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access

Where: San Diego, California
When: Monday, April 22, 2019 through Thursday, April 25, 2019
Confirmation # LRNZ6KJCK8N
Attendee: Harry Hudson

End Violence Against Women International
145 S. Main Street
Colville, WA 99114
EIN# 75-3095110
Phone/Fax # (774) 404-7108
admin@evawintl.org
www.evawintl.org

Invoice/Receipt

Billed To:
New Brunswick Police Department
25 Kirkpatrick Street PO BOX 909
New Brunswick, NJ 08901

Invoice	Order	Invoice Date
SNDG19-01012019-0005-0005	G9NL5VK3BCL	Tuesday, January 1, 2019 / 4:17 AM PT

Item	Price	Quantity	Amount
Full Conference Only	$0.00	1	$0.00
		Order Total:	**$0.00**

Order Summaries:

Date	Invoice #	Type	Amt Ordered	Amt Paid	Amt Due
1-Jan-2019 4:17 AM PT	SNDG19-01012019-0005-0005	offline order	$0.00	$0.00	$0.00

International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access

Where: San Diego, California
When: Monday, April 22, 2019 through Thursday, April 25, 2019
Confirmation # ZQNDSPFRQ6J
Attendee: Edward Bobadilla

HILTON NEW ORLEANS RIVERSIDE
TWO POYDRAS STREET
NEW ORLEANS, LA 70130
United States of America
TELEPHONE 504-561-0500 • FAX 504-568-1721
Reservation
www.hilton.com or 1 800 HILTONS

TRIGG, RAYMOND

25 PATRICK ST.

NEW BRUNSWICK NJ 08901
UNITED STATES OF AMERICA

Room No:	2446/K1T
Arrival Date:	4/6/2015 12:20:00 PM
Departure Date:	4/9/2015 1:29:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	171.00
AL:	
HH #	
VAT #	
Folio No/Che	2397772 A

Confirmation Number: 3165037192

HILTON NEW ORLEANS RIVERSIDE 7/6/2020 12:50:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
11/25/2014	Advance Deposit [redacted]	CGETRI	15277663		($199.22)	
4/6/2015	GUEST ROOM	SSCOTT	15705715	$171.00		
4/6/2015	TAXES	SSCOTT	15705715	$28.22		
4/7/2015	GUEST ROOM	SSCOTT	15708156	$171.00		
4/7/2015	TAXES	SSCOTT	15708156	$28.22		
4/8/2015	GUEST ROOM	TANGELIQUE	15710816	$171.00		
4/8/2015	TAXES	TANGELIQUE	15710816	$28.22		
4/9/2015	[redacted]	CHERN	15713056		($398.44)	
			BALANCE			$0.00

xxxxxxxxx,

HILTON NEW ORLEANS RIVERSIDE
TWO POYDRAS STREET
NEW ORLEANS, LA 70130
United States of America
TELEPHONE 504-561-0500 • FAX 504-568-1721
Reservation
www.hilton.com or 1 800 HILTONS

GALLARDO, DANNY

25 PATRICK ST.

NEW BRUNSWICK NJ 08901
UNITED STATES OF AMERICA

Room No:	1115/K1D
Arrival Date:	4/6/2015 10:52:00 AM
Departure Date:	4/9/2015 12:56:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	151.00
AL:	
HH #	
VAT #	
Folio No/Che	2397775 A

Confirmation Number: 3165037192

HILTON NEW ORLEANS RIVERSIDE 7/6/2020 12:50:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
11/25/2014	Advance Deposit [redacted]	CGETRI	15277666		($176.27)	
4/6/2015	GUEST ROOM	SSCOTT	15705030	$151.00		
4/6/2015	TAXES	SSCOTT	15705030	$25.27		
4/7/2015	GUEST ROOM	SSCOTT	15707404	$151.00		
4/7/2015	TAXES	SSCOTT	15707404	$25.27		
4/8/2015	GUEST ROOM	TANGELIQUE	15709939	$151.00		
4/8/2015	TAXES	TANGELIQUE	15709939	$25.27		
4/9/2015	[redacted]	CHERN	15713010		($352.54)	
			BALANCE			$0.00

xxxxxxxxx.

Hilton
NEW ORLEANS RIVERSIDE

HILTON NEW ORLEANS RIVERSIDE
#2 Poydras Street | New Orleans, Louisiana | 70140
T: 504 561 0500 | F: 504 568 1721
E: sales.neworleansriverside@hilton.com

NAME AND ADDRESS:
SABO, BINNIE
25 PATRICK ST.

NEW BRUNSWICK, NJ 08901
US

Room: 2402/K1T
Arrival Date: 4/6/2015 10:47:00AM
Departure Date: 4/9/2015
Adult/Child: 1/0
Room Rate: 171.00

RATE PLAN C-VAW

HH#
AL
BONUS AL CAR

Confirmation Number : 3165037192

4/9/2015 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
11/25/201[redacted]		CGETRI	15277664		$199.22	
4/6/2015	GUEST ROOM	SSCOTT	15705687	$171.00		
4/6/2015	SALES TAX - 13.00%	SSCOTT	15705687	$22.23		
4/6/2015	OCCUPANCY TAX - 2.00	SSCOTT	15705687	$2.00		
4/6/2015	CITY TAX - 1.00	SSCOTT	15705687	$1.00		
4/6/2015	TOURISM ASSESSMENT	SSCOTT	15705687	$2.99		
4/7/2015	GUEST ROOM	SSCOTT	15708125	$171.00		
4/7/2015	SALES TAX - 13.00%	SSCOTT	15708125	$22.23		
4/7/2015	OCCUPANCY TAX - 2.00	SSCOTT	15708125	$2.00		
4/7/2015	CITY TAX - 1.00	SSCOTT	15708125	$1.00		
4/7/2015	TOURISM ASSESSMENT	SSCOTT	15708125	$2.99		
4/8/2015	GUEST ROOM	TANGELIQ	15710754	$171.00		
4/8/2015	SALES TAX - 13.00%	TANGELIQ	15710754	$22.23		
4/8/2015	OCCUPANCY TAX - 2.00	TANGELIQ	15710754	$2.00		
4/8/2015	CITY TAX - 1.00	TANGELIQ	15710754	$1.00		
4/8/2015	TOURISM ASSESSMENT	TANGELIQ	15710754	$2.99		

WILL BE SETTLED TO [redacted] $398.44

EFFECTIVE BALANCE OF $0.00

HILTON HHONORS
WALDORF ASTORIA
CONRAD
Hilton
DOUBLETREE
EMBASSY SUITES
Hilton Garden Inn
Hampton
HOMEWOOD SUITES
HOME2
Hilton Grand Vacations

DATE OF CHARGE

FOLIO NO./CHECK NO. 2397773 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  + pay at the time of purchase.
  + charge purchases to your account, then stop by the Front Desk for an updated statement.
  + or request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. *Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.*

Hilton
NEW ORLEANS RIVERSIDE

HILTON NEW ORLEANS RIVERSIDE
#2 Poydras Street | New Orleans, Louisiana | 70140
T: 504 561 0500 | F: 504 568 1721
E: sales.neworleansriverside@hilton.com

NAME AND ADDRESS:
HUDSON, HARRY
25 PATRICK ST.

NEW BRUNSWICK, NJ 08901
US

Room: 1114/K1D
Arrival Date: 4/6/2015 10:50:00AM
Departure Date: 4/9/2015
Adult/Child: 1/0
Room Rate: 151.00

RATE PLAN C-VAW

HH#
AL
BONUS AL CAR

Confirmation Number : 3165037192

4/9/2015 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
11/25/2014	[redacted]	CGETRI	15277665		$176.27	
4/6/2015	GUEST ROOM	SSCOTT	15705029	$151.00		
4/6/2015	SALES TAX - 13.00%	SSCOTT	15705029	$19.63		
4/6/2015	OCCUPANCY TAX - 2.00	SSCOTT	15705029	$2.00		
4/6/2015	CITY TAX - 1.00	SSCOTT	15705029	$1.00		
4/6/2015	TOURISM ASSESSMENT	SSCOTT	15705029	$2.64		
4/7/2015	GUEST ROOM	SSCOTT	15707403	$151.00		
4/7/2015	SALES TAX - 13.00%	SSCOTT	15707403	$19.63		
4/7/2015	OCCUPANCY TAX - 2.00	SSCOTT	15707403	$2.00		
4/7/2015	CITY TAX - 1.00	SSCOTT	15707403	$1.00		
4/7/2015	TOURISM ASSESSMENT	SSCOTT	15707403	$2.64		
4/8/2015	GUEST ROOM	TANGELIQ	15709938	$151.00		
4/8/2015	SALES TAX - 13.00%	TANGELIQ	15709938	$19.63		
4/8/2015	OCCUPANCY TAX - 2.00	TANGELIQ	15709938	$2.00		
4/8/2015	CITY TAX - 1.00	TANGELIQ	15709938	$1.00		
4/8/2015	TOURISM ASSESSMENT	TANGELIQ	15709938	$2.64		

WILL BE SETTLED TO [redacted] $352.54

EFFECTIVE BALANCE OF $0.00

DATE OF CHARGE

FOLIO NO./CHECK NO.
2397774 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  + pay at the time of purchase.
  + charge purchases to your account, then stop by the Front Desk for an updated statement.
  + or request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. *Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.*

Hilton
HOTELS & RESORTS

HILTON WASHINGTON
1919 CONNECTICUT AVE
WASHINGTON, DC 20009
United States of America
TELEPHONE 202-483-3000 • FAX 202-939-3271
Reservations
www.hilton.com or 1 800 HILTONS

TRIGG, RAYMOND

[redacted]

UNITED STATES OF AMERICA

Room No:	7146/K1
Arrival Date:	3/21/2016 3:10:00 PM
Departure Date:	3/24/2016 6:52:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	226.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059826 A

Confirmation Number: 3224429996

HILTON WASHINGTON 7/6/2020 2:08:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
12/19/2015	Advance Deposit [redacted]	GTSUMA	11065614		($258.77)	
3/21/2016	VALET PARKING	JROLAND 1	11227348	$49.00		
3/21/2016	GUEST ROOM	IYEMANE	11228186	$226.00		
3/21/2016	ROOM TAX	IYEMANE	11228186	$32.77		
3/22/2016	VALET PARKING	JROLAND 1	11229150	$49.00		
3/22/2016	GUEST ROOM	IYEMANE	11229995	$226.00		
3/22/2016	ROOM TAX	IYEMANE	11229995	$32.77		
3/23/2016	GUEST ROOM	GTSUMA	11231706	$226.00		
3/23/2016	ROOM TAX	GTSUMA	11231706	$32.77		
3/23/2016	VALET PARKING	MELKESSAIL	11232040	$49.00		
3/24/2016	[redacted]	MHUTT	11232951		($923.31)	
3/24/2016	Early Departure Fee	MHUTT	11232956	$226.00		

TRIGG, RAYMOND

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	7146/K1
Arrival Date:	3/21/2016 3:10:00 PM
Departure Date:	3/24/2016 6:52:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	226.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059826 A

Confirmation Number: 3224429996

HILTON WASHINGTON 7/6/2020 2:08:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
3/24/2016	ROOM TAX	MHUTT	11232956	$32.77		
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	3/21/2016	3/22/2016	3/23/2016	3/24/2016
ROOM AND TAX	$258.77	$258.77	$258.77	$0.00
MISCELLANEOUS	$49.00	$49.00	$49.00	$226.00
OTHER	$0.00	$0.00	$0.00	$32.77
DAILY TOTAL	$307.77	$307.77	$307.77	$258.77

EXPENSE REPORT SUMMARY

	STAY TOTAL
ROOM AND TAX	$776.31
MISCELLANEOUS	$373.00
OTHER	$32.77
DAILY TOTAL	$1,182.08

CREDIT CARD DETAIL

APPR CODE	033708	MERCHANT ID	8030091899
CARD NUMBER	[redacted]	EXP DATE	06/17
TRANSACTION ID	11065614	TRANS TYPE	Sale

xxxxxxxxx.

HILTON WASHINGTON
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TRIGG, RAYMOND

[redacted]

UNITED STATES OF AMERICA

Room No:	10233/K1E
Arrival Date:	3/21/2016 3:18:00 PM
Departure Date:	3/24/2016 6:57:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	276.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059825 A

Confirmation Number: 3218862974

HILTON WASHINGTON 7/6/2020 2:07:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
12/19/2015	Advance Deposit [redacted]	GTSUMA	11065613		($258.77)	
3/21/2016	GUEST ROOM	IYEMANE	11227460	$276.00		
3/21/2016	ROOM TAX	IYEMANE	11227460	$40.02		
3/22/2016	GUEST ROOM	IYEMANE	11229272	$276.00		
3/22/2016	ROOM TAX	IYEMANE	11229272	$40.02		
3/23/2016	*MCCLELLANS	LINTR	11230702	$67.65		
3/23/2016	GUEST ROOM	GTSUMA	11230978	$276.00		
3/23/2016	ROOM TAX	GTSUMA	11230978	$40.02		
3/24/2016	Early Departure Fee	MHUTT	11232954	$276.00		
3/24/2016	ROOM TAX	MHUTT	11232954	$40.02		

TRIGG, RAYMOND

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	10233/K1E
Arrival Date:	3/21/2016 3:18:00 PM
Departure Date:	3/24/2016 6:57:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	276.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059825 A

Confirmation Number: 3218862974

HILTON WASHINGTON 7/6/2020 2:07:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
3/24/2016	[redacted]	MHUTT	11232955		($1,072.96)	
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	3/21/2016	3/22/2016	3/23/2016	3/24/2016
ROOM AND TAX	$316.02	$316.02	$316.02	$0.00
FOOD AND BEVERAGE	$0.00	$0.00	$67.65	$0.00
MISCELLANEOUS	$0.00	$0.00	$0.00	$276.00
OTHER	$0.00	$0.00	$0.00	$40.02
DAILY TOTAL	$316.02	$316.02	$383.67	$316.02

EXPENSE REPORT SUMMARY

	STAY TOTAL
ROOM AND TAX	$948.06
FOOD AND BEVERAGE	$67.65
MISCELLANEOUS	$276.00
OTHER	$40.02
DAILY TOTAL	$1,331.73

CREDIT CARD DETAIL

APPR CODE	033702	MERCHANT ID	8030091899
CARD NUMBER	[redacted]	EXP DATE	06/17
TRANSACTION ID	11065613	TRANS TYPE	Sale

xxxxxxxxx,

SABO, VINCENT

[redacted]

UNITED STATES OF AMERICA

Room No:	10235/KTE
Arrival Date:	3/21/2016 6:57:00 PM
Departure Date:	3/24/2016 6:58:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	276.00
AL:	
HH #	295059847 BLUE
VAT #	
Folio No/Che	2059827 A

Confirmation Number: 3224768653

HILTON WASHINGTON 7/6/2020 2:07:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
3/24/2016	[redacted]	MHUTT	11232953		($1,030.31)	
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	3/21/2016	3/22/2016	3/23/2016	3/24/2016
ROOM AND TAX	$316.02	$316.02	$316.02	$0.00
MISCELLANEOUS	$25.00	$0.00	$0.00	$276.00
OTHER	$0.00	$0.00	$0.00	$40.02
DAILY TOTAL	$341.02	$316.02	$316.02	$316.02

EXPENSE REPORT SUMMARY

	STAY TOTAL
ROOM AND TAX	$948.06
MISCELLANEOUS	$301.00
OTHER	$40.02
DAILY TOTAL	$1,289.08

CREDIT CARD DETAIL

APPR CODE	033712	MERCHANT ID	8030091899
CARD NUMBER	[redacted]	EXP DATE	06/17
TRANSACTION ID	11065615	TRANS TYPE	Sale

xxxxxxxxx,

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SABO, VINCENT

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	10235/K1E
Arrival Date:	3/21/2016 6:57:00 PM
Departure Date:	3/24/2016 6:58:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	276.00
AL:	
HH #	295059847 BLUE
VAT #	
Folio No/Che	2059827 A

Confirmation Number: 3224768653

HILTON WASHINGTON 7/6/2020 2:07:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
12/19/2015	Advance Deposit [redacted]	GTSUMA	11065615		($258.77)	
3/21/2016	REFRIGERATOR RENTAL	EHOLMES 2	11227101	$25.00		
3/21/2016	GUEST ROOM	IYEMANE	11227463	$276.00		
3/21/2016	ROOM TAX	IYEMANE	11227463	$40.02		
3/22/2016	GUEST ROOM	IYEMANE	11229275	$276.00		
3/22/2016	ROOM TAX	IYEMANE	11229275	$40.02		
3/23/2016	GUEST ROOM	GTSUMA	11230981	$276.00		
3/23/2016	ROOM TAX	GTSUMA	11230981	$40.02		
3/24/2016	Early Departure Fee	MHUTT	11232952	$276.00		
3/24/2016	ROOM TAX	MHUTT	11232952	$40.02		

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SABO, VINCENT

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	7158/K1
Arrival Date:	3/21/2016 3:08:00 PM
Departure Date:	3/24/2016 6:50:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	226.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059828 A

Confirmation Number: 3219467114

HILTON WASHINGTON 7/6/2020 2:09:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
12/19/2015	Advance Deposi[redacted]	GTSUMA	11065616		($258.77)	
3/21/2016	GUEST ROOM	IYEMANE	11228199	$226.00		
3/21/2016	ROOM TAX	IYEMANE	11228199	$32.77		
3/22/2016	GUEST ROOM	IYEMANE	11230008	$226.00		
3/22/2016	ROOM TAX	IYEMANE	11230008	$32.77		
3/23/2016	GUEST ROOM	GTSUMA	11231719	$226.00		
3/23/2016	ROOM TAX	GTSUMA	11231719	$32.77		
3/24/2016	[redacted]	MHUTT	11232947		($776.31)	
3/24/2016	Early Departure Fee	MHUTT	11232957	$226.00		

SABO, VINCENT

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	7158/K1
Arrival Date:	3/21/2016 3:08:00 PM
Departure Date:	3/24/2016 6:50:00 PM
Adult/Child:	1/0
Cashier ID:	EVILLEDA2
Room Rate:	226.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	2059828 A

Confirmation Number: 3219467114

HILTON WASHINGTON 7/6/2020 2:09:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
3/24/2016	ROOM TAX	MHUTT	11232957	$32.77		
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	3/21/2016	3/22/2016	3/23/2016	3/24/2016
ROOM AND TAX	$258.77	$258.77	$258.77	$0.00
MISCELLANEOUS	$0.00	$0.00	$0.00	$226.00
OTHER	$0.00	$0.00	$0.00	$32.77
DAILY TOTAL	$258.77	$258.77	$258.77	$258.77

EXPENSE REPORT SUMMARY

	STAY TOTAL
ROOM AND TAX	$776.31
MISCELLANEOUS	$226.00
OTHER	$32.77
DAILY TOTAL	$1,035.08

CREDIT CARD DETAIL

APPR CODE	033717	MERCHANT ID	8030091899
CARD NUMBER	[redacted]	EXP DATE	06/17
TRANSACTION ID	11065616	TRANS TYPE	Sale

xxxxxxxxx,

Hilton
ORLANDO

HILTON ORLANDO
6001 Destination Parkway | Orlando, Florida | 32819
T: 407 313 4300 | F: 407 313 4301
E: sales.orlando@hilton.com

NAME AND ADDRESS:
SABO, VINCENT
[redacted]
UNITED STATES OF AMERICA

Room: 1625/K1
Arrival Date: 4/17/2017 3:35:00 PM
Departure Date: 4/21/2017

Adult/Child: 1/0
Room Rate: 114.00

Rate Plan: EVW
HH #
AL:
Car:

Hilton

Confirmation Number: 3299306949

4/21/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/6/2016	Advance Deposit [redacted]	SF1	8113272		($128.25)	
4/17/2017	GUEST ROOM	KTS1	8609541	$114.00		
4/17/2017	ROOM TAX - 12.5%	KTS1	8609541	$14.25		
4/18/2017	*GIFT SHOP	LINTR	8611999	$10.65		
4/18/2017	GUEST ROOM	KTS1	8613426	$114.00		
4/18/2017	ROOM TAX - 12.5%	KTS1	8613426	$14.25		
4/19/2017	GUEST ROOM	BW1	8616989	$114.00		
4/19/2017	ROOM TAX - 12.5%	BW1	8616989	$14.25		
4/20/2017	FITNESS CENTER	EMA1	8619547	$10.00		
4/20/2017	GUEST ROOM	AMW1	8621176	$114.00		
4/20/2017	ROOM TAX - 12.5%	AMW1	8621176	$14.25		
4/21/2017	FITNESS CENTER	EMA1	8623412	$10.00		
4/21/2017	[redacted] **BALANCE**	TA2	8623729		($415.40)	$0.00

ACCOUNT NO. [redacted]

DATE OF CHARGE 4/21/2017
FOLIO NO./CHECK NO. 1225196 A

CARD MEMBER NAME
SABO, VINCENT

AUTHORIZATION 09976B
INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT -415.40

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

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ORLANDO

HILTON ORLANDO
6001 Destination Parkway | Orlando, Florida | 32819
T: 407 313 4300 | F: 407 313 4301
E: sales.orlando@hilton.com

NAME AND ADDRESS:
HUDSON, HARRY
[redacted]
UNITED STATES OF AMERICA

Room: 1674/Q2
Arrival Date: 4/17/2017 3:37:00 PM
Departure Date: 4/21/2017

Adult/Child: 1/0
Room Rate: 114.00

Rate Plan: EVW
HH #
AL:
Car:

Hilton

Confirmation Number: 3304679898

4/21/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/6/2016	Advance Deposit [redacted]	SF1	8113274		($128.25)	
4/17/2017	GUEST ROOM	KTS1	8609626	$114.00		
4/17/2017	ROOM TAX - 12.5%	KTS1	8609626	$14.25		
4/18/2017	GUEST ROOM	KTS1	8613513	$114.00		
4/18/2017	ROOM TAX - 12.5%	KTS1	8613513	$14.25		
4/19/2017	GUEST ROOM	BW1	8617079	$114.00		
4/19/2017	ROOM TAX - 12.5%	BW1	8617079	$14.25		
4/20/2017	GUEST ROOM	AMW1	8621246	$114.00		
4/20/2017	ROOM TAX - 12.5%	AMW1	8621246	$14.25		
4/21/2017	[redacted] **BALANCE**	TA2	8623736		($384.75)	$0.00

ACCOUNT NO. [redacted]

DATE OF CHARGE 4/21/2017
FOLIO NO./CHECK NO. 1225198 A

CARD MEMBER NAME
HUDSON, HARRY

AUTHORIZATION 00371B
INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT -384.75

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

Hilton
ORLANDO

HILTON ORLANDO
6001 Destination Parkway | Orlando, Florida | 32819
T: 407 313 4300 | F: 407 313 4301
E: sales.orlando@hilton.com

NAME AND ADDRESS:
TRIGG, RAYMOND
[redacted]
UNITED STATES OF AMERICA

Room: 1921/K1E
Arrival Date: 4/17/2017 3:33:00 PM
Departure Date: 4/21/2017

Adult/Child: 1/0
Room Rate: 114.00

Rate Plan: EVW
HH # 646342155 SILVER
AL:
Car:

Hilton

Confirmation Number: 3300714594

4/21/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/6/2016	Advance Deposit [redacted]	SF1	8113271		($128.25)	
4/17/2017	PARKING SELF - OVERNIGHT	KTS1	8609931	$10.00		
4/17/2017	STATE SALES TAX 6.5%	KTS1	8609931	$0.65		
4/17/2017	ROOM UPGRADE	KTS1	8609932	$75.00		
4/17/2017	ROOM TAX - 12.5%	KTS1	8609932	$9.38		
4/17/2017	GUEST ROOM	KTS1	8609933	$114.00		
4/17/2017	ROOM TAX - 12.5%	KTS1	8609933	$14.25		
4/18/2017	PARKING SELF - OVERNIGHT	KTS1	8613877	$10.00		
4/18/2017	STATE SALES TAX 6.5%	KTS1	8613877	$0.65		
4/18/2017	ROOM UPGRADE	KTS1	8613878	$75.00		
4/18/2017	ROOM TAX - 12.5%	KTS1	8613878	$9.38		
4/18/2017	GUEST ROOM	KTS1	8613879	$114.00		
4/18/2017	ROOM TAX - 12.5%	KTS1	8613879	$14.25		
4/19/2017	PARKING SELF - OVERNIGHT	BW1	8617463	$10.00		
4/19/2017	STATE SALES TAX 6.5%	BW1	8617463	$0.65		
4/19/2017	ROOM UPGRADE	BW1	8617464	$75.00		
4/19/2017	ROOM TAX - 12.5%	BW1	8617464	$9.38		
4/19/2017	GUEST ROOM	BW1	8617465	$114.00		

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TAPESTRY COLLECTION
EMBASSY SUITES
Hilton Garden Inn
Hampton
tru
HOMEWOOD SUITES
HOME2
Hilton Grand Vacations
Hilton HONORS

ACC[redacted]

DATE OF CHARGE: 4/21/2017
FOLIO NO./CHECK NO.: 1225195 A

CARD MEMBER NAME: TRIGG, RAYMOND

AUTHORIZATION: 09767B
INITIAL:

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT: -764.87

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

Hilton
ORLANDO

HILTON ORLANDO
6001 Destination Parkway | Orlando, Florida | 32819
T: 407 313 4300 | F: 407 313 4301
E: sales.orlando@hilton.com

NAME AND ADDRESS:
GALLARDO, DANNY
[redacted]
UNITED STATES OF AMERICA

Room: 1669/Q2
Arrival Date: 4/17/2017 3:38:00 PM
Departure Date: 4/21/2017

Adult/Child: 1/0
Room Rate: 114.00

Rate Plan: EVW
HH #
AL:
Car:

Hilton

Confirmation Number: 3296200329

4/21/2017

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/6/2016	Advance Deposit [redacted]	SF1	8113273		($128.25)	
4/17/2017	GUEST ROOM	KTS1	8609620	$114.00		
4/17/2017	ROOM TAX - 12.5%	KTS1	8609620	$14.25		
4/18/2017	GUEST ROOM	KTS1	8613507	$114.00		
4/18/2017	ROOM TAX - 12.5%	KTS1	8613507	$14.25		
4/19/2017	GUEST ROOM	BW1	8617073	$114.00		
4/19/2017	ROOM TAX - 12.5%	BW1	8617073	$14.25		
4/20/2017	GUEST ROOM	AMW1	8621238	$114.00		
4/20/2017	ROOM TAX - 12.5%	AMW1	8621238	$14.25		
4/21/2017	[redacted]	TA2	8623738		($384.75)	
	BALANCE					$0.00

ACCOUNT NO. [redacted]

DATE OF CHARGE 4/21/2017

FOLIO NO./CHECK NO. 1225197 A

CARD MEMBER NAME
GALLARDO, DANNY

AUTHORIZATION 00179B

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT -384.75

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

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TRIGG, RAYMOND

[redacted]

UNITED STATES OF AMERICA

Room No:	2445/K1T
Arrival Date:	4/2/2018 4:20:00 PM
Departure Date:	4/5/2018 10:06:00 AM
Adult/Child:	2/0
Cashier ID:	EWALTON5
Room Rate:	215.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	3366036 A

Confirmation Number: 3390181607

HILTON CHICAGO 7/6/2020 2:20:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/10/2017	Advance Deposit[redacted]	YWALKER	18677732		($186.67)	
4/2/2018	GUEST ROOM	JCAMP1	19079900	$215.00		
4/2/2018	HOTEL CITY TAX	JCAMP1	19079900	$9.68		
4/2/2018	HOTEL STATE TAX	JCAMP1	19079900	$25.59		
4/2/2018	COOK COUNTY TAX	JCAMP1	19079900	$2.15		
4/3/2018	GUEST ROOM	JCAMP1	19082504	$215.00		
4/3/2018	HOTEL CITY TAX	JCAMP1	19082504	$9.68		
4/3/2018	HOTEL STATE TAX	JCAMP1	19082504	$25.59		
4/3/2018	COOK COUNTY TAX	JCAMP1	19082504	$2.15		
4/4/2018	GUEST ROOM	DFRELE	19084962	$215.00		
4/4/2018	HOTEL CITY TAX	DFRELE	19084962	$9.68		
4/4/2018	HOTEL STATE TAX	DFRELE	19084962	$25.59		
4/4/2018	COOK COUNTY TAX	DFRELE	19084962	$2.15		
4/5/2018	VS[redacted]	EKALTEN	19085849		($570.59)	

05
TC: : TC: : TC: FA4FB55AB495DB54
TVR: : TVR: : TVR: 8080008000
AID: : AID: : AID: A0000000031010

BALANCE $0.00

CREDIT CARD DETAIL

APPR CODE	07353C	MERCHANT ID	000100682400
CARD NUMBER	[redacted]	EXP DATE	03/22
TRANSACTION ID	18677732	TRANS TYPE	Sale

xxxxxxxxx,

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CHICAGO, IL 60605
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Reservations
www.hilton.com or 1 800 HILTONS

TRIGG, RAYMOND

[redacted]

[redacted]

UNITED STATES OF AMERICA

Room No:	2447/K1T
Arrival Date:	4/2/2018 2:58:00 PM
Departure Date:	4/5/2018 9:56:00 AM
Adult/Child:	1/0
Cashier ID:	EWALTON5
Room Rate:	215.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	3366029 A

Confirmation Number: 3390462439

HILTON CHICAGO 7/6/2020 2:19:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/10/2017	Advance Deposit [redacted]	YWALKER	18677725		($186.67)	
4/2/2018	GUEST ROOM	JCAMP1	19079903	$215.00		
4/2/2018	HOTEL CITY TAX	JCAMP1	19079903	$9.68		
4/2/2018	HOTEL STATE TAX	JCAMP1	19079903	$25.59		
4/2/2018	COOK COUNTY TAX	JCAMP1	19079903	$2.15		
4/3/2018	GUEST ROOM	JCAMP1	19082507	$215.00		
4/3/2018	HOTEL CITY TAX	JCAMP1	19082507	$9.68		
4/3/2018	HOTEL STATE TAX	JCAMP1	19082507	$25.59		
4/3/2018	COOK COUNTY TAX	JCAMP1	19082507	$2.15		
4/4/2018	GUEST ROOM	DFRELE	19084965	$215.00		
4/4/2018	HOTEL CITY TAX	DFRELE	19084965	$9.68		
4/4/2018	HOTEL STATE TAX	DFRELE	19084965	$25.59		
4/4/2018	COOK COUNTY TAX	DFRELE	19084965	$2.15		
4/5/2018	[redacted]	EKALTEN	19085830		($570.59)	
	05 TC: : TC: : TC: 8F1713BDD1880CA7 TVR: : TVR: : TVR: 8080008000 AID: : AID: : AID: A0000000031010					
			BALANCE			$0.00

CREDIT CARD DETAIL

APPR CODE	01794C	MERCHANT ID	000100682400
CARD NUMBER	[redacted]	EXP DATE	03/22
TRANSACTION ID	18677725	TRANS TYPE	Sale

xxxxxxxxx,

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TRIGG, RAYMOND

25 KIRKPATRICK STREET
PO BOX 909
NEW BRUNSWICK NJ 08901
UNITED STATES OF AMERICA

Room No:	2510/Q2
Arrival Date:	4/25/2019 11:46:00 AM
Departure Date:	4/26/2019 12:54:00 PM
Adult/Child:	1/0
Cashier ID:	TTARAFAS1
Room Rate:	174.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	1851567 A

Confirmation Number: 3517438410

HILTON - SAN DIEGO BAYFRONT 4/26/2019 12:54:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
1/3/2019	Advance Depos[redacted]	MMCLAUGHLIN	10837751		($196.35)	
4/25/2019	SELF PARKING	MMCLAUGHLIN	11136697	$35.00		
4/25/2019	GUEST ROOM	MMCLAUGHLIN	11136698	$174.00		
4/25/2019	TRANSIENT OCCUPANCY TAX	MMCLAUGHLIN	11136698	$18.27		
4/25/2019	SD TMD ASSESSMENT	MMCLAUGHLIN	11136698	$3.48		
4/25/2019	CA TOURISM FEE	MMCLAUGHLIN	11136698	$0.60		
4/26/2019	[redacted]	TTARAFAS1	11138139		($35.00)	
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	4/25/2019	STAY TOTAL
ROOM AND TAX	$196.35	$196.35
MISCELLANEOUS	$35.00	$35.00
DAILY TOTAL	$231.35	$231.35

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CREDIT CARD DETAIL

APPR CODE	102880	MERCHANT ID	1049837479
CARD NUMBER	[redacted]	EXP DATE	09/23
TRANSACTION ID	10837751	TRANS TYPE	Sale

xxxxxxxxx,

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GALLARDO, DANNY
[redacted]
UNITED STATES OF AMERICA

Room No:	3051/Q2
Arrival Date:	4/25/2019 11:50:00 AM
Departure Date:	4/26/2019 1:15:00 PM
Adult/Child:	1/0
Cashier ID:	RLAWRENCE3
Room Rate:	174.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	1851566 A

Confirmation Number: 3513107720

HILTON - SAN DIEGO BAYFRONT 4/26/2019 1:15:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
1/3/2019	Advance Deposi[redacted]	MMCLAUG HLIN	10837750		($196.35)	
4/25/2019	GUEST ROOM	MMCLAUG HLIN	11137003	$174.00		
4/25/2019	TRANSIENT OCCUPANCY TAX	MMCLAUG HLIN	11137003	$18.27		
4/25/2019	SD TMD ASSESSMENT	MMCLAUG HLIN	11137003	$3.48		
4/25/2019	CA TOURISM FEE	MMCLAUG HLIN	11137003	$0.60		
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	4/25/2019	STAY TOTAL
ROOM AND TAX	$196.35	$196.35
DAILY TOTAL	$196.35	$196.35

CREDIT CARD DETAIL

APPR CODE	197030	MERCHANT ID	1049837479
CARD NUMBER	[redacted]	EXP DATE	09/23
TRANSACTION ID	10837750	TRANS TYPE	Sale

xxxxxxxxx,

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HUDSON, HARRY

[redacted]

UNITED STATES OF AMERICA

Room No:	3066/Q2
Arrival Date:	4/25/2019 11:53:00 AM
Departure Date:	4/26/2019 12:41:00 PM
Adult/Child:	1/0
Cashier ID:	RLAWRENCE3
Room Rate:	174.00
AL:	
HH #	646342155 SILVER
VAT #	
Folio No/Che	1851563 A

Confirmation Number: 3517992620

HILTON - SAN DIEGO BAYFRONT 4/26/2019 12:41:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
1/3/2019	Advance Deposit [redacted]	MMCLAUGHLIN	10837747		($196.35)	
4/25/2019	VALET PARKING 949258	MMCLAUGHLIN	11137018	$50.00		
4/25/2019	GUEST ROOM	MMCLAUGHLIN	11137019	$174.00		
4/25/2019	TRANSIENT OCCUPANCY TAX	MMCLAUGHLIN	11137019	$18.27		
4/25/2019	SD TMD ASSESSMENT	MMCLAUGHLIN	11137019	$3.48		
4/25/2019	CA TOURISM FEE	MMCLAUGHLIN	11137019	$0.60		
4/26/2019	[redacted]	RLAWRENCE3	11138108		($50.00)	
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	4/25/2019	STAY TOTAL
ROOM AND TAX	$196.35	$196.35
MISCELLANEOUS	$50.00	$50.00
DAILY TOTAL	$246.35	$246.35

CREDIT CARD DETAIL

APPR CODE	161706	MERCHANT ID	1049837479
CARD NUMBER	[redacted]	EXP DATE	09/23
TRANSACTION ID	10837747	TRANS TYPE	Sale

xxxxxxxxx,

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SABO, VINCENT
[redacted]
UNITED STATES OF AMERICA

Room No:	2453/Q2
Arrival Date:	4/25/2019 11:49:00 AM
Departure Date:	4/26/2019 9:07:00 AM
Adult/Child:	1/0
Cashier ID:	JGUTI
Room Rate:	174.00
AL:	
HH #	
VAT #	
Folio No/Che	1851559 A

Confirmation Number: 3520031575

HILTON - SAN DIEGO BAYFRONT 4/26/2019 9:06:00 AM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
1/3/2019	Advance Deposi[redacted]	MMCLAUG HLIN	10837744		($196.35)	
4/25/2019	GUEST ROOM	MMCLAUG HLIN	11136668	$174.00		
4/25/2019	TRANSIENT OCCUPANCY TAX	MMCLAUG HLIN	11136668	$18.27		
4/25/2019	SD TMD ASSESSMENT	MMCLAUG HLIN	11136668	$3.48		
4/25/2019	CA TOURISM FEE	MMCLAUG HLIN	11136668	$0.60		
			BALANCE			$0.00

EXPENSE REPORT SUMMARY

	4/25/2019	STAY TOTAL
ROOM AND TAX	$196.35	$196.35
DAILY TOTAL	$196.35	$196.35

CREDIT CARD DETAIL

APPR CODE	196935	MERCHANT ID	1049837479
CARD NUMBER	[redacted]	EXP DATE	09/23
TRANSACTION ID	10837744	TRANS TYPE	Sale

xxxxxxxxx,

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INVOICE

Vincent Sabo
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No. 2066236301
Group Name End Violence Against Women
Booking No. 32LKBTWB

Room No. 3119
Arrival 2019-04-22
Departure 2019-04-25
Page No. 1 of 2
Folio Window 1
Folio No. 27233899

Date	Description	Charges	Credits
04-22-2019	Group Room	174.00	
04-22-2019	Occupancy Tax 10.5%	18.27	
04-22-2019	SD TMD Assessment 2.0%	3.48	
04-22-2019	CA Tourism Assessment Fee	0.65	
04-22-2019	Group Room - Upgrade	10.00	
04-22-2019	Occupancy Tax 10.5%	1.05	
04-22-2019	SD TMD Assessment 2.0%	0.20	
04-23-2019	Group Room	174.00	
04-23-2019	Occupancy Tax 10.5%	18.27	
04-23-2019	SD TMD Assessment 2.0%	3.48	
04-23-2019	CA Tourism Assessment Fee	0.65	
04-23-2019	Group Room - Upgrade	10.00	
04-23-2019	Occupancy Tax 10.5%	1.05	
04-23-2019	SD TMD Assessment 2.0%	0.20	
04-24-2019	Group Room	174.00	
04-24-2019	Occupancy Tax 10.5%	18.27	
04-24-2019	SD TMD Assessment 2.0%	3.48	
04-24-2019	CA Tourism Assessment Fee	0.65	
04-24-2019	Group Room - Upgrade	10.00	
04-24-2019	Occupancy Tax 10.5%	1.05	
04-24-2019	SD TMD Assessment 2.0%	0.20	
04-25-2019	American Express [redacted]		-622.95
	Total	622.95	-622.95
	Balance	0.00	

Guest Signature

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INVOICE

Vincent Sabo
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No.	2066236301
Group Name	End Violence Against Women
Booking No.	32LKBTWB

Room No.	3119
Arrival	2019-04-22
Departure	2019-04-25
Page No.	2 of 2
Folio Window	1
Folio No.	27233899

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INVOICE

Harry Hudson
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No. 2066232201
Group Name End Violence Against Women
Booking No. 32LKBW6H

Room No. 2808
Arrival 2019-04-22
Departure 2019-04-25
Page No. 1 of 1
Folio Window 1
Folio No. 27233898

Date	Description		Charges	Credits
04-22-2019	Parking Overnight - Self	Room# 2808 :	35.00	
04-22-2019	Group Room		174.00	
04-22-2019	Occupancy Tax 10.5%		18.27	
04-22-2019	SD TMD Assessment 2.0%		3.48	
04-22-2019	CA Tourism Assessment Fee		0.65	
04-23-2019	Parking Overnight - Self	Room# 2808 :	35.00	
04-23-2019	Group Room		174.00	
04-23-2019	Occupancy Tax 10.5%		18.27	
04-23-2019	SD TMD Assessment 2.0%		3.48	
04-23-2019	CA Tourism Assessment Fee		0.65	
04-24-2019	Parking Overnight - Self	Room# 2808 :	35.00	
04-24-2019	Group Room		174.00	
04-24-2019	Occupancy Tax 10.5%		18.27	
04-24-2019	SD TMD Assessment 2.0%		3.48	
04-24-2019	CA Tourism Assessment Fee		0.65	
04-25-2019	American Express	[redacted]		-694.20
		Total	694.20	-694.20
		Balance	0.00	

Guest Signature

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INVOICE

Danny Gallardo
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No. 2066224701
Group Name End Violence Against Women
Booking No. 32LKBTW9

Room No. 2719
Arrival 2019-04-22
Departure 2019-04-25
Page No. 1 of 1
Folio Window 1
Folio No. 27233712

Date	Description	Charges	Credits
04-22-2019	Group Room	174.00	
04-22-2019	Occupancy Tax 10.5%	18.27	
04-22-2019	SD TMD Assessment 2.0%	3.48	
04-22-2019	CA Tourism Assessment Fee	0.65	
04-23-2019	Group Room	174.00	
04-23-2019	Occupancy Tax 10.5%	18.27	
04-23-2019	SD TMD Assessment 2.0%	3.48	
04-23-2019	CA Tourism Assessment Fee	0.65	
04-24-2019	Group Room	174.00	
04-24-2019	Occupancy Tax 10.5%	18.27	
04-24-2019	SD TMD Assessment 2.0%	3.48	
04-24-2019	CA Tourism Assessment Fee	0.65	
04-25-2019	American Express [redacted]		-589.20
	Total	589.20	-589.20
	Balance	0.00	

Guest Signature

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INVOICE

Raymond Trigg
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No. 2066216701
Group Name End Violence Against Women
Booking No. 32LKBXB9

Room No.	3529
Arrival	2019-04-22
Departure	2019-04-25
Page No.	1 of 2
Folio Window	1
Folio No.	27233711

Date	Description	Charges	Credits
04-22-2019	Group Room	174.00	
04-22-2019	Occupancy Tax 10.5%	18.27	
04-22-2019	SD TMD Assessment 2.0%	3.48	
04-22-2019	CA Tourism Assessment Fee	0.65	
04-22-2019	Guest Room - Upgrade	10.00	
04-22-2019	Occupancy Tax 10.5%	1.05	
04-22-2019	SD TMD Assessment 2.0%	0.20	
04-23-2019	Group Room	174.00	
04-23-2019	Occupancy Tax 10.5%	18.27	
04-23-2019	SD TMD Assessment 2.0%	3.48	
04-23-2019	CA Tourism Assessment Fee	0.65	
04-23-2019	Guest Room - Upgrade	10.00	
04-23-2019	Occupancy Tax 10.5%	1.05	
04-23-2019	SD TMD Assessment 2.0%	0.20	
04-24-2019	Group Room	174.00	
04-24-2019	Occupancy Tax 10.5%	18.27	
04-24-2019	SD TMD Assessment 2.0%	3.48	
04-24-2019	CA Tourism Assessment Fee	0.65	
04-24-2019	Guest Room - Upgrade	10.00	
04-24-2019	Occupancy Tax 10.5%	1.05	
04-24-2019	SD TMD Assessment 2.0%	0.20	
04-25-2019	American Express [redacted]		-622.95
	Total	622.95	-622.95
	Balance	0.00	

Guest Signature

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Raymond Trigg
25 Kirkpatrick Street
Po Box 909
New Brunswick, NJ 08901
United States

Confirmation No.	2066216701
Group Name	End Violence Against Women
Booking No.	32LKBXB9

Room No.	3529
Arrival	2019-04-22
Departure	2019-04-25
Page No.	2 of 2
Folio Window	1
Folio No.	27233711

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E STATEMENT OF ACCOUNT

NEW BRUNSWICK DVRT
PO BOX 909
NEW BRUNSWICK NJ 08903

Page: 1 of 3
Statement Period: Apr 01 2019-Apr 30 2019
Cust Ref #:
Primary Account #: [redacted]

Business Convenience Checking

NEW BRUNSWICK DVRT

Account # [redacted]

ACCOUNT SUMMARY

Statement Balance as of 04/01			23,092.51
Plus	0	Deposits and Other Credits	0.00
Less	6	Checks and Other Debits	6,205.70
Statement Balance as of 04/30			16,886.81

ACCOUNT ACTIVITY

Transactions by Date

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
04/03	[redacted]	10.38		23,082.13
04/10	[redacted]	150.00		22,932.13
04/17	Check #1147	5,589.00		17,343.13
04/19	[redacted]	313.94		17,029.19
04/24	[redacted]	17.05		17,012.14
04/29	[redacted]	125.33		16,886.81

Checks Paid No. Checks: 1 *Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT
04/17	1147	5,589.00

INTEREST SUMMARY

Beginning Interest Rate	0.00%
Number of days in this Statement Period	30
Interest Earned this Statement Period	0.00
Annual Percentage Yield Earned	0.00%
Interest Paid Year to date	0.00

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

❶ Ending Balance		16,886.81
❷ Total Deposits	+	
❸ Sub Total		
❹ Total Withdrawals	-	
❺ Adjusted Balance		

❷ DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		❷

❹ WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		❹

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

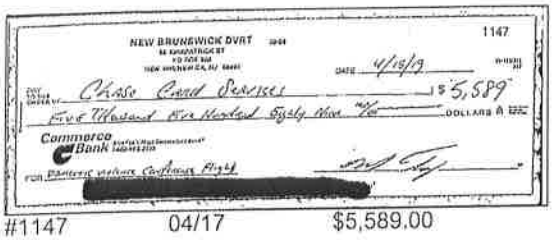
- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

NEW BRUNSWICK DVRT

Statement Period: Apr 01 2019-Apr 30 2019
Cust Ref #:
Primary Account #: [redacted]


NEW BRUNSWICK DVRT 1147

DATE 4/16/19

PAY TO THE ORDER OF Chase Card Services $ 5,589

Five Thousand Five Hundred Eighty Nine 00/100 DOLLARS

Commerce Bank

FOR Payment Visa Card [redacted]

#1147 04/17 $5,589.00