



Best Western
Old Main Lodge



1135 7 BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9229)

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 | END |
|------|-------|-------------|-----------|--------|-----|
| 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!

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 55895

Date 2-27 1993

ROOM NO >1
NO OF GUESTS 1

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1 - NAME [REDACTED]

2 - ADDRESS [REDACTED] Payable by cash in advance

CITY STATE [REDACTED] CAR. YEAR MAKE GOVT. AU CHEV LICENSE NUMBER [REDACTED]

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF [REDACTED]

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | OTHER | | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR | PREVIOUS BALANCE |
|------|----------|------------|-------------|--------|-----|-------|-------|---------------|-----------------|-------------|----|------------------|
| | | | NO. DAYS | AMOUNT | | L.D. | LOCAL | | | | | |
| 2-7 | 21 | 1 | 1 | 10.88 | | | | 10.88 | | | | |
| 2-8 | | 1 | 1 | 10.88 | | | | 10.88 | | | | |
| 2-9 | | 1 | 1 | 10.88 | | | | 10.88 | | | | |
| 2-10 | | | | 10.08 | | | | 10.08 | | | | |
| 2-11 | | | | 10.08 | | | | 10.08 | | | | |
| 2-12 | | | | 10.88 | | | | 10.88 | | | | |
| 2-13 | | | | 10.08 | | | | 10.08 | 70.56 | | | |

EXPLANATION OF OTHER CHARGES
 A. Guest's
 C. Last name
 D. RIDDLE - 4

ROOM NO >1
NO OF GUESTS [REDACTED]

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 55944

Date 3-14 - 1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1 - NAME [REDACTED]

2 - ADDRESS [REDACTED] Payable by cash in advance

CITY STATE [REDACTED] YEAR MAKE [REDACTED] LICENSE NUMBER [REDACTED]

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF [REDACTED]

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | OTHER | | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR | PREVIOUS BALANCE |
|------|----------|------------|-------------|--------|-----|-------|-------|---------------|-----------------|-------------|----|------------------|
| | | | NO. DAYS | AMOUNT | | L.D. | LOCAL | | | | | |
| 3-14 | | | | 10.08 | | | | 10.08 | | | | |
| 3-15 | | | | 10.08 | | | | 10.08 | | | | |
| 3-16 | | | | 10.08 | | | | 10.08 | | | | |
| 3-17 | | | | 10.08 | | | | 10.08 | | | | |
| 3-18 | | | | 10.08 | | | | 10.08 | | | | |
| 3-19 | | | | 10.08 | | | | 10.08 | | | | |
| 3-20 | | | | 10.08 | | | | 10.08 | 70.56 | | | |

EXPLANATION OF OTHER CHARGES
 A. Guest's
 C. Last name
 D. [REDACTED]

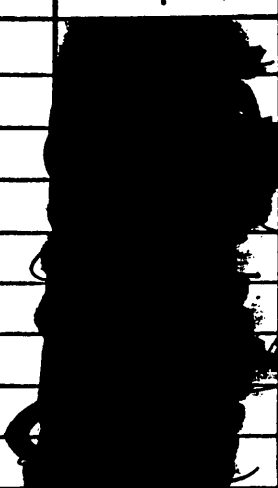
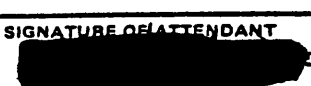
DAILY ISSUES OF PETROLEUM PRODUCTS

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

PAGE NO.

NO. OF PAGES

D2776

| VEHICLE USA REGISTRATION NUMBER | TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED | | | | | | ORGANIZATION AND ADDRESS (Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps) FBI/ATF | SIGNATURE, GRADE |
|---------------------------------------|---|---|---|----------|---|-----------|---|---|
| | ISSUES | | | RECEIPTS | | | | |
| | Driver | | | | | | | |
| 2AA01175 | 18 | | | | | | ISA M-2 |  |
| 2AA00016 | 28 | | | | | I2B M-2 | | |
| 2AA01203 | 20 | | | | | I4A M-2 | | |
| 2AA01221 | 28 | | | | | I6B M-2 | | |
| 86X002 | 35 | | | | | 700 GEN | | |
| 2AA01222 | 70 | | | | | I17 M-2 | | |
| 2AA01207 | 41 | | | | | I3A M-2 | | |
| 2AA01180 | 30 | | | | | I4A M-2 | | |
| HEATER | 10 | | | | | ATF | | |
| 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 # |
| | TX | 0502 | 93 | VAR | 14 |
| | | | | 4. Operation Code Name: PLUS-UP | |
| 5. POC: XXXXXXXXXX | | | 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"/> |
| 9. Agency Supported: | | | | | |
| 10. Location of Operations: WACO, TEXAS | | | | | |
| 11. Start Date: | | | 12. Scheduled Ending Date: | | |
| 13. Counterdrug Funded | | | | | |
| Title 32 | <input type="checkbox"/> | Title 10 | <input type="checkbox"/> | AFTP | <input type="checkbox"/> |
| | | | Incidental to Training | | |
| | | | IDT | <input type="checkbox"/> | Annual Training |
| 14. ARNG Commissioned/Warrant: | | | 2 | ARNG Enlisted: 13 | |
| Units: | | | | | |
| 15. ANG Commissioned: | | | 0 | ANG Enlisted: 0 | |
| Units: | | | | | |
| 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: | 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: | H. Crates Full: | I. Trailers Full: |
| Pallets Empty: | Crates Empty: | Trailers Empty: |
| J. Warehouses: | K. Boxes, etc.: | L. Buildings: |

14 MAR 93

- Brief at Tin Uro mtg
4500
- med evac Drill with (1)
Second UH1H crew (area person)
cold & hot lifts (Plot LZ)
- U.S. SS. Agent / EMFF-P's (2)
arrived [redacted]
- (13) [redacted] depart to
San Diego
- Brief at Tin Uro mtg
@ 1730 - Overview of
medical chain of evac
- Gave expectation (requests)
to forward TOC in event
of intervention (3)
- Brief Rear TOC [redacted]
gave update of med. Plan
to [redacted] (3)
- ~~scheduled~~ 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 Wilby not to

share Med Plan & 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

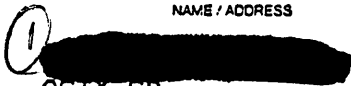
**BALANCE
 DUE**
 .00

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



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

ADSW

REVIEWED BY: [REDACTED]

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

DATE: 16 MAR 93

| | | | | | | |
|---|-----------------------------------|---|--|--|-------------------------------------|--------------|
| TRAVEL VOUCHER OR SUBVOUCHER | | (Complete by typewriter, pen, or ball-point pen (PRESS HARD) do not use pencil) | | 10. FOR DO USE ONLY | | |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM | | | | DO VOUCHER NO. | | |
| NAME - FIRST NAME, MIDDLE NAME (if any), LAST NAME | | GRADE/RANK | SSN | SUBVOUCHER NO. | | |
| CHECK NO. ADDRESS (Street, Zip Code) | | DUTY PHONE NO. | | PAID BY | | |
| ORGANIZATION AND STATION | | 512-406-6919 | | | | |
| AGTX CD - [REDACTED] | | | | | | |
| TRAVEL ORDERS (Paragraph, S.O. No., Issuing No., Date) (Include amending orders) | | 054-014 OTD 15 MAR 93 | | | | |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state) | | NONE | | | | |
| 1. ITINERARY (See Item 23 for Symbols) | | | | | | |
| DATE | LOCAL TIME (24 Hour Code) | PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR STOP | 3. NUMBER OF MEALS GOVT / OPEN MESS | 4. POC MILES |
| 12 MAR 93 | DEP 0600 | AUSTIN, TX | GA | | DED. | |
| 12 MAR | ARR 1700 | | | TD | | |
| 14 MAR | DEP 1600 | WACO, TX | GA | 96.00 | | |
| 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) | | | | | | |
| DATE | NATURE AND EXPLANATION | AMT. CLAIMED | ALLOWED | | | |
| 13 MAR 93 | Telephone Calls - Mission Related | 3.18 | | | | |
| SUMMARY OF PAYMENT | | | | | | |
| Per Diem | | | | | | |
| Actual Expense | | | | | | |
| Mileage or Transp Allowances | | | | | | |
| Reimbursable Expenses | | | | | | |
| Total Entitlement | | | | | | |
| Less Previous Payments | | | | | | |
| Less Voucher Deductions | | | | | | |
| Amt Charged to Acctg Class | | | | | | |
| 6. Long distance telephone calls are certified as necessary in the interest of the Government. | | | | | | |
| 7. TR'S/MTA'S/MTS (If none, so state) | | | | | | |
| NUMBER | FROM | | | | | |
| | NONE | | | | | |
| 8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____ | | | | 11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | |
| 9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER | | | | 12. <input checked="" type="checkbox"/> PER DIEM REQUESTED | | |
| 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) | | | | 13. BAS RATE | | |
| I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been withheld. | | 14. SIGNATURE OF CLAIMANT [REDACTED] | | DATE 14 MAR 93 | | |
| 15. PAYMENT CLASSIFICATION | | | | | | |
| 16. COLLECTION DATA | | | | | | |
| 17. COMPUTED BY | 18. AUDITED BY | 19. TVL FORM POSTED BY | 20. RECEIVED (Provide signature and date of check no.) | 21. AMOUNT PAID | | |



**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**

| |
|----------------|
| 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

① [REDACTED]

U.S. TREASURY
P.O. BOX 5218

AUSTIN , TX
7P USA AUS

GTO BY DC

② [REDACTED]

TIME EMP FCUO #
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 2400 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 date: 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)

PTX-SCF (2)

PARENT UNIT (5)

(5) [REDACTED] Adjutant
OFFICE OF THE ADJUTANT GENERAL
STATE OF TEXAS

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]

ME

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24

| | 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 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 2 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 3 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 4 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 5 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 6 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 7 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 8 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 9 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 10 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 11 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 12 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 13 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 14 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 15 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 16 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 17 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 18 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 19 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 20 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 21 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 22 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 23 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |
| 24 | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | |

14 MARCH 93

D2315

0005514