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\*\*\* ACTIVITY REPORT \*\*\*  
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D2322

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TRANSMISSION OK

TX/RX NO.	2231
CONNECTION TEL	7p2895859
CONNECTION ID	
START TIME	03/22 15:17
USAGE TIME	03'35
PAGES	5
RESULT	OK

22 MAR 93



SECRETARY OF THE ARMY  
WASHINGTON

10 March 1993

SECRET HAS SEEN

MAR 22 1993



MEMORANDUM FOR SECRETARY OF DEFENSE

SUBJECT: Army Support to Federal Law Enforcement  
Agencies in Waco, Texas -- INFORMATION  
MEMORANDUM

*INFORMATION:*

In the aftermath of the March 1, 1993, confrontation between Bureau of Alcohol, Tobacco, and Firearms (BATF) agents and cult members in Waco, Texas Federal law enforcement agencies requested Department of Defense equipment support. The support furnished by the Army was coordinated with the Office of the Secretary of Defense Executive Secretariat and has been provided by both the Active and Reserve components.

a. Active component support includes:

- (1) two utility helicopters (UH-1);
- (2) two main battle tanks (M1 Abrams)
- (3) two support vehicles for the main battle tanks (one High Mobility Multi-wheeled Vehicle (HMMWV) and one 2 1/2 ton truck);
- (4) miscellaneous night vision goggles, tents, generator, light sets, cots, and sandbags;
- (5) and 23 soldiers in liaison/maintenance roles (All active component personnel were briefed on the legal restrictions on direct law enforcement support).

b. Reserve Component support provided by the Texas Army National Guard includes:

- (1) ten Bradleys (M2A1 Infantry Fighting Vehicles);
- (2) two Combat Engineer Vehicles (M728 Combat Engineer Vehicles);

79545

D-774



DAILY ISSUES OF PETROLEUM PRODUCTS  
 For use of this form, see AR 703-1; the proponent agency is DCSLOG

D2768

VEHICLE 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)	SIGNATURE, GRADE
	ISSUES			RECEIPTS				
	a	b	c	d	e	f		
CT 3566	54	-					BUS ARMY NATIONAL GUARD	
DAF 01200	95						M-2 1ST CAVALRY DIV	
2AA01016	12						ISA B - M 2	
2AA01221	17						DIV B - M 2	
2AA01202	18						ISA M 2	
2AA01203	10						ISA M 2	
2AA01222	45						ISA M 2	
283 2AA01175	32						ISA M 2	
TOTAL RECEIPTS	X	X	X	X	X	X		
TOTAL ISSUES	283							
POST OFFICE OR STATION						DATE	SIGNATURE OF ATTENDANT	
						22 MAR 93		

1  
2  
3  
4  
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7  
8  
9  
10

3/22/93

MFR

[REDACTED] LEFT TODAY FOR WACO, TX.  
MICOM COS APPROVED ~~TO~~ LAST THURS AFTER-  
NOON

[REDACTED] CALLED:

Effort disorganized.  
Called FBI re: sending Tech Rep fwd.  
Lost couple of more cables

RF tested Saturday to WACO - must, now EW  
cut where Gov cannot go. ST checked  
system out - isolated antenna - high tech.

Deployment

- 1 Veh - half way - RF link 1 km
- 1 Veh - back on RF
- 1 Veh - stuck (1st Veh) - lost signal again - 45 min  
of video  
CABLE CUT AT VEH!

FBI

- \* FO won't work - FBI  
Like it when it works
- \* Like video @ TOC (can't do w/ RF)  
FO IS A LOG PROBLEM  
TRUCK WORKING w/ FO - BURDEN
- \* COURT PROBLEM [REDACTED] 4

\* VEH MUST BE TOTALLY EXTENSIBLE [REDACTED] 3

- \* MUST EXTENSION INCLUDES TOWING STV
- \* FBI put people in charge....!

\* STV HAS NOT BEEN RUN OUT

\* ACCEPTANCE TESTING!

24V CONNECTION REMAINS OPEN  
INTERACTIONS BETWEEN BUTTONS

\* MOISTURE PROBLEM



\* THREE MAIN ISSUES

RF CAPABILITY

MOISTURE / CONDENSATION

FO

\* STV, not, robust, reliable enough

\* FC log burden - won't work for many systems

COMPLETE ALL PERTINENT INFORMATION

State Counterdrug Support Operations Report

Proponent: Agency NOB-CDD

TO: Counterdrug Task Force		1. FROM (STATE): AGTX-CD (Texas)	
		2. DATE: 22 March 93	
3. Operation Number:	State TX	Serial # 0502	FY 93
	Agency VAR	NOB # 14	4. PLUS UP Operation Code Name:
5. POC: <span style="background-color: black; color: black;">[REDACTED]</span>		6. Telephone: A-954-5622	
		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, TX			
11. Start Date:		12. Scheduled Ending Date:	
13. Counterdrug Funded			
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: 3		ARNG Enlisted: 12	
Units:			
15. ANG Commissioned:		ANG Enlisted:	
Units:			
16. Equipment (Including uniforms, weapons, vehicles, radios, etc.):			
Aircraft by type:			

FYTD NATIONAL GUARD ASSISTED SEIZURE INFORMATION

(Cumulative- Expressed in pounds and decimals thereof)

17. 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:	

FLYING HOURS

18. Aircraft Hrs Flown:	UH-1:	OH-68:	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

This information is required (Cumulative FYTD)

19. 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:

Reviewed by [redacted]

Date 22 MAR 93

A D Sive

1. EL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)				10. FOR DO USE ONLY			
2. READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM				11. DO VOUCHER NO.			
3. LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type)		4. GRADE/RANK		5. SSN		12. SUBVOUCHER NO.	
6. TRAVEL ORDER NO. (If none, so state)				13. AGTX-CTM-D			
7. TRAVEL ORDER (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)				14. 10 MAR 1993 RECEIVED			
8. PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)				15. AGTX-CTM-D			
9. No Ne				16. 23 MAR 1993 RECEIVED			
1. ITINERARY (See Item 23 for Symbols)							
DATE TO	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 LOGGING	NUMBER OF MEALS (GOVT DED* / OPEN MESS)	POC MILES
19 MAR	DEP 0800	AUSTIN, TX	GA				
19 MAR	ARR 1200		TD				
20 MAR	DEP 1200	WACO, TX	CA				
22 MAR	ARR 1500	AUSTIN, TX	MD				
	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		
	None						
6. Long distance telephone calls are certified as necessary in the interest of the Government.							
7. TRS/MTA'S/MT'S (If none, so state)				SUMMARY OF PAYMENT			
NUMBER	FROM	TO		Per Diem			
		None		Actual Expense			
				Mileage or Transp Allowances			
				Reimbursable Expenses			
				Total Entitlement			
				Less Previous Payments			
				Less Voucher Deductions			
				Amt. Charged to Acctg. Class			
11. PAYMENT DESIRED							
<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH							
12. <input checked="" type="checkbox"/> PER DIEM REQUESTED							
9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER							
13. BAS RATE							
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.)							
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.				14. SIGNATURE OF CLAIMANT		DATE	
				[redacted]		22 MAR 93	
18. PAYMENT CLASSIFICATION							
4							
16. COLLECTION DATA							
17. COMPUTED BY		18. AUDITED BY		19. TVL RCRO POSTED BY		20. RECEIVED (Payee signature and date or check no.)	
						21. AMT PAID	



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A O S W

REVIEWED BY [REDACTED]

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

DATE: 22 MAR 93

VOUCHER OR SUBVOUCHER		(Complete by typewriter, ink, 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.			
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK	SSN	SUBVOUCHER NO.			
[REDACTED]		[REDACTED]	[REDACTED]	PAID BY			
[REDACTED]		GOVT PHONE NO. 465-5546		AGTX-OTM-D			
ORGANIZATION/FIELD OFFICE		TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)		23 MAR 1993 RECEIVED			
[REDACTED]		Trp A 1-124 Caw Waco		AGTX-OTM-D			
[REDACTED]		052-166 17 MAR 93		05 MAY 1993 SUBMITTED			
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place sent, or DO Station No. If none, so state)		NONE		COMPUTATIONS			
ITINERARY (See Item 25 for Symbols)							
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / OPEN MESS	4. POC MILES
19 93	DEP 1100	Austin	GA				
3 MAR	ARR 1230				144.00		
3 MAR	DEP 1000	Waco	GA	TD			
3 MAR	ARR 1130	Austin		ML			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)							
DATE	NATURE AND EXPLANATION		AMT. CLAIMED	ALLOWED			
	NONE						
SUMMARY OF PAYMENT							
Long distance telephone calls are certified as necessary in the interest of the Government.			APPROVING OFFICER (31 USC 680a)				
TR'S/MTA'S/MTS (If none, so state)			Total Entitlement				
NUMBER	FROM	TO	Less Previous Payments				
	NONE		Less Voucher Deductions				
			Amt Charged to Acctg Class				
LEAVE STATEMENT: 0 days 0 hours taken between 0 and 0			11. PAYMENT DESIRED				
POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER			<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH				
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)			12. <input checked="" type="checkbox"/> PER DIEM REQUESTED				
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.			14. SIGNATURE [REDACTED]		DATE 22 MAR 93		
5. ACCOUNTING CLASSIFICATION							
5. COLLECTION DATA							
7. COMPUTED BY		18. AUDITED BY		19. TVI BORD POSTED 20. RECEIVED			

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

**ADSW**

REVIEWED BY: [REDACTED]

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

DATE: 22 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, 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.					
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK	SSN					
[REDACTED]		[REDACTED]	[REDACTED]					
ORGANIZATION AND STATION		DUTY PHONE NO.						
AGTX-CD P.O. Box 5218 AUSTIN, TX. 78763-5218		[REDACTED] (512) 465-5596						
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)								
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 Clock)	PLACE (Home, Office, Base, Agency, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS		POC MILES
						GOVT	OPEN MESS	
21 MAR 93	DEP 0745	AUSTIN, TX	GA			DED*		
21 MAR	ARR 0945	WACO, TX	GA	TD				
21 MAR	DEP 1000		GA					
21 MAR	ARR 1200	DALLAS, TX	GA	TD				
21 MAR	DEP 1525		GA					
21 MAR	ARR 1715	WACO, TX	GA	TD	46.00			
22 MAR	DEP 0945		GA					
22 MAR	ARR 1200	AUSTIN, TX.	MC					
	EP							
	RR							
	DEP							
	ARR							
	DEP							
	ARR							
2. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)								
DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED					
	NONE							
3. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680e)								
4. TR'S/MTA'S/MTS (If none, so state)								
NUMBER	FROM	TO						
	NONE							
5. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____								
6. PCC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER								
7. ENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (US Code, Title 18, Section 287)								
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. [REDACTED] DATE: <u>22 MARCH 93</u>								
8. ACCOUNTING CLASSIFICATION								
4								
9. COLLECTION DATA								
7. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED (Payee signature and date or check no.)	21. AMOUNT PAID				

AGTX-OTM-D  
 MAR 23 1993 RECEIVED  
 AGTX-OTM-D  
 -1 APR 1993 RECEIVED  
 AGTX-OTM-D  
 5 APR 1993 DATE OUT



SECRETARY OF THE ARMY  
WASHINGTON

10 March 1993

NUMBER HAS BEEN

MAR 22 1993



MEMORANDUM FOR SECRETARY OF DEFENSE

SUBJECT: Army Support to Federal Law Enforcement  
Agencies in Waco, Texas -- INFORMATION  
MEMORANDUM

*INFORMATION:*

In the aftermath of the March 1, 1993, confrontation between Bureau of Alcohol, Tobacco, and Firearms (BATF) agents and cult members in Waco, Texas Federal law enforcement agencies requested Department of Defense equipment support. The support furnished by the Army was coordinated with the Office of the Secretary of Defense Executive Secretariat and has been provided by both the Active and Reserve components.

a. Active component support includes:

- (1) two utility helicopters (UH-1);
- (2) two main battle tanks (M1 Abrams)
- (3) two support vehicles for the main battle tanks (one High Mobility Multi-wheeled Vehicle (HMMWV) and one 2 1/2 ton truck);
- (4) miscellaneous night vision goggles, tents, generators, light sets, cots, and sandbags;
- (5) and 23 soldiers in liaison/maintenance roles (All active component personnel were briefed on the legal restrictions on direct law enforcement support).

b. Reserve Component support provided by the Texas Army National Guard includes:

- (1) ten Bradleys (M2A1 Infantry Fighting Vehicles);
- (2) two Combat Engineer Vehicles (M728 Combat Engineer Vehicles);

010

10 Mar 93

79545

(3) additional state (Title 32) operational support consisting of one fuel truck, two buses, one van, three 1 1/2 ton trailers, two utility helicopters (UH-60s) on stand-by, and miscellaneous tents, body armor, and night vision goggles;

(4) and 15 Army National Guard personnel in liaison, maintenance, and other support roles.

Combat vehicles were loaned without operable weapons systems and with Army markings obscured. The vehicles are being piloted/driven by FBI and BATF personnel. The FBI and BATF crews for the main battle tanks, infantry fighting vehicles, and combat engineer vehicles were trained by Army personnel prior to the loan of the equipment. The FBI crews for the utility helicopters were already trained and certified to Army standards.

All support furnished is reimbursable under the provisions of the Economy Act and has been provided in accordance with DODD 5525.5, DoD Cooperation with Civilian Law Enforcement Officials, January 15, 1986.

  
Acting  


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*A DSW*

REVIEWED BY: [REDACTED] DATE: 22 MAR 93

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

TRAVEL VOUCHER OR SUBVOUCHER		(Complete by typewriter, ink, 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.	
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK	SSN	SUBVOUCHER NO.	
[REDACTED]		[REDACTED]	[REDACTED]	AGTX-OTM-D	
ORGANIZATION AND STATION		DUTY PHONE NO.		23 MAR 1993 RECEIVED	
AGTX-CD AUSTIN, TX 78763-5218		465-5596		AGTX-OTM-D	
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)				-1 APR 1993 RECEIVED	
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)				AGTX-OTM-D	
NONE				5 APR 1993 DATE OUT	
1. ITINERARY (See Item 25 for Symbols)		2. COST OF LODGING		3. NUMBER OF MEALS	
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT DED*
93					
21 MAR	DEP 0745	AUSTIN, TX	GA	TD	
21 MAR	ARR 0945	WACO, TX	GA	TD	
21 MAR	DEP 1000	DALLAS, TX	GA	TD	
21 MAR	ARR 1200	DALLAS, TX	GA	TD	
21 MAR	DEP 1505	WACO, TX	GA	TD	\$48.00
22 MAR	ARR 1715	WACO, TX	GA	TD	
22 MAR	DEP 0945	AUSTIN, TX	GA	ML	
22 MAR	ARR 1200	AUSTIN, TX	GA	ML	
	EP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)					
DATE	NATURE AND EXPLANATION		AMT. CLAIMED	ALLOWED	
	NONE				
				SUMMARY OF PAYMENT	
				Per Diem	
				Actual Expense	
6. Long distance telephone calls are certified as necessary in the interest of the Government.				Mileage or Transp Allowances	
APPROVING OFFICER (31 USC 680e)				Reimbursable Expenses	
7. TR'S/MTA'S/MTS (If none, so state)				Total Entitlement	
NUMBER	FROM	TO		Less Previous Payments	
NONE				Less Voucher Deductions	
				Amt Charged to Acctg Class	
				11. PAYMENT DESIRED	
				<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH	
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____				12. <input type="checkbox"/> PER DIEM REQUESTED	
9. PCC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER				13. BAS RATE	
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 3 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)					
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.				DATE	
				22 MARCH 93	
15. ACCOUNTING CLASSIFICATION					
4					
16. COLLECTION DATA					
17. COMPUTED BY		18. AUDITED BY		19. TVL RCRD POSTED BY	
				20. RECEIVED (Payee signature and date or check no.)	
				21. AMOUNT PAID	

NAME

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1-11	P	P	P	P	P																				
2-1	P	P	P	P																					
3-1					P	P																			
4-1							P	P	P																
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17-1																									
18-1																									



NAME	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				X		P	P	P	P				P	P	P	P					
2- [REDACTED]										P	P	P	P				P	P	P						
3- [REDACTED]										P	P	P	P				P	P	P						
4- [REDACTED]																									
5- [REDACTED]																									
6- [REDACTED]	P																								
7- [REDACTED]	P	P	P	P	P																				
8- [REDACTED]	P	P	P	P	P																				
9- [REDACTED]	P	P	P	P	P																				
10- [REDACTED]	P	P																							
11- [REDACTED]	P	P																							
12- [REDACTED]	P	P																							
13- [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
14- [REDACTED]											P	P	P	P	P	P									
15- [REDACTED]	P	P	P	P	P	P	P	P																	
16- [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
17- [REDACTED]																									
18- [REDACTED]																									

March



NAME	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	P	P																	
2- [REDACTED]	P	P	P	P	P	P	P																		
3- [REDACTED]											P	P	P	P	P	P	P	P	P	P	P	P	P		
4- [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
5- [REDACTED]								P	P	P	P	P	P	P	P	P	P	P	P	P	P	P			
6- [REDACTED]									P	P	P	P	P	P	P	P									
7- [REDACTED]									P	P	P	P	P	P	P	P	P	P	P	P	P				
8- [REDACTED]	P	P	P	P	P	P	P					P	P	P	P	P									
9- [REDACTED]				P	P	P	P	P	P	P	P	P	P	P	P	P									
10- [REDACTED]											P	P	P	P	P	P									
11- [REDACTED]					P	P	P	P	P	P	P	P	P	P	P	P									
12- [REDACTED]				P	P	P	P	P	P	P	P	P	P	P	P	P									
13- [REDACTED]	P	P	P	P	P	P	P	P																	
14- [REDACTED]	P	P	P	P	P	P	P	P																	
15- [REDACTED]																									
16- [REDACTED]																									
17- [REDACTED]																									
18- [REDACTED]																									

