

**Click on Bookmarks
To View Travel Detail**

TRAVEL VOUCHERS.TXT

FAM165TV									
COUNTY OF EL PASO CNY									
TRAVEL VOUCHERS									
RUN DATE: 02/19/2010									
PAGE NUM: 1									

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE									
VOUCHER NUMBER	VENDOR NUMBER	INDEX	SELECTION DATE:	99/99/9999	CHECK DATE:	02/19/2010	POSTING PERIOD:	05 2010	CLEARED FOR
DOC REFERENCE	VENDOR NAME	SUBJECT	GRANT	USER CODE	BALANCE DUE	BALANCE DUE	NET	PAYMENT	
DOING BUSINESS AS	DESCRIPTION								

0	TOTALS FOR TRANSACTION DATE : 01/29/2010				.00	.00	.00	.00	

FAM165TV									
COUNTY OF EL PASO CNY									
TRAVEL VOUCHERS									
RUN DATE: 02/19/2010									
PAGE NUM: 2									

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE									
VOUCHER NUMBER	VENDOR NUMBER	INDEX	SELECTION DATE:	99/99/9999	CHECK DATE:	02/19/2010	POSTING PERIOD:	05 2010	CLEARED FOR
DOC REFERENCE	VENDOR NAME	SUBJECT	GRANT	USER CODE	BALANCE DUE	BALANCE DUE	NET	PAYMENT	
DOING BUSINESS AS	DESCRIPTION								

0	TOTALS FOR TRANSACTION DATE : 02/18/2010				.00	.00	.00	.00	

FAM165TV									
COUNTY OF EL PASO CNY									
TRAVEL VOUCHERS									
RUN DATE: 02/19/2010									
PAGE NUM: 3									

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE									
VOUCHER NUMBER	VENDOR NUMBER	INDEX	SELECTION DATE:	99/99/9999	CHECK DATE:	02/19/2010	POSTING PERIOD:	05 2010	CLEARED FOR
DOC REFERENCE	VENDOR NAME	SUBJECT	GRANT	USER CODE	BALANCE DUE	BALANCE DUE	NET	PAYMENT	
DOING BUSINESS AS	DESCRIPTION								

OTA1000141	01	EMPO0142	01	CA					
		ERICH A. MORALES, ATTY		6705	447.71	447.71		447.71	
		COUNTY ATTORNEY'S OFFICE		03/10-11/10, AUSTIN, TX, TASK FORCE MEETING					
OTA1000142	01	EMPO0371	01	JPDI INTEREST					
		YAHARA LISA GUTIERREZ, JUDGE		6701	227.50	227.50		227.50	
		065THDC		03/14-17/10, LAS VEGAS, NV, JUVENILE & FAM LAW					
OTA1000143	01	EMPO0450	01	SHERIFFLEOS	1,720.59	1,720.59		1,720.59	
		RANDOLPH M. TABBUTT		6602					
		ALTLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO							
OTA1000144	01	EMPO0659	01	PROBTRVLSR1	2,201.47	2,201.47		2,201.47	
		YVONNE RODRIGUEZ, ATTORNEY		6705					
		WASHINGTON, DC 3/11-14/10 NAT'L ASSOC WOMEN JDGS							
OTA1000144	02	EMPO0659	01	PROBTRVLSR1	30.00	30.00		30.00	
		YVONNE RODRIGUEZ, ATTORNEY		6705					
		RMB RG ELP, TX 2/13/10 SENIOR LOVE CONF ' 10							
OTA1000144	03	EMPO0659	01	PROBTRVLSR1	50.00	50.00		50.00	
		YVONNE RODRIGUEZ, ATTORNEY		6705					
		RMB RG ELP, TX 2/26/10 ADULT PROTC SRVC-CLE							
OTA1000144	04	EMPO0659	01	PROBTRVLSR1	50.00	50.00		50.00	
		YVONNE RODRIGUEZ, ATTORNEY		6705					
		RMB RG ELP, TX 1/22/10 867 MGMNT TRUST-CLE							
OTA1000145	01	EMPO0806	01	SHERIFFLEOS	1,720.59	1,720.59		1,720.59	
		ROBERT SALAS		6602					
		ALTLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO							
OTA1000146	01	EMPO1059	01	SHERIFFLEOS	1,050.30	1,050.30		1,050.30	
		EDUARDO PLACENCIA		6602					
		ALTLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO							
OTA1000147	01	EMPO2053	01	COMMISSNER2	31.24	31.24		31.24	
		VERONICA ESCOBAR		6705					
		11/18-20/09, SAN ANTONIO, TX, CUC							
OTA1000148	01	EMPO2107	01	CNTYCLERK	379.51	379.51		379.51	
		VALERIE A. SANCHEZ		6705					
		RBM COLLEGE ST, TX1/11-14/10CNTY CLRKS CONT EDU ED							

FAM165TV									
COUNTY OF EL PASO CNY									
TRAVEL VOUCHERS									
RUN DATE: 02/19/2010									
PAGE NUM: 4									

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE									
VOUCHER NUMBER	VENDOR NUMBER	INDEX	SELECTION DATE:	99/99/9999	CHECK DATE:	02/19/2010	POSTING PERIOD:	05 2010	CLEARED FOR
DOC REFERENCE	VENDOR NAME	SUBJECT	GRANT	USER CODE	BALANCE DUE	BALANCE DUE	NET	PAYMENT	
DOING BUSINESS AS	DESCRIPTION								

OTA1000149	01	EMPO2345	01	SHERIFFLEOS	1,350.75	1,350.75		1,350.75	
		ENRIQUE CORTEZ		6602					
		ENRIQUE CORTEZ GRAHAM, TX3/8-11/10BKGRND INVST SCH							
OTA1000149	02	EMPO2345	01	SHERIFFLEOS	1,350.75	1,350.75		1,350.75	
		ENRIQUE CORTEZ		6602					
		PRI SCILLAPENA GRAHAM, TX3/8-11/10BKGRND INVST SCHL							
OTA1000150	01	EMPO2432	01	SHERIFFLEOS	1,050.30	1,050.30		1,050.30	
		PRI SCILLA PENA		6602					
		ALTLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO							
OTA1000151	01	VOO2467	01	DA	310.01	310.01		310.01	
		JAI ME ESPARZA, D. A.,		6705					
		SPECIAL A RB RENEE RAI LEY WASHINGTON, DC1/10-11/10 SWEST BRD							
OTA1000152	01	V015022	01	PLAN&DEVELOP	425.00	425.00		425.00	
		GRANT WRITING USA		6705					
		RG MUNZER ALSARRAJ ELP, TX4/19-20/10GRNT WRNG WRK							
OTA1000153	01	V022797	01	HITARI C08	479.15	479.15		479.15	
		GEORGE R. HUNGATE		6602					
		01/20-21/10 AUSTIN, TX HUMAN TRAFFICKING PREVENTI		282 05					
0	TOTALS FOR TRANSACTION DATE : 02/22/2010				12,874.87	12,874.87		12,874.87	
0	REPORT TOTAL				12,874.87	12,874.87		12,874.87	

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO0142 01
 Voucher Total: \$447.71
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: B0

Preparer's Initials: B0
 Amount Spelled: FOUR HUNDRED,
 FORTY SEVEN DOLLARS AND SEVENTY ONE CENTS

Vendor Name: ERICH A. MORALES, ATTY
 COUNTY ATTORNEY'S OFFICE
 Street: P.O. BOX 26732

City, State, Zip: EL PASO TX 79926

Subject: 03/10-11/10, AUSTIN, TX, TASK FORCE MEETING

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	447.71	CA	6705				
	Desc: 03/10-11/10, AUSTIN, TX, TASK FORCE MEETING							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE HOLD CHECK

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: ERICH MORALES Department: County Attorney's Office
 Date of Trip: Departure 03/10/10 Arrival Date: 03/11/10 Destination: Austin TX
 * Purpose of Trip: Attend Task Force on Uniform County Subdivision Regulations Meeting

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: ca Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$179.90	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	52.50	
Meal per diem (\$35.00)		
Meal rate on Return date		
Lodging	165.31	
Other - Registration		
Other - Parking/Tolls		
Other - Taxi	50.00	
Other -		
Other -		
TOTAL	\$447.71	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp00142
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$447.71 CC \$0.00
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature]
DATE: 16-Feb-10

C.C.O. DATE

25-Mar-10

Please Hold Check!

El Paso County Travel Justification Form

SUPERVISOR

Name: Erich Morales Signature [Signature] Date: 2/16/2010

Dept: County Attorney's/GC Unit Job Title: Assistant County Attorney

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? NO

Travel Account No.: CA-6705 Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference: _____

My elective office requires ___ number of training hours per ___ months. I have already fulfilled ___ of these hours for this time period.

Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy

Entity Name: _____

Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity

Explain: _____

Program Development Training

Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention

(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: _____

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: Legislative Task Force Meeting

Josefina Vasquez

From: Erich Morales
Sent: Tuesday, February 02, 2010 9:09 AM
To: Josefina Vasquez
Subject: FW: Task Force Meeting March 11

Attachments: CapitolComplexEmployeeParking.pdf; Directions from I35.doc



CapitolComplexEmpI Directions from
oyeeParking.... I35.doc (23 KB...

Please print up information from SWAL for me to fly out on 3/10 and return and 3/11. also please check hotel availability.

Thank s- e.

-----Original Message-----

From: Leila Wurst [mailto:Leila.Wurst@twdb.state.tx.us]
Sent: Tuesday, February 02, 2010 8:56 AM
To: Leila Wurst
Subject: Task Force Meeting March 11

Members and interested parties:

Due to numerous scheduling conflicts and the need for additional time to complete the assigned tasks the next meeting of the Task Force on Uniform County Subdivision Regulation will be held on March 11, 2010 at 9 am, in the Stephen F. Austin Building located at 1700 N. Congress, Room 170, Austin, TX 78701. This is the same location the first meeting was held.

Thank you and have a great week.

Leila L. Wurst
Program Specialist, Governmental Relations Texas Water Development Board 1700 North
Congress, Suite 516A Austin, TX 78701
512-463-9637
512-431-4328 (cell)
512-475-2053 (fax)

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Thank you!
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 - ✓ Better Boarding Position
 - ✓ Earlier Access to Overhead Storage
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Learn More >



- Book a Car
- Book a Hotel
- Book a Flight

Air

Adult 1: ERICH MORALES

Acct#: 0000018883922

Confirmation # QZ6HFI

AIR ITINERARY

DEPART MAR 10	El Paso, TX to Austin, TX Wednesday, March 10, 2010 Travel Time 1 h 25 m (Nonstop) Add EarlyBird Check-In	#866	Depart El Paso, TX (ELP) Arrive in Austin, TX (AUS)	11:15 AM 1:40 PM
RETURN MAR 11	Austin, TX to El Paso, TX Thursday, March 11, 2010 Travel Time 1 h 40 m (Nonstop) Add EarlyBird Check-In	#939	Depart Austin, TX (AUS) Arrive in El Paso, TX (ELP)	8:15 PM 8:55 PM

**YOU JUST SAVED UP TO
\$120 ROUNDTRIP!**



BAG FEES = \$0.00
Bags Fly Free on Southwest
First and second checked bags. Weight and size limits apply.

BILLING

Purchaser Name	Billing Address	City, State & Zip
Erich Morales	500 E. San Antonio Suite 503	El Paso, TX 79901

Form of Payment	Number	Amount Applied	Remaining Balance
Visa	XXXXXXXXXXXX-4597	\$179.90	N/A

AIR PRICING

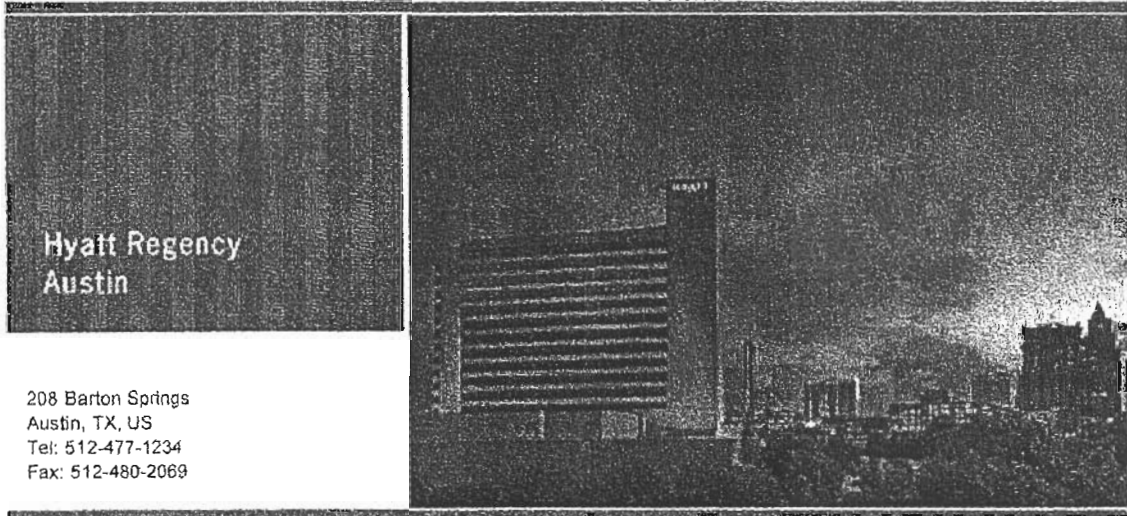
Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	FLP-AUS	Wanna Get Away	\$74.42	\$14.78	1	\$89.20
Adult	Return	AUS-ELP	Wanna Get Away	\$74.42	\$16.28	1	\$90.70
				\$148.84	\$31.06	1	\$179.90

TRIP GRAND TOTAL: \$179.90

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[Customer service](#)

HYATT
e·concierge



208 Barton Springs
Austin, TX, US
Tel: 512-477-1234
Fax: 512-480-2069

[Hyatt E-Concierge](#) [Visit hotel website](#)

Greetings from Hyatt Regency Austin,

We look forward to your visit to Hyatt Regency Austin, arriving on Wednesday, March 10, 2010 departing on Thursday, March 11, 2010.

Your confirmation number is 36026417. For details about your reservation, please see the information below. To make changes to your reservation electronically, please send an e-mail to reservations@hyatt.com, or within the U.S. call 1-877-827-1356 or your local [worldwide reservation center](#). If you need customer service assistance before, during or after your stay, you may also contact us 24/7 via [Twitter](#).

We are excited about your upcoming visit and look forward to creating a memorable experience for you. We invite you to use [Hyatt E-Concierge](#) to make arrangements in advance for activities such as golf, tennis, spa, dining reservations, children's programs, transportation and more. By making these plans in advance you will ensure that you can take advantage of the many services and amenities that Hyatt Regency Austin has to offer!

We are delighted that you have chosen to stay with us and look forward to your Wednesday, March 10, 2010 arrival.

Warm regards,

Lance Stumpf
General Manager
Hyatt Regency Austin

As a valuable Hyatt guest, you will also receive a 7 day arrival reminder notice. If you wish to unsubscribe from receiving reminder e-mails for confirmed reservations, please [click here](#). If you have opted-out on a previous

confirmation, please disregard this message.

RESERVATION DETAILS

Confirmation number: 36026417

Guest name: ERICH MORALES

Hyatt Regency Austin

208 Barton Springs
Austin, TX, 78704 US
Hotel phone number: 512-477-1234
Hotel fax number: 512-480-2069
Hotel e-mail: austin@hyatte-concierge.com

Check in date:

Wednesday, March 10, 2010

Expected arrival time:

Check out date:

Thursday, March 11, 2010

Number of adults: 1

Number of children: 0

Number of rooms: 1

Hotel check-in time: 15:00

Hotel check-out time: 12:00

Room(s) booked: KING ROOM

Room description: 1 king bed:Hill country/lake/city views: Oversized work desk:

Rate Information

Type of rate STATE GOV RTE*
For ALL Texas State Government employees only.

Additional tax & service charges

15.00% Tax

Nightly rate per room

143.75 US DOLLARS March 10

Guaranteed by: VISA GUARANTEE

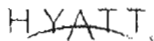
Cancellation policy: CANCEL BY 3PM CST 24 HOURS PRIOR TO ARRIVAL

Changes to the dates of stay, number of guests per room or number of rooms confirmed will be subject to current pricing which may be different than previously confirmed rates.

Preferences:

CONFIRMED NON-SMOKING RM

Your preferences have been submitted with your reservation and are subject to hotel availability.



Customer Service | English

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 [Change/Cancel](#) >
 [Reservations](#) >
 [Change Reservation](#)

VIEW RESERVATION



Hyatt Regency Austin
 208 Barton Springs
 Austin, Texas, USA
 78704
 Tel: +1 512 477 1234
 Fax: +1 512 480 2069
[Maps & Directions](#)

Confirmation #: 36026417

RESERVATION ASSISTANCE

For assistance within the U.S. & Canada, please call 1-800-492-8804.

For international assistance, please click here.

[Visit Hotel Site](#) |
 [View Photo Gallery](#) |
 [View Virtual Tour](#)

Personal Information

Guest Name: ERICH MORALES
Address: 500 E San Antonio Ave 5 Floor Room 503
 El Paso, TX
 799012419
Phone #: Not available for display
Email: JOSEFINA.VASQUEZ@EPCOUNTY.COM
Gold Passport #: Not available for display
IATA #: Not available for display
Private Line#: Not available for display

Travel Details

Check-In Date: 03-10-2010
Check-Out Date: 03-11-2010

Number of Adults: 1 Adult
Number of Children: 0 Children
Number of Rooms: 1 Room

Room Type

Daily Rate: 143.75 USD per Night per Room

Total Rate: 143.75¹

Rate Information: State Gov Rte

Tax Information: 15.00% tax

Other Charges:

Total After Taxes: 165.31 USD

Cancellation Policy: Cancel By 3pm Cst 24 Hours Prior To Arrival

Deposit Policy: Credit Card Guarantee Required /

¹ Additional taxes and charges may apply

Room Preferences

Room Preferences: Non-smoking room
 Hyatt will guarantee your request for a Non-Smoking room(s).

Estimated Check-In: Not available for display

Comments:

Reservation Summary

ERICH MORALES
 500 E San Antonio Ave 5 Floor
 Room 503
 El Paso, TX
 799012419

Hyatt Regency Austin
 Austin Texas USA

Check-In Date: Wed 10 Mar, 2010
Check-out Date: Thu 11 Mar, 2010

1 Adults
 0 Children
 1 Room

Previous Rates
 143.75 USD per Night per Room
 143.75 USD Total Per Room

Additional Charges:
 15.00% tax

165.31 USD Total After Taxes

RoomRate Info

Cancellation Policy:
 Cancel By 3pm Cst 24 Hours Prior To Arrival

Guarantee Policy:
 Credit Card Guarantee Required /

Reservation Links

[Glossary of Terms](#)
[Currency Converter](#)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00371 01
 Voucher Total: \$227.50
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: BO

Preparer's Initials: BO
 Amount Spelled: TWO HUNDRED TWENTY SEVEN DOLLARS AND FIFTY CENTS

Vendor Name: YAHARA LISA GUTIERREZ, JUDGE
 065THDC
 Street: 7020 TOLUCA

City, State, Zip: EL PASO TX 79902

Subject: 03/14-17/10, LAS VEGAS, NV, JUVENILE &FAM LAW

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	227.50	JPDINTEREST	6701				
	Desc:	03/14-17/10, LAS VEGAS, NV, JUVENILE &FAM LAW						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Yahara Lisa Gutierrez Department: Juvenile Probation Department
 Date of Trip: Departure 03/14/10 Arrival Date: 03/17/10 Destination: Las Vegas, Nevada
 * Purpose of Trip: National Council of Juvenile and Family Court Judges "Juvenile and Family Law" National Conference

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: IMPRESTJBSA JPDINTEREST Sub-Object: 6701 6602
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW (YES/NO)

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

- Please Check One (Departure meal rate)*
- on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00
- Please Check One (Return meal rate)*
- on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC
Airfare	\$589.10
Auto Rental	
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	17.50
Meal per diem (\$35.00)	70.00
Meal rate on Return date	35.00
Lodging	319.20
Other - Registration	650.00
Other - Parking/Tolls	30.00
Other - Taxi	
Other - Airline Fee	75.00
Other -	
TOTAL	\$227.50 \$1,558.30

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: EM 00371
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE N Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$227.50 CC \$1,558.30

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____


NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
 TUESDAY 12:00 PM

SIGNATURE _____
 DATE: 8-Feb-10

C.C.O. DATE


Susan McQueen

From: American Airlines@aa.com [notify@aa.globalnotifications.com]
Sent: Saturday, February 06, 2010 4:47 AM
To: Susan McQueen
Subject: E-Ticket Confirmation-JHUFTP 14MAR


American Airlines
AA.com

eTicket Itinerary & Receipt Confirmation

Reservations
Award Booking
My Account
Fare Sales & Offers



Date of Issue: 06FEB10

Roger Martinez:

Thank you for choosing American Airlines / American Eagle, a member of the **oneworld™** Alliance. Below are your itinerary and receipt for the ticket(s) purchased. Please print and retain this document for use throughout your trip.


Record Locator: JHUFTP

You may check in and obtain your boarding pass for U.S. domestic electronic tickets within 24 hours of your flight time online at AA.com by using www.aa.com/checkin or at a Self-Service Check-In machine at the airport. Check-in options may be found at www.aa.com/options. For information regarding American Airlines checked baggage policies, please visit www.aa.com/baggageinfo. **For faster check-in at the airport, scan the barcode at any AA Self-Service machine.**


Effective February 1, American Airlines is cashless onboard all flights. For in-flight purchases, we will accept Citi® / AAdvantage® MasterCard® and other major credit or debit cards only. Cashless cabins will not be implemented onboard American Eagle and American Connection flights - only cash will continue to be accepted onboard those flights. For more information about cashless cabins, please visit www.aa.com/cashless.


You must present a government-issue photo ID and either your boarding pass or a priority verification card at the security screening checkpoint.


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AAADVANTAGE®
MILES AND
SAVE UP TO
30%
Alamo



EARN 200
AAADVANTAGE®
MILES
ON EVERY
HOTEL

AAdvantage® Earn
miles
on this
trip
Enroll Now
Earn 1,000
Bonus Miles

Book
Activities

5,500 Events
& Tours


Book a hotel


Book a car


Buy trip insurance
for as low as \$16.50



Record Locator: JHUFTP

Itinerary

Carrier	Flight Number	Departing		Arriving		Booking Code
		City	Date & Time	City	Time	
AA American Airlines	2453	WASHINGTON REAGAN	SUN 14MAR 12:25 PM	DALLAS FT WORTH	2:55 PM	G
	Yahra Gutierrez		Economy	Seat 23B		Food For Purchase
AA American Airlines	1795	DALLAS FT WORTH	SUN 14MAR 4:25 PM	LAS VEGAS	5:30 PM	G
	Yahra Gutierrez		Economy	Seat 19D		Food For Purchase

Receipt

PASSENGER	TICKET NUMBER	FARE-USD	TAX	TICKET TOTAL
YAHRA GUTIERREZ	0012315349575	273.49	41.91	315.40
ADDITIONAL SERVICES			CURRENCY	AMOUNT
Telephone Ticketing Service			USD	20.00
Payment Type: Master Card XXXXXXXXXXXX0623				Total: \$335.40

Additional Services are subject to credit card approval at time of ticketing. Additional Services may appear on multiple accompanied documents as a matter of reference.

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Electronic tickets are NOT TRANSFERABLE. Tickets with nonrestrictive fares are valid for one year from original date of issue. If you have questions regarding our refund policy, please visit www.aa.com/refunds.

To change your reservation, please call 1-800-433-7300 and refer to your record locator.

Check-in times will vary by departure location. In order to determine the time you need to check-in at the airport, please visit www.aa.com/airportexpectations.

A summary of Terms and Conditions of Travel is available by selecting the Conditions of Carriage button below.

Conditions Of Carriage

Special Assistance

Flight Check-In

Flight Status Notification

Our
Lowest Fare
Guarantee *Only at AA.com*

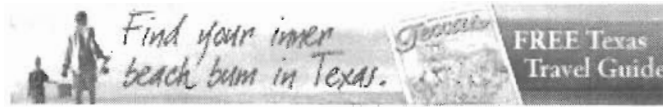
member of oneworld
10 years

We know why you fly
AmericanAirlines
AA.com

This e-mail address is non-returnable and does not accommodate replies. If you have a customer service issue, please [Contact AA](#).

Susan McQueen

From: Southwest Airlines [SouthwestAirlines@luv.southwest.com]
Sent: Friday, February 05, 2010 9:32 AM
To: Susan McQueen
Subject: Ticketless Confirmation - GUTIERREZ/YAHARA LISA - QWR6TL



Receipt and Itinerary as of 02/05/10 10:32 AM

Confirmation Number
QWR6TL

**EARLYBIRD
CHECK-IN**

A More Convenient
Way To Travel



Confirmation Date: 02/05/10
Received: ROGER MARTINEZ BY ICBM

Be prepared when you get there!
Consult [Travel Guide](#) for relevant
tips from real travelers.

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration ¹
GUTIERREZ/YAHARA LISA	- None Entered -	5262180342077	02/05/11

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: LAS VEGAS NV to EL PASO TX (*Travel Time: 1 hrs 40 mins*)

Date	Flight	Routing Details
Wed Mar 17	# 1668	Depart LAS VEGAS NV (LAS) at 3:05 PM Arrive in EL PASO TX (ELP) at 5:45 PM

Cost and Payment Summary

Base Fare	\$226.05
+ Excise Taxes	\$16.95
Advertised Fare	\$243.00
+ Segment Fee	\$3.70
+ Passenger Facility Fee	\$4.50
+ Security Fee ¹	\$2.50
Total Payment:	\$253.70

¹Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)
02/05/10 Mastercard XXXXXXXXXXXXX0623 \$253.70

Fare Rule(s)

All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

Fare Calculation:

LAS WN ELP226.05YL 226.05 END ZPLAS XT2.50AY4.50XFLAS4.5

Important Checkin Requirement

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Southwest Airlines Co. Notice of Incorporated Terms

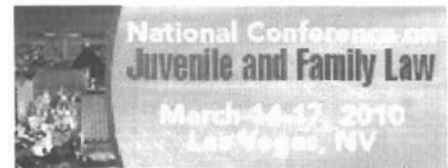
Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

Notice of Incorporated Terms

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Requirements](#)
[Inflight Service](#) | [Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can notify you of flight departure or arrival status via text messages on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.



NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES est. 1937

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Organizational Meetings
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Travel Policy

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National Conference on Juvenile and Family Law

Page 3 of 7

Article Index

- National Conference on Juvenile and Family Law
Who Should Attend?
Hotel Information

Hotel Reservations



Planet Hollywood Resort and Casino, located on the Las Vegas strip will serve as the conference hotel. Single and double accommodations are available at a rate of \$95 per night and are subject to state and local taxes. Rooms are available at the contract rate until February 12, 2010. Early hotel reservations are strongly recommended as a limited number of rooms have been reserved at the reduced rate.

For reservations, contact the Reservations Department at (877) 244-9474 and refer to the NCJFCJ's National Conference on Juvenile and Family Law. To make reservations online click here. A one night's room deposit is required to confirm reservations.

- NCJFCJ Activities by State
Consultation and Resources
Members Only
Online Store
Links
Employment
Advanced Degrees



- Child Abuse and Neglect
Juvenile Delinquency
Family Violence
Domestic Relations
Substance Abuse
Justice Management
Research

total: \$319.20

Jdg. \$106.40/one nt. dep.

Cecilia

(RD255)

<< Prev - Next >>

Susan McQueen

From: resinquiry@crm.data2gold.com on behalf of Planet Hollywood Resort & Casino
[reservations@planethollywood.com]
Sent: Thursday, January 28, 2010 6:49 AM
To: Susan McQueen
Subject: Your Planet Hollywood Resort & Casino Confirmation

View: [Html](#) | [Mobile](#) | [Text](#)

Dear Yahara,

Thank you for choosing **Planet Hollywood Resort & Casino** for your visit to Las Vegas. We are pleased to confirm the details for your accommodations along with arrival and departure information below. If you should require any adjustments to your reservation, please call and we will do our best to accommodate you.

To complete your celebrity Las Vegas experience, we can assist you with reservations for **PEEPSHOW** or any of our specialty restaurants by calling **1.866.517.3263**. We look forward to seeing you at Planet Hollywood!

GET MORE OUT OF YOUR EXPERIENCE
early check-in, late check-out, room upgrades and more.

[Get More...](#)

... RESERVATION DETAILS ...

CONFIRMATION NUMBER:	LD2S5
GUEST NAME:	Yahara Gutierrez
ARRIVAL DATE:	Sunday, March 14, 2010
DEPARTURE DATE:	Wednesday, March 17, 2010

The above rate(s) may not reflect all possible fees, additional charges or taxes associated with this reservation. For clarification regarding these charges, please contact our reservations department.

... POLICIES ...

CHECK-IN TIME:	3:00 PM
CHECK-OUT TIME:	11:00 AM

Cancelation with Refund: Varies based on offer; please call to verify.

... CONTACT INFORMATION ...

MAIN HOTEL NUMBER:	702.785.5555
RESERVATION NUMBER:	866.517.3263
WEBSITE:	www.planethollywoodresort.com



MAKE DINNER RESERVATIONS



GET \$10 OFF, USE CODE 10MAIL

FIND FAME ONLINE ▶



@phvegas

PLANET HOLLYWOOD RESORT & CASINO

3667 LAS VEGAS BOULEVARD SOUTH

LAS VEGAS, NV 89109

PHONE: 702.785.5555 | TOLL FREE: 1.866.517.3263

Privacy Policy

All guests at Planet Hollywood Resort & Casino, must be 21 years of age or older to check-in. Offer not applicable to groups and cannot be combined with other special offers. Blackout dates and other restrictions may apply. Accommodations and promotions are subject to availability, are non-transferable, have no cash value, and cannot be used in conjunction with any other offer or promotion. Offer based on single or double occupancy. Room rates are on a per night basis and do not include applicable taxes and fees.

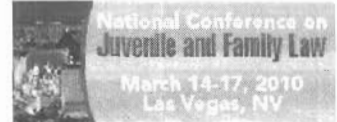
Thank you for providing your email address. We value your interest in our property. If you prefer not to receive e-mail promotions, please let us know. Thank you.

Postal Address Opt-out Request: Planet Hollywood Resort Casino.
Attn: Customer Relationship Marketing 3667 Las Vegas Blvd, South Las Vegas, NV 89109
www.planethollywood.com

CRM Services Powered By
Digital Alchemy



NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES
est. 1937



Order Summary

Here are the details of your order.

Order Date 1/27/2010
Order Total 650.00
Payment Type MC *****0623
Name on Card Roger Martinez

Event

Order number 238
Event National Conference On Juvenile And Family Law
Event Date Sunday, March 14, 2010 - Wednesday, March 17, 2010
Registrant Yahara Lisa Gutierrez

Function	Quantity	Price
Registration Fee	1	650.00

Total 650.00

National Council of Juvenile and Family Court Judges P.O. Box 8970 Reno, NV 89507 Telephone:(775)784-6012 Fax:(775)784-6628
staff@ncjfcj.org

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NCJFCJ

**NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES**

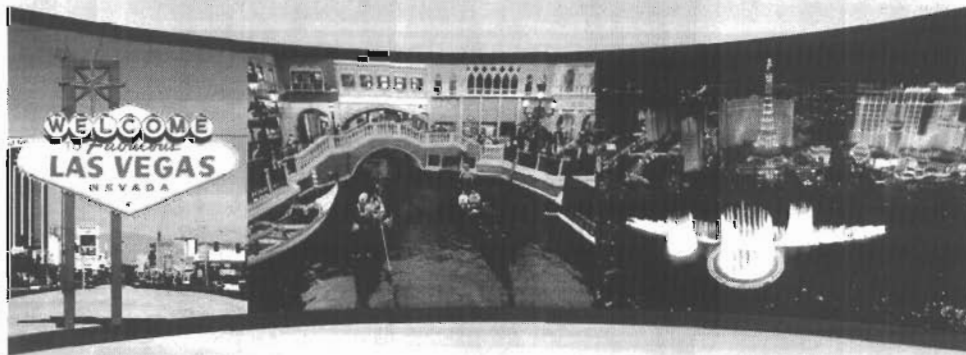
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Annual Conference on
Juvenile and Family Law

November 17, 2010

Las Vegas, NV



National Conference on Juvenile and Family Law

March 14-17, 2010 Las Vegas, NV

National Council of Juvenile and Family Court Judges

As part of this redesigned conference, NCJFCJ has embarked on a collaborative approach to improve outcomes for children, youth, families, victims and communities. Learning opportunities will include the National Center for Juvenile Justice (NCJJ) Resource Center showcasing hands-on Internet tools; meeting with conference faculty at the end of each day to discuss seminars attended; and visiting more than 75 exhibitors showcasing their support.

Who should attend?

Conference registration is open to judges, juvenile and family court personnel, related system professionals, and all others interested in better outcomes for children and families.

Hotel Reservations

Planet Hollywood Resort and Casino, located on the Las Vegas Strip, will serve as the conference hotel. Single and double accommodations are available at a rate of \$95 per night and are subject to state and local taxes. Rooms are available at the contract rate until February 12, 2010. Early hotel reservations are strongly recommended as a limited number of rooms have been reserved at the reduced rate.

For reservations, contact the Reservations Department at (877) 244-9474 and refer to the NCJFCJ's National Conference on Juvenile and Family Law, or go to www.ncjfcj.org and click on the "National Conference on Juvenile and Family Law" banner ad. A one night's room deposit is required to confirm reservations.

Sponsorship and Exhibit Opportunities

To take advantage of face-to-face contact with more than 750 attendees, visit www.ncjfcj.org and click on the "National Conference on Juvenile and Family Law" banner ad, or contact Danny Nguyen, Marketing Coordinator, at (775) 784-1744, or exhibitors@ncjfcj.org.

NCJFCJ will be collaborating with allied organizations including:

- Center for Juvenile Justice Reform, Georgetown University
- Council of Juvenile Correction Administrators
- Family Justice Center Alliance
- Fox Valley Technical College
- National Association of Youth Courts
- National Court Appointed Special Advocates
- National Juvenile Court Services Association
- Vera Institute of Justice
- Westat
- and many others...

Conference Highlights

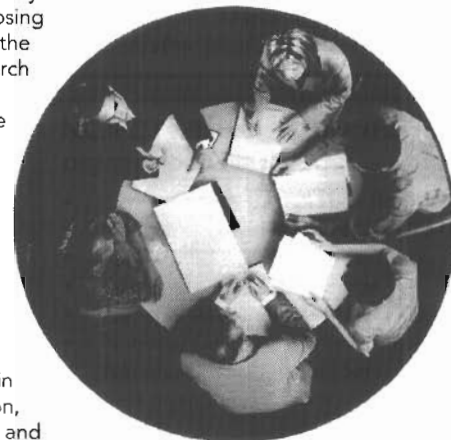


Stuart A. Forsyth, owner and principal of The Legal Futurist, is a visionary futurist and veteran bar executive who has served as consultant to the legal profession, including bar associations, law firms, courts and judges. This unique opening plenary session will explore how the decisions made today will impact the future of the juvenile justice system in the years to come. Consultant to the American Bar Association's Committee on Research About the Future of the Legal Profession and a founding member of the Association of Professional Futurists, his presentations on the use and impact of technology, the importance of good client relations, and the future of the legal profession have received nationwide acclaim. Mr. Forsyth currently serves as Executive Director of the Los Angeles County Bar Association, the largest metropolitan bar in the nation.



Raised in south central Los Angeles of Mexican-Texan roots, Jerry Tello is co-founder of the National Compadres Network, Director of the National Latino Fatherhood and Family Institute, and an internationally recognized expert in the areas of family strengthening, community mobilization and culturally based violence prevention and intervention. Mr. Tello's presentation will focus on the importance of viewing system reform efforts through a cultural lens that honors all people. Recipient of several awards including the Presidential Crime Victims Service Award, Mr. Tello currently serves as Director of the Sacred Circles Healing Center in Whittier, California.

Building on the above dynamic presentations, the closing plenary will focus on the need to bridge research and practice through building collaborative relationships across disciplines. The final plenary session will feature researchers from the National Center for Juvenile Justice and the Vera Institute, Center on Youth Justice, as well as practitioners in the fields of probation, court administration, and public policy.



National Conference on Juvenile and Family Law Conference Schedule

Sunday, March 14, 2010

1:00 – 6:00 p.m.	Conference Registration
6:00 – 7:30 p.m.	Conference Welcome Reception
6:00 – 7:30 p.m.	Exhibit Show

Monday, March 15, 2010

7:30 a.m. – 5:30 p.m.	Conference Registration
7:30 – 8:30 a.m.	Exhibit Show & Networking Break
8:00 a.m. – 5:00 p.m.	NCJJ Resource Center
8:30 – 9:15 a.m.	Welcome and Opening Session
9:15 – 10:15 a.m.	Keynote Address
10:15 – 10:30 a.m.	Exhibit Show & Networking Break
10:30 – 11:45 a.m.	Seminars A-1 to A-10
12:00 – 1:15 p.m.	Conference Luncheon
12:00 – 1:30 p.m.	Exhibit Show
1:30 – 2:45 p.m.	Seminars B-1 to B-10
2:45 – 3:00 p.m.	Exhibit Show & Networking Break
3:00 – 4:15 p.m.	Seminars C-1 to C-10
4:15 – 5:30 p.m.	Meet the Faculty – Emerging Issues
4:15 – 5:30 p.m.	Caucuses

Tuesday, March 16, 2010

7:30 – 8:30 a.m.	Exhibit Show & Networking Break
8:00 a.m. – 5:00 p.m.	NCJJ Resource Center
8:30 – 9:30 a.m.	Plenary Session
9:30 – 9:45 a.m.	Federal Update
9:45 – 10:00 a.m.	Exhibit Show & Networking Break
10:00 – 11:15 a.m.	Seminars D-1 to D-10
11:15 – 11:30 a.m.	Exhibit Show & Networking Break
11:30 a.m. – 12:30 p.m.	Seminars E-1 to E-10
12:30 – 1:30 p.m.	Conference Lunch (on your own)
12:30 – 1:30 p.m.	Exhibit Show
12:30 – 1:30 p.m.	Diversity Caucus
1:45 – 3:00 p.m.	Seminars F-1 to F-10
3:00 – 3:15 p.m.	Exhibit Show & Networking Break
3:15 – 4:30 p.m.	Seminars G-1 to G-10
4:30 – 5:30 p.m.	Meet the Faculty – Emerging Issues

Wednesday, March 17, 2010

8:00 – 8:30 a.m.	Networking Break
8:30 – 9:45 a.m.	Seminars H-1 to H-10

9:45 – 10:00 a.m.	Networking Break
10:00 – 11:00 a.m.	Seminars I-1 to I-10
11:15 a.m. – 12:15 p.m.	Closing Plenary, Evaluation and Adjournment

CLE/CEU Hours: 16.00
(Includes Meet the Faculty – Emerging Issues)

Seminar topics include:

- High-Conflict, Difficult Clients & Personality Disorders. The Perfect Storm
- Working with Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) Youth to Ensure Their Safety, Permanency and Well-Being
- Assessing Children's Statements for Investigative and Court Purposes
- Street Smarts on Drugs
- Family-Centered Treatment: An Alternative Response to Out-of-Home Care for At-Risk Infants Whose Pregnant and Postpartum Mothers Use Alcohol and/or Drugs
- Parenting Coordination: An Innovative Way to Heal Fractured Relationships in High-Conflict Divorce
- Linkages between Animal Cruelty and Court Involvement Delinquency
- Ethical Decision-Making
- Juvenile and Family Law Encounters the Military Family
- Your Client in Crisis: The Attorney's Role in Overcoming Obstacles to a Good Outcome
- Programs for Men Who Batter: Intervention and Prevention Strategies in a Diverse Society
- Surviving Sexual Molestation: The Victim's Perspective
- From Here to There: Court Culture as a Tool in Systems Change
- Gang-related Violence Against Women and Girls
- Session by the American Psychological Association
- The Business of Advocacy: Securing Financial Support for Good Causes
- Evaluating Project Connect: The Mental Health Linkage for Probation Officers
- Protective Custody Orders for Pets in Family Violence/Divorce Cases
- Health Care for Children in Foster Care
- Coordinating and Integrating Child Welfare & Juvenile Justice Systems: Models for Success
- Implications of Collecting DNA from Juveniles
- Pennsylvania's Quality Improvement Initiative: Raising Service Delivery Standards for Providers and Probation
- Sexting: The Dangers Children Face
- The Adolescent Brain

Seminar topics continued:

- Communication and Parenting Skills for Never-Married Parents
- Creating a Military/Civilian Collaborative Response to Domestic Violence
- Compassion Fatigue
- Tribal Court Considerations in Juvenile Law
- Defense Strategies and Tactics for Juvenile Cases
- Adolescent Sex Offenders: Decision-Making within the Juvenile Justice System
- Environment and Behavior: Considerations for Courts
- Effects of Domestic Violence on Children: Implications for Child Custody and Visitation
- Measuring Success: The Model Court Effect
- Court Appointed Special Advocates, Guardians Ad Litem and Lawyers for Children and Their Parents: Best Practices for Working Effectively in the Child's Best Interest
- Performance Measures and the Crazy Things They Make Us Do
- How Are the Children? How Courts and Their Partners Can Reduce Disproportionality and Improve Outcomes for Children of Color in Foster Care
- Making Room for Education in the Juvenile Justice System: A Systems Approach
- Partnering to Prevent Truancy
- Race and Ethnicity of Crossover Youth
- Placement Reform in New York State: A Best Practices Approach to Transforming the Juvenile Justice System, Research and Implementation
- STEP-UP - A Program that Works: Replicating an Intervention Program for Youth Who Are Abusive and/or Violent Toward Parent/Guardians
- Third Party Custody as a Teaching Tool
- Cross-System Collaboration with Youth Involved in the Dependency and Delinquency Systems: A Pilot Project in King County, Washington
- The Juvenile Delinquency Courtroom: An Introduction for the Non-Lawyer
- Disproportional Minority Confinement
- The Next Wave: Effective Identification of Elder Abuse Cases in Your Court System
- Courts Catalyzing Change Initiative: Update on the Benchcard Implementation
- Regional Partnership Grants (RPG) Family Treatment Drug Courts
- Cost Benefit Analysis of Programs for Court-Involved Youth in New York State
- Effective Evidence Based Juvenile Detention Practice for Direct Care Workers

* Please note this represents a partial list of seminars offered. Please visit www.ncjfcj.org for a complete conference schedule.

National Conference on Juvenile and Family Law

Conference Registration

Mail or Fax to: National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507
tel: (775) 784-6012 | fax: (775) 784-6628

To register online, go to www.ncjfcj.org and click on "Conferences."

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

What is your primary occupation?

- Judge Service Provider Attorney
 Law Enforcement Probation Officer Administrator
 Other _____

Early Registration Fee – by February 12, 2010

- Member, \$525 Non-Member, \$650

Regular Registration Fee – after February 12, 2010

- Member, \$575 Non-Member, \$695

Please note: Registration fee includes all educational seminars, Exhibit Show, online training materials, Sunday evening reception, one lunch and all coffee breaks.

For group, student and day rates please visit www.ncjfcj.org.

Cancellation Policy: Cancellations for conference registration must be made prior to February 12, 2010 for a full refund. Cancellations received after February 12 and before March 14 will incur a \$25 administrative fee. Cancellations received during the conference will be assessed a \$100 administrative fee. No cancellations for refund will be accepted after conclusion of the conference.

Payment Method:

Check enclosed (payable to NCJFCJ)

Charge my: Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

3 digit security code (on back of card): _____
(4 digits on front for AMEX cards)

Authorized Signature _____

Credit Card Billing Address if different than address above:

Thank you for your registration!



National Conference on
Juvenile and Family Law

March 14-17, 2010 | Las Vegas, NV

Register Early!

Photos courtesy of the Las Vegas Convention and Visitors Authority



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES
since 1947

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P.O. Box 8970 • Reno, Nevada 89507

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JUDGE ENRIQUE H. PEÑA
JUVENILE JUSTICE CENTER

ROGER MARTINEZ
CHIEF
JUVENILE PROBATION OFFICER

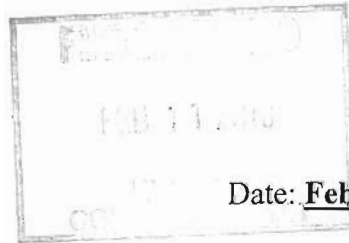
MARC MARQUEZ
DEPUTY CHIEF
JUVENILE SERVICES

LORENA HEREDIA, CPA
DEPUTY CHIEF
FINANCE AND OPERATIONS

RICHARD L. AINSA
REFEREE
JUVENILE COURT I

MARIA T. LEYVA-LIGON
REFEREE
JUVENILE COURT II

YAHARA LISA GUTIERREZ
JUDGE
65TH JUDICIAL DISTRICT COURT



Ref. No. 02-16

Date: February 8, 2010

Mr. Edward A. Dion
County Auditor
County of El Paso
800 East Overland, Rm. 406
El Paso, Texas 79901

SUBMITTED FOR PAYMENT
DATE 2-9-10
BY [Signature]

RE: Travel Request

Dear Mr. Dion:

Please allow funds in the amount of \$227.50 for Honorable Judge Yahara Lisa Gutierrez to attend the National Conference on Juvenile and Family Law in Las Vegas, NV on March 14-17, 2010. Please see the attached training request form.

Funds exist in account JPDINTEREST-6701. Make check payable to Yahara Lisa Gutierrez.

Please hold check for JPD.

AW Thank you for your assistance.

Sincerely,

Roger Martinez
Chief Juvenile Probation Officer

AN EQUAL OPPORTUNITY EMPLOYER

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00450 01
 Voucher Total: \$1,720.59
 No. of Lines: 1
 T/C Hash: 208

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND SEVEN HUNDRED,
 TWENTY DOLLARS AND FIFTY NINE CENTS

Vendor Name: RANDOLPH M. TABBUTT

Street: 1125 HUNTER DR.

City, State, Zip: EL PASO TX 79915

43-53

Subject: ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,720.59	SHERIFFLE0S	6602	145	SHE005		
	Desc:	ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

15

Travel Type: **ADVANCE**

Eduardo Placencia

Name: National Law Enforcement Exploring Conf Department: Sheriff
 Date of Trip: Departure 07/19/10 07/24/10 Destination: Atlanta, Georgia
 * Purpose of Trip: Explorer Training
National Law Enforcement Exploring Conf
 * Use of GADMINGF Funds requires legislative impact explanation
 Department Index: _____ Sub-Object: _____
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required
* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$440.30	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	35.00	_____
Meal per diem (\$35.00)	140.00	_____
Meal rate on Return date	35.00	_____
Lodging	_____	_____
Other - Registration	400.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Emergency	_____	_____
Other -	_____	_____
TOTAL	\$1,050.30	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 01059
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE N Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,050.30 CC

Name: Eduardo Placencia Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature] * 1330
DATE: _____

C.C.O. DATE _____

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Eduardo Placencia #2811 Title Community Services Date 2/10/2010

Days of Travel		07/19/10	07/20/10	07/21/10	07/22/10	07/23/10	07/24/10	
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals
Airfare		\$440.30						\$440.30
Auto Rental								
Fuel Other Fuel if Needed								
Taxi								
Shuttle								
Airport Parking								
Misc.								
Sub-total Transportation		\$440.30						\$440.30
Hotel								
Meals		35.00	35.00	35.00	35.00	35.00	35.00	210.00
Misc.								
Sub-total Hotel and Meals		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$210.00
Supplies/Equipment								
Phone/Fax								
Registrations		400.00						
Other								
Misc.								
Sub-total Misc.		400.00						400.00
Total Per Day		\$875.30	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$1,050.30

PURPOSE OF TRIP

Topic: <u>National Law Enforcement Exploring Conference</u>
Location: <u>The Georgia Institute of Technology - Atlanta, Georgia</u>

Summary of expense

Total of Expense Estimate \$1,050.30

Less Direct Payments _____

Cash Advance

Amount of request \$1,050.30

R. Lucille Samuel Budget Director 2/10/2010
 Prepared by Date

R. T. ... for Commander
 Division Commander 2/10/2010
 Date

El Paso County Travel Justification Form

Name: Eduardo Placencia ^{#2811} Signature: _____ Date: 02-10-10
Dept: EPSO Job Title: Deputy
Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: _____ Balance Remaining for FY: _____

Purpose: (check [x] one)

- Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____
- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
- Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____
- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____
- Program Development Training**
Explain: _____
- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____
- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- Other:** _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

MEMORANDUM

TO: Lucille Samuels, Budget
Section
THRU: Commander Campa
FROM: Deputy Randolph Tabbutt

SUBJ: REQUEST FOR TRAINING

DATE: 2/3/2010

CC: File

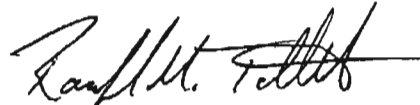
*Ok. Sherris List
2-4-10*

The below listed Explorer Training Conference is being offered, which will be of benefit to the El Paso County Sheriff's Office Explorer Post 5. I request that the below listed personnel be allowed to attend along with 12 Explorers. I have also attached a list of the costs associated with attending this Conference:

Conference Information	
------------------------	--

What:	2010 National Law Enforcement Exploring Conference
Date(s):	July 19 th - 24 th , 2010
Location:	The Georgia Institute of Technology (Georgia Tech) Atlanta, Georgia
Deputy Attendee:	Deputy Priscilla Pena #1964, Deputy Eduardo Placencia #2811, Deputy Robert Salas #1920, Deputy Randolph Tabbutt #1330

I am attaching a copy of the Conference announcement for your consideration. Your prompt attention to this matter is greatly appreciated.



Dep. Randolph M. Tabbutt # 1330
Support Services-Community Services
915-479-0404



Fact Sheet



2010

National Law Enforcement Exploring Conference

BACKGROUND: The National Law Enforcement Exploring Conference is conducted every other year and is attended by thousands of Law Enforcement Explorers and their adult leaders from throughout the country. They come together for a week of team and individual competitions, seminars, demonstrations, exhibits, recreation and fun.

DATES: July 19-24, 2010

LOCATION: Georgia Institute of Technology - Atlanta, Georgia

COST: The conference fee is \$400 per Explorer or adult, plus a non-refundable Post registration fee of \$100.

CONFERENCE PROGRAM:

Team competition events: Arrest and Search, Bomb Threat Response, Crime Scene Search, Crime Prevention, Domestic Crisis Intervention, Shoot/Don't Shoot, Hostage Negotiation, Burglary in Progress, Traffic Accident Investigation, Traffic Stop, White Collar Crime, Emergency Field First Aid and Drill Team.

Individual competition events: Police Physical Performance Test, Air Pistol Competition, Pistol (9mm) Competition, Sample Police Written Examination, Bike Policing Competition and Non-Emergency Vehicle Operations Course (NEVO).

Seminars: Bomb Investigations, Combating Terrorism in America, Executive Protection, Leadership Development, Fugitive Investigations, Gang Recognition and Identification, Hate Crimes & Terrorism on the Internet, Narcotics Trafficking and Interdiction, Protecting our National Borders, Protect Yourself: Self-Defense, Psychological Profiling, Surveillance Methods and Technology, Advisor Workshop, and other presentations.

Conference Features: Dynamic opening and closing shows, exciting entertainment night, Career Fair, Exploring U.S.A., Rally Demonstration, nightly Jump Club dance, election of National Youth Representatives and retail Cop Shop.

REGISTRATION: All Law Enforcement Explorer Posts registered with Learning for Life are eligible to attend the Conference. Posts can register by visiting the learning for Life web site at: www.learningforlife.org/exploring/lawenforcement. In addition, the web site contains all the necessary forms and the Guidebook. The Guidebook provides detailed information about the Conference along with an Advisor Checklist to assist with the registration process. The Conference is usually a "sell-out" event and registration is on a first come, first served basis!

*Includes Passenger Facility Charges (PFCs) and government-imposed September 11th Security Fees in effect as of the date of this Agreement. Fares are subject to new PFCs and any applicable taxes or fees that may be imposed or changed prior to ticket purchase.

DEPOSIT AND PAYMENT:

Deposit Amount: \$881.00
Deposit Due Date: 25 Feb 2010
Travel Agreement Due Date: 25 Feb 2010
Names and Final Payment Due Date: 4 Jun 2010

DEPOSIT PAYMENTS CANNOT BE MADE BY CREDIT CARD

Deposits are payable only with Cashier's Check, ARC Approved Travel Agency Check, or Money Order. Deposits cannot be applied toward other Group Travel or individual travel. The deposit is nonrefundable if your Group cancels or makes any itinerary changes on or after 4 Jun 2010

Final Payment payable by Cashier's Check, ARC Approved Travel Agency Check, Money Order or Credit Card Letter of Authorization (LOA). Need LOA? http://www.southwest.com/programs_services/groups/letter_auth.pdf

Verify remaining balance by sending an e-mail to GROUPTRAVEL@WNCO.COM or call Southwest Airlines at 214-792-4658.

For Customers in this Group who are Rapid Rewards Members, please provide the corresponding membership number with the Customer's name when submitting your name list. The Customer name on your name list must match the name on the Rapid Rewards membership account to receive credit. The membership number will be added to the Group Reservation Record, and will make checkin easier. Details are provided in your attached Group Policies information.

Reminder: This Travel Agreement must be signed and returned to Southwest Airlines no later than 25 Feb 2010. Mail this entire Travel Agreement along with your first payment to: Southwest Airlines, Central Ticketing, P.O. Box 97617, Dallas Texas 75397. To ensure timely delivery and proper credit to your account, please allow 7-10 business days for U.S. Mail, or you may use overnight delivery addressed to: Southwest Airlines, Group Lockbox 97617, TX1-0006, 14800 Frye Road, Fort Worth, TX 76155.

We know you have a choice when flying, and we appreciate your choosing Southwest Airlines for your Group travel needs. Please contact us if you have any questions about your Group reservations.

I have read and agree to the terms and conditions specified in this Travel Agreement with Southwest Airlines.

(Please Print)

GROUP NAME: ELP CTY SHERIFFS OFC **CONFIRMATION NUMBER:** NJHY2G

AGENCY: (N/A) **IATA/ARC:** (N/A)

NAME/TITLE: /

SIGNATURE: **DATE:**

Please keep a copy of this signed Travel Agreement for your records



rental summary

Rate (USD)


car	335.89
options	0.00
taxes & fees	84.40
TOTAL	420.29

rate rules [\[?\]](#)
 • 4 day 20 hour rental • unlimited free miles • rate code CO • 4 day 3 hour minimum rental required • 30 day maximum rental allowed

Location [\(change\)](#)

Pick-up:
 BIRMINGHAM AIRPORT - BHM
 BIRMINGHAM, AL
 Mon, 19 Jul 2010 04:30 PM
 Return:
 same as pick-up location
 Sat, 24 Jul 2010 12:00 PM

Car [\(change\)](#)

KIA SEDONA 4DR/7P8GR
 or similar 

• mini pass van • automatic • air conditioned

Misc [\(change\)](#)

Residency:
 US

Offer codes:
 • status none entered
 • coupon none entered

step 3 of 4: choose my options

Safety seats

Keep your kids safe.
 \$8.00/day [see more info](#)
 0 • toddler 0 • booster

Loss Damage Waiver (LDW)

Protects you if car is damaged or stolen.
 \$22.99/day [more info](#)
 Highly recommended for your rental + add

Supplemental Liability Insurance (SLI)

Third party injury/property damage coverage.
 \$12.99/day [more info](#)
 + add

Personal Accident and Effects (PAE)

Additional personal and property insurance.
 \$3.99/day [more info](#)
 + add

Fuel service option

We refuel your car at reduced per gallon prices.
 Price is not included in your reservation total. Get prevailing market fuel rate and pay at rental time. [more info](#)
 + add

No-smoking - Budget maintains a 100% smoke-free fleet. [\[?\]](#)

[Information for a driver with disabilities](#)

next

rates for rental period in U.S. dollars unless otherwise indicated

Not Sure What You Need? Don't worry! You can always change options before your rental - either online or when you pick up your car.

COST ANALYSIS

Registration Fees:	\$6,400.00	\$400 x 16 Attendees (4-Deputies, 12-Explorers) Due by March 1 st , 2010.
Post Registration Fee:	\$100	Due by March 1 st , 2010
Travel:	\$7,044.80	Airfare Roundtrip from El Paso, TX – Birmingham, AL thru Southwest Airlines Group Rate of \$440.30 per person. 1 st Payment of 10% is Due by February 25 th , 2010
Van Rental:	\$840.58	2-Mini-Vans @ \$420.29/each thru Budget Rental Cars (Driving from Birmingham, AL to Atlanta, GA – 160 miles)
Lodging:	\$0	Lodging/GT Dorms, covered by Registration Fees.
Gas:	\$500.00	Driving from Birmingham, AL to Atlanta, GA – 160 x 2 To include Educational Trips.
Educational Trip:	\$500.00	\$31.25 x 16 Attendees (4-Deputies, 12-Explorers)
Per Diem:	\$840	\$35.00 x 6 = \$210 x 4 = \$840.00
<hr/>		
Total:	\$16,225.38	

TENTATIVE SCHEDULE

2010 NATIONAL LAW ENFORCEMENT EXPLORING CONFERENCE

JULY 19—24, 2010

7/19 Monday	7/20 Tuesday	7/21 Wednesday	7/22 Thursday	7/23 Friday	7/24 Saturday
8:00 AM-5:00 PM Registration 12:00-5:00 PM Career Fair 5:30 PM Opening barbeque 7:30 PM Opening Program 9:30 PM Recreation/Dance	Breakfast 7:30-11:30 AM- Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Dinner 9:30 PM Recreation/Dance	Breakfast 7:30-11:30 AM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Career Fair ends Dinner 7:30 PM Entertainment Night 9:30 PM Recreation/Dance	Breakfast Exploring U.S.A. setup 7:30-11:30 AM Action Centers Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Exploring U.S.A. Action Centers Individual Events Pistol Match Seminars Team Competitions Dinner Exploring U.S.A. 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast 10:00 AM Federal/State/Local live demonstrations Lunch 1:30-5:30 PM Tours & Sightseeing/ Campus Activities Dinner 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast Checkout Departure

Jorge Lopez

From: Lucille Samuel
Sent: Thursday, February 11, 2010 10:48 AM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Explorer Conference

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00659 01
 Voucher Total: \$2,331.47
 No. of Lines: 4
 T/C Hash: 922

Single Check (Y/N): _____

Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: TWO THOUSAND THREE HUNDRED,
 THIRTY ONE DOLLARS AND FORTY SEVEN CENTS

Vendor Name: YVONNE RODRIGUEZ, ATTORNEY

Street: 4220 LA ADELITA
 PROBATE 1
 City, State, Zip: EL PASO, TX 79922

Subject: WASHINGTON, DC 3/11-14/10NAT'L ASSOC WOMEN JDGS

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	2,201.47	PROBTRVLSR1	6705	145	PR0005		
	Desc:	WASHINGTON, DC 3/11-14/10NAT'L ASSOC WOMEN JDGS						
02	238	30.00	PROBTRVLSR1	6705				
	Desc:	RMB RG ELP, TX 2/13/10 SENIOR LOVE CONF '10						
03	238	50.00	PROBTRVLSR1	6705				
	Desc:	RMB RG ELP, TX 2/26/10 ADULT PROTC SRVC-CLE						
04	238	50.00	PROBTRVLSR1	6705				
	Desc:	RMB RG ELP, TX 1/22/10 867 MGMNT TRUST-CLE						
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS

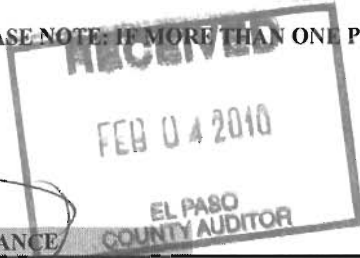
Date: 02/18/2010

Approved by: _____

Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM



County of El Paso Travel Request Form

FEB 04 2010

Travel Type: **ADVANCE**

EL PASO COUNTY AUDITOR

Name: **YVONNE RODRIGUEZ** Department: **PROBATE COURT NO. 1**
 Date of Trip: Departure **03/11/10** **03/14/10** Destination: **WASHINGTON, DC**
 * Purpose of Trip: **NATIONAL ASSOCIATION OF WOMEN JUDGES**
WASHINGTON, DC

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: **PROBTRVLSRI** Sub-Object: **6705**
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$404.30	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	35.00	
Meal per diem (\$35.00)	70.00	
Meal rate on Return date	35.00	
Lodging	1,462.17	
Other - Registration	195.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
TOTAL	\$2,201.47	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: **Emp 00659**
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	CC
\$2,201.47	\$0.00
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE **TUESDAY 12:00 PM**

SIGNATURE **[Signature]**
 DATE: **3-Feb-10**

C.C.O. DATE _____

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED OCTOBER 1, 2007**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$35.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$17.50.

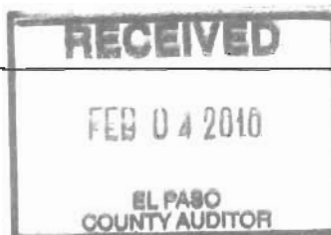
Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

- No Alcoholic drinks
- No Nonbusiness related long distance and local telephone calls
- No Supplies, books or other items which must be processed by the purchasing agent
- No Movies, door prizes, gratuities (Tips)
- No Utilization of travel agency



El Paso County Travel Justification Form

Name: Yvonne Rodriguez Signature [Signature] Date: 2/2/10

Dept: Probate Court 100.1 Job Title: Judge

Travel Funding Source: _____ County _____ Grant Other

Will any funds be reimbursed by another entity? _____
Travel Account No.: PROBTRVSP1 Balance Remaining for FY: 6705

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months. I
have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

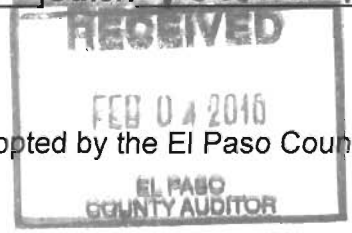
Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: National Association of Women Judges





National Association of Women Judges 2010 Midyear Leadership Conference Registration Form

The Fairfax
 2100 Massachusetts Avenue, N.W., Washington, DC
 Group Name: NAWJ; Group Rate: \$226.00
 Reservations: (888) 627-8439; Hotel Reservation Deadline: February 19, 2010

All persons wishing to attend conference events must register as a participant. Non NAWJ members must be a guest of a NAWJ member in good standing. Please print and use a separate form for each person being registered.

NAWJ Member Name: _____ Title: _____

Court/Firm/Organization: _____

Non NAWJ Member Guest: _____ Title: _____

Court/Firm/Organization: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ Email: _____

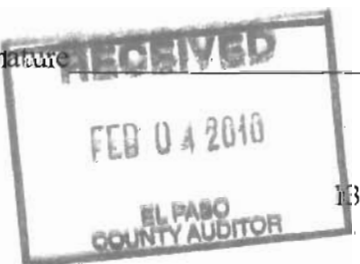
 NAWJ Member: \$195.00

 Non-NAWJ Member Guest: \$295.00

 Enclosed is a check payable to NAWJ for \$ _____

 MasterCard, AMEX or Visa - Account Number: _____ Exp.: _____

Signature _____



Return this registration form with payment to:
National Association of Women Judges
 1341 Connecticut Ave., N.W. * Washington, D.C. 20036
 Phone: 202-393-0222 * Fax: 202-393-0125

To continue with your reservation:

- Verify your itinerary and fare summary
- Complete the _____ information below
- View _____

From: ELP or _____ To: DCA or _____
 and airports within 0 Miles and airports within 0 Miles
 Departure Date: Mar 11 Morning
 Number of Flights to Display: 10
 Number of Stops: No Preference

MORE OPTIONS **RESUBMIT**

Carrier	Flight Number	Departing		Arriving		Aircraft Type
		City	Date & Time	City	Date & Time	
AMERICAN AIRLINES	1494	ELP El Paso	Mar 11, 2010 08:10 AM	DFW Dallas/ Fort Worth	Mar 11, 2010 10:50 AM	M80
AMERICAN AIRLINES	2248	DFW Dallas/ Fort Worth	Mar 11, 2010 11:40 AM	DCA Washington	Mar 11, 2010 03:25 PM	M80

1 Adult	139.00 USD	19.90 USD	158.90 USD
---------	------------	-----------	------------

Check lower fare availability.

- Fares are not guaranteed until tickets are purchased
- For U.S. residents, the ticket price per person shown above includes applicable surcharges.
- Flights not on American Airlines, American Eagle, or AmericanConnection® are on a _____ only. Fares and availability are subject to change
- In order to comply with federal security regulations, we may provide government agencies access to data you disclose to us. For more information, view our _____.

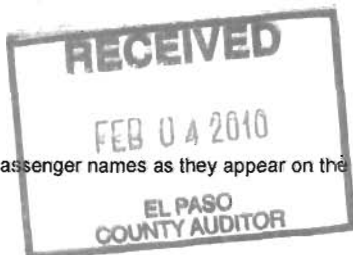
* _____ based on itinerary or non-U.S. billing address may apply. _____, such as checked baggage charges, may apply.

AAAdvantage



From El Paso to Washington

Your travel plans are an investment worth protecting. Look for the opportunity to purchase trip insurance on the payment page before finalizing your ticket purchase.



Enter all passenger names as they appear on the passenger's government-issued photo identification.

1-stop Itineraries

From \$224.00 (USD) full trip
additional taxes & fees apply

Departs	Arrives	Stops	Travel Time	Flights & Cabin (Class)
Washington-Reagan National, DC (DCA) to El Paso, TX (ELP) on Sun, 14 Mar 2010				
2:00pm DCA	9:09pm ELP	1-stop Atlanta (3 hr 28 min layover)	9 hr 09 min	Delta 1967 McDonnell Douglas MD-88 In-Flight Services Coach (L) View Seats Delta 1831 McDonnell Douglas MD-88 In-Flight Services Coach (L) View Seats

Would you rather switch to ?

Price per passenger:	224.00 (USD)
Taxes/Fees:	21.40 (USD)
Subtotal per Passenger:	245.40 (USD)
Total for all passengers (1):	245.40 (USD)

View change & cancellation policies.
This ticket is non-refundable.

From Washington to El Paso



District of Columbia Court of Appeals

Hon. Anna Blackburne-Rigsby
NAWJ Finance Committee Chair
District of Columbia Court of Appeals

HOST COMMITTEE CO-CHAIRS

Deborah J. Israel, Esq.
Womble, Carlyle, Sandridge & Rice, PLLC
(202) 857-4466 - _____

Elaine Metlin Esq.
Partner, Dickstein Shapiro LLP
NAWJ Resource Board Co-Chair
(202) 420-2263 - _____

Nancy Long, Esq.
(301) 641-0259; and _____

Not available

HOTEL

Reservations are now being accepted at _____ in Washington, D.C. for this year's Mid Year Leadership Conference. Conference rates are \$226.00 per night plus tax, and you may reserve accommodations by calling 1-888-627-8439 and identifying our group number. The NAWJ room block is limited, and the rate is subject to availability. Reservations must be made on or before February 18, 2010 to guarantee the conference rate.

*Check in 3/11/10
Check out 3/14/10*

*Junior sweet 376.00
March * 12,734 *
861.04 Thursday*

Conference registration fees are \$195 for NAWJ members, \$295 for non-members. NAWJ Member registration fee includes : breakfast, luncheon, and reception from Thursday evening, March 11, 2010 until Saturday evening, March 13, 2010. Registrations obtained after the deadline of March 5, 2010 must include a \$25 late registration fee. If notice of cancellation is received after March 5, 2010, the fee, less a \$25 processing fee, is refundable. Cancellations received within 3 days of the conference are refundable less a \$50 processing fee. Download the _____ . Fax or mail to: Jeffrey Groton, National Association of Women Judges, 1341 Connecticut Ave NW, Washington, DC 20036, Fax: (202) 393-0125, Email: _____

march 11 - 6:00 PM

*- Night of 11/11 (march)
\$ 525.00 same room
\$ 601.13*

864562381

Please download the current conference schedule _____

X 5285 melinda Thursday, March 11, 2010

NAWJ 2010 Reception Honoring Justice Ginsburg, Justice Sotomayor, and Lady Hale of Richmond

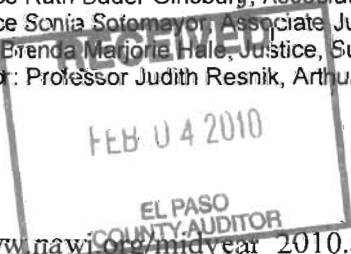
Location: National Museum of Women in the Arts
6:00PM – 8:30PM

Attendees will enjoy a wonderful reception and a conversation between Justice Ginsburg, Justice Sotomayor, and Lady Hale moderated by Professor Judith Resnik.

Speakers:

- Justice Ruth Bader Ginsburg, Associate Justice, Supreme Court of the United States
- Justice Sonia Sotomayor, Associate Justice, Supreme Court of the United States
- Lady Brenda Marjorie Hale, Justice, Supreme Court of the United Kingdom

Moderator: Professor Judith Resnik, Arthur Liman Professor of Law, Yale Law School



Liliana Jimenez

From: The Fairfax at Embassy Row, Washington, D.C.
[GCCUSTSERVICE@CONFIRM.STARWOODHOTELS.COM]
Sent: Monday, February 01, 2010 1:48 PM
To: Liliana Jimenez
Subject: Your Luxury Collection Reservation Confirmation #864562381



2100 Massachusetts Avenue, N.W., Washington,
District of Columbia 20008 United States
Phone: (202) 293-2100 Fax: (202) 293-0641



Dear Yvonne Rodriguez,
Thank you for choosing The Fairfax at Embassy Row, Washington, D.C., part of the magnificent ensemble of The Luxury Collection®.

It is my pleasure to confirm your reservation and we look forward to providing you with an exceptional experience our guests have become accustomed to.

Yours sincerely,

Robert Schofield
General Manager

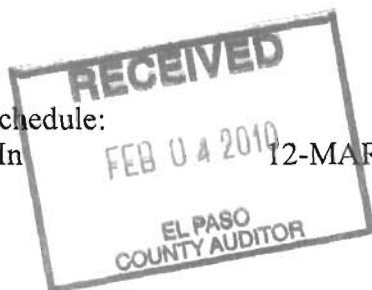
From The Luxury
Collection Hotels &
Resorts



The Fairfax at Embassy Row, Washington, D.C.

Confirmation: 864562381

Your Schedule:
Check In 12-MAR-2010 - 3:00 PM *



Check Out 14-MAR-2010 - 12:00 PM *
 Number of Rooms 1
 Number of Guests 2

* Indicates standard hotel check-in and check-out times and does not reflect special arrangements made with the hotel.

Your Accommodations: Room 1 of 1

Room Description

1 King

Luxurious Marble Bathroom, Luxury Pillowtop Bed, Separate Living Rm/w Sofa Bed, Ipod Clock Radio, Deluxe Suite Non-smoking, Newly Renovated Junior Suite With Separate Living Room, luxuriously Furnished, 42 Inch Flat Screen Tvs And Sofa Bed

Guest Name YVONNE RODRIGUEZ
 Number of Adults 2
 Number of Children 0
 Remarks

Your Rate: Room 1 of 1

Rate for **12-Mar-10** to **14-Mar-10**

Rate Plan: National Assoc. Of Women Judge

376.00 in US DOLLARS per night

Taxes

Room Tax 14.5 Percent Per Room Per Night Not In The Rate

Guarantee and Cancellation Policies

This reservation is not guaranteed for late arrival.

It will be held until 4:00 PM hotel time on the day of arrival.

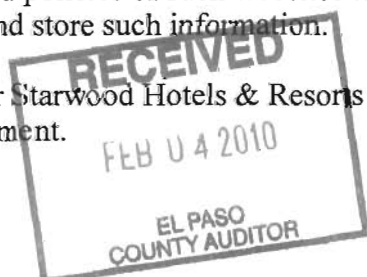
If you need to arrive after 4:00 PM hotel time, please call back and provide a credit card number.

Your Privacy

Please note: For security purposes, you will be asked to provide a valid government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable information about you. Starwood Hotels & Resorts Worldwide, Inc. is not responsible or liable for the actions of such independent websites, and encourages you to review the privacy statements and policies of such websites to understand how they collect, use and store such information.

_____ for Starwood Hotels & Resorts Worldwide, Inc.'s
 Privacy Statement.



Disclosure

Cancel Information

To view or cancel a reservation, please visit _____.
For assistance with all other reservations, please contact The Luxury Collection Hotels & Resorts at 800-325-3589 if you are calling from the United States or Canada. Otherwise, _____ for the telephone number of the Worldwide Reservation Office nearest you. Please note that reservations cannot be canceled via email.

Guarantee Rules

For reservations guaranteed with a form of payment at time of booking, rooms are held until hotel check-out time the day following arrival. For reservations not guaranteed with a form of payment at time of booking, rooms are held until set cancellation time per the rules of the reservation. In the event more guests arrive than can be accommodated due to hotel overbooking or an unforeseen circumstance, and hotel is unable to hold rooms consistent with this room hold policy, hotel will attempt to accommodate guests, at its expense, at a comparable hotel in the area for the oversold night(s), and will pay for transportation to that hotel.

Smoking Policy

We regret that smoking is not allowed. A \$200.00 cleaning fee is applies.

Exchange Rate

For non-US hotels, rates confirmed in USD may be converted to local currency by the hotel at your time of stay, based on the exchange rate used by the hotel and are subject to exchange rate fluctuations. Credit card charges are subject to additional currency conversions by banks or credit card companies, which are not within the hotel's control and may impact the amount charged to your credit card. Please contact the hotel if you have any questions.

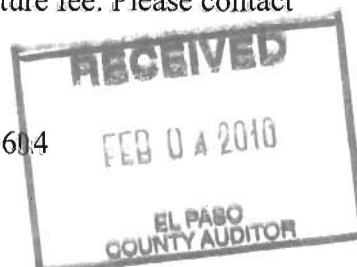
Rate/Reservation Validity

Please note that electronic reservation confirmations are provided to you solely for your convenience and that we retain official records of our reservation transactions, including details of dates of stay and room rates. In the event of discrepancies, alterations, modifications, or variations between this confirmation and our official records, our official records shall control. Tampering with this confirmation to alter the room rate, or any other reservation information is strictly prohibited and may have legal consequences.

Early Departure

Many Starwood hotels have an early departure fee. When you check-in, you will be asked to confirm your departure date. You may be able to change your departure date without a penalty if your rate plan permits and if you do so before the end of your arrival day. After reconfirming your departure date, if you decide to leave earlier, you may be charged the early departure fee. Please contact the hotel if you have any questions.

Starwood Hotels & Resorts Worldwide, Inc.
1111 Westchester Avenue: White Plains, NY 10604



This is a post only e-mail. Please do not reply to this message.
If you would like to unsubscribe from further marketing e-mail communications related to this stay,
please _____



WASHINGTON D.C.

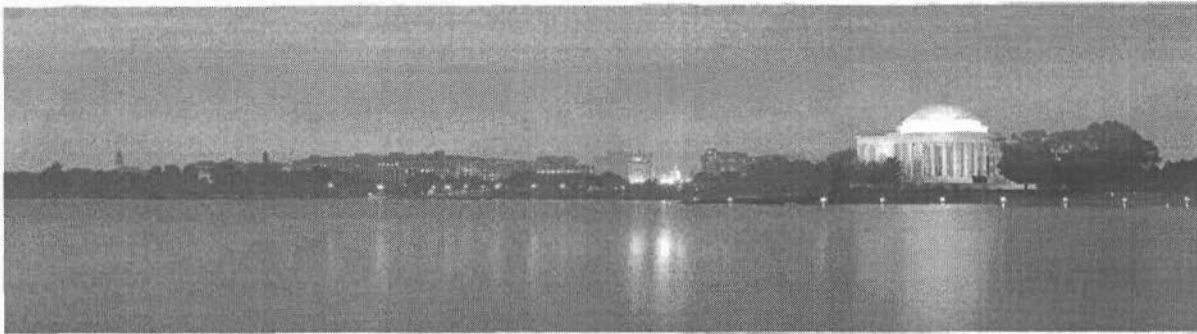


NATIONAL ASSOCIATION *of* WOMEN JUDGES
MIDYEAR MEETING *and* LEADERSHIP CONFERENCE
MARCH 11-14, 2010

RECEIVED

FEB 04 2010

EL PASO
COUNTY AUDITOR



MIDYEAR MEETING AND LEADERSHIP CONFERENCE
PLANNING COMMITTEE

HON. DANA FABE, CHAIR
NAWJ President
Alaska Supreme Court

HON. NOEL ANKETELL KRAMER
NAWJ Past President
District of Columbia Court of Appeals

HON. VANESSA RUIZ
NAWJ Past President
District of Columbia Court of Appeals

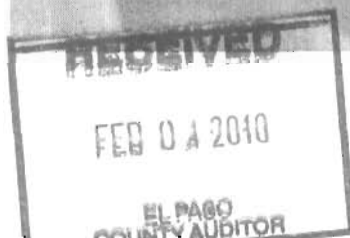
HON. ANNA BLACKBURNE-RIGSBY
NAWJ Finance Committee Chair
District of Columbia Court of Appeals

HOST COMMITTEE CO-CHAIRS

DEBORAH J. ISRAEL, ESQ.
Womble, Carlyle, Sandridge & Rice, PLLC

ELAINE METLIN, ESQ.
Partner, Dickstein Shapiro LLP
NAWJ Resource Board Co-Chair

NANCY LONG, ESQ.



NAWJ MIDYEAR MEETING & LEADERSHIP CONFERENCE

THURSDAY, MARCH 11, 2010

RECEPTION
HONORING JUSTICE GINSBURG, JUSTICE SOTOMAYOR,
and LADY HALE of RICHMOND

NATIONAL MUSEUM OF WOMEN IN THE ARTS
6:00 P.M. – 8:30 P.M.

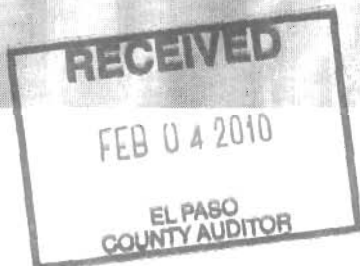
ATTENDEES WILL ENJOY A WONDERFUL RECEPTION and a conversation among Justice Ginsburg, Justice Sotomayor, and Lady Hale, moderated by Professor Judith Resnik.

SPEAKERS

JUSTICE RUTH BADER GINSBURG, *Associate Justice, Supreme Court of the United States*
JUSTICE SONIA SOTOMAYOR, *Associate Justice, Supreme Court of the United States*
LADY BRENDA MARJORIE HALE, *Justice, Supreme Court of the United Kingdom*

MODERATOR: PROFESSOR JUDITH RESNIK, *Arthur Liman Professor of Law, Yale Law School*

PRESENTATION *of the* NAWJ
JUSTICE RUTH BADER GINSBURG SCHOLARSHIP





FRIDAY, MARCH 12, 2010

BREAKFAST
THE FAIRFAX HOTEL
7:00 A.M. – 8:00 A.M.

EDUCATIONAL PROGRAM: LAW, JUSTICE, AND THE HOLOCAUST
THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM
8:30 A.M. – NOON

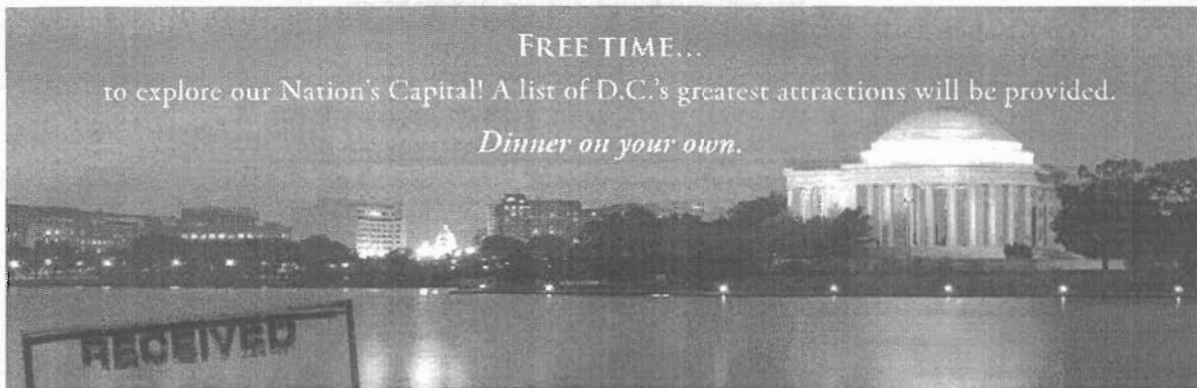
Attendees will have a private guided tour of the United States Holocaust Memorial Museum, followed by a program at the museum that will explore the failure of the judges and those in the legal profession to protect the millions of persons who were left vulnerable to the racist and anti-Semitic ideology of the Nazi regime.

A fascinating multi-media historical presentation will examine the judicial response to the key decrees and legislative acts that facilitated the Nazis' ability to carry out their agenda. This will be followed by a guided panel discussion, moderated by U.S. District Court Judge Gladys Kessler, exploring the role of the judiciary in modern society and the need for judicial courage and independence.

KEYNOTE LUNCHEON
THE FAIRFAX HOTEL
12:30 P.M. - 2:00 P.M.

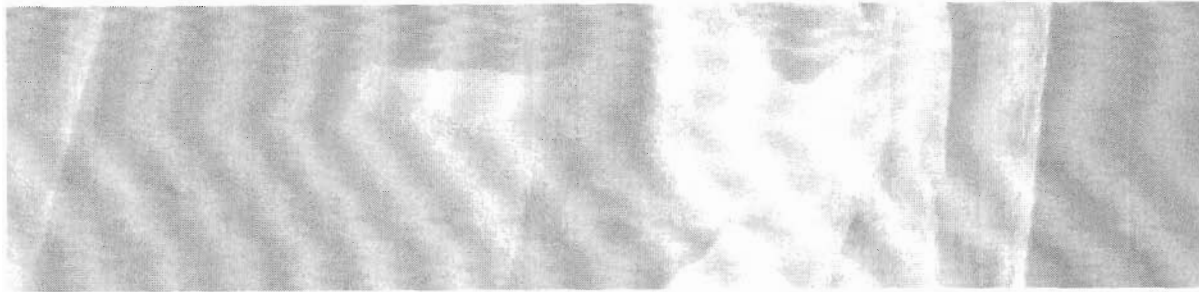
NAWJ members and guests will lunch at the historic Fairfax Hotel and hear from a keynote speaker addressing current relevant issues.

KEYNOTE SPEAKER: *To be announced at a later date.*



FREE TIME...
to explore our Nation's Capital! A list of D.C.'s greatest attractions will be provided.
Dinner on your own.

RECEIVED
FEB 04 2010
EL PASO
COUNTY AUDITOR



SATURDAY, MARCH 13, 2010

BREAKFAST
THE FAIRFAX HOTEL
8:00 A.M. – 9:00 A.M.

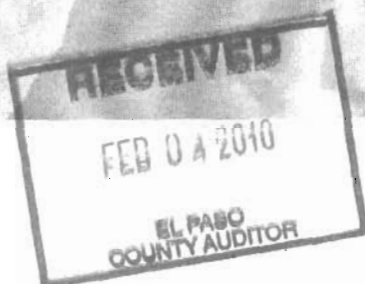
NAWJ BOARD TRAINING
THE FAIRFAX HOTEL
9:00 A.M. – 11:30 A.M.

LUNCH & NAWJ BOARD MEETING
THE FAIRFAX HOTEL
11:30 A.M. – 4:30 P.M.

JUDICIAL RECEPTION

NAWJ Sponsor, Jeff Wilson, The Wilson Group, has agreed to open his magnificent home just blocks away from the Fairfax Hotel for an evening judicial reception.

5:30 P.M. – 7:30 P.M.





TS

County of El Paso Travel Request Form

Travel
Type: **REIMBURSEMENT**

Name: **YVONNE RODRIGUEZ** Department: **PROBATE COURT 1**
 Date of Trip: Departure **02/13/10** Arrival Date: _____ Destination: _____
 * Purpose of Trip: **2010 SENIORS LOVE CONFERENCE**
EXHIBITORS REGISTRATION

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index: **PROBJUDSUP1** Sub-Object: _____ **6705**
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

FEB 05 2010

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC	* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	30.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	\$30.00	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: **WPO 0659**
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT **\$30.00** CC **\$0.00**

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM



SIGNATURE **[Signature]**
 DATE: **3-Feb-10**

C.C.O. DATE **EL PASO COUNTY AUDITOR**

RECEIPT

DATE 1/13/10 No. 757602

RECEIVED FROM Probate Court No. 1 \$ 30.00

Thirty dollars and 0/100 DOLLARS

FOR RENT
 FOR Senior Love Conference

ACCOUNT	
PAYMENT	<u>30.00</u>
BAL. DUE	<u>0.00</u>

CASH
 MONEY ORDER
 CHECK
 CREDIT CARD

FROM E. Marin TO Andrea Ramirez

BY Elizabeth Marin

1182

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED OCTOBER 1, 2007**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$35.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$17.50.

Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

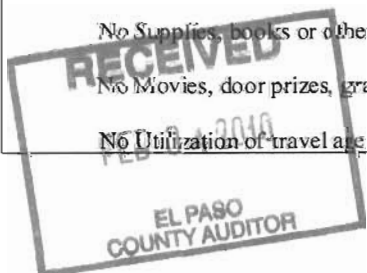
No Alcoholic drinks

No Nonbusiness related long distance and local telephone calls

No Supplies, books or other items which must be processed by the purchasing agent

No Movies, door prizes, gratuities (Tips)

No Utilization of travel agency



El Paso County Travel Justification Form

Name: Vronne Rodriguez Signature: [Signature] Date: 2/3/10

Dept: Probate Job Title: Judge

Travel Funding Source: ___ County ___ Grant Other

Will any funds be reimbursed by another entity? ___

Travel Account No.: Prob Jud sup Balance Remaining for FY: 60705

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires ___ number of training hours per ___ months. I have already fulfilled ___ of these hours for this time period. Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

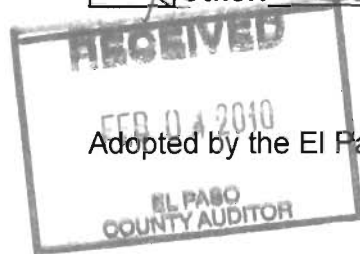
Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: 200 Senior Law conference



Adopted by the El Paso County Commissioners Court on November 17, 2003



The Best Place
to Start

2010 SENIORS LOVE CONFERENCE

Live, Love and Care for Yourself



Where Knowledge is Ageless

EXHIBITOR REGISTRATION

ORGANIZATION: Probate Court No. 1

CONTACT: Andrea Ramirez TEL: (915) 875-2887

FAX: 875-8529 Email: ARamirez@epcounty.com

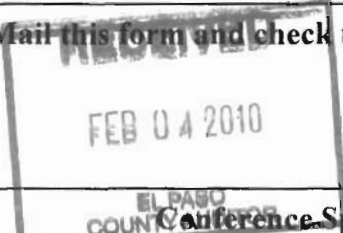
ADDRESS: 500 E. San Antonio ZIP 79901

TYPE OF EXHIBIT: Guardianship

EXHIBITOR CHECK LIST:

- Conference Location - 9050 Viscount Dr.
EPCC Administrative Service Center Auditorium, El Paso, TX 79925
- Set-up time 7:30 a.m. Saturday, February 13, 2010 morning of the event
- Exhibitor Table (*one table & two chairs*) *Electrical access is limited*
- Table Cover and Agency Sign
- Provide number of Conference passes needed _____
- Booth Donation \$50 For-Profit and \$30 for Non-Profit Organizations
(Make Check payable to: EPCC Love Conference)
- Deadline** to confirm exhibit by Friday, February 8, 2010

Agency Approval: _____
Signature

	Mail this form and check to: EPCC Senior Adult Program Seniors Love Conference P. O. Box 20500 El Paso, TX 79998
	Conference Sponsor: EPCC Senior Adult Program Director: Mary A. Yañez * 831-7801 * Fax 831-7811 Exhibits Coordinator: Eina Holder * 867-1014



FEB 05 2010

County of El Paso Travel Request Form

10

Travel

Type: **REIMBURSEMENT**

Name: **YVONNE RODRIGUEZ** Department: **PROBATE COURT NO.1**
 Date of Trip: Departure **02/26/10** Arrival Date: _____ Destination: _____
 * Purpose of Trip: **ADULT PROTECTIVE SERVICES -CLE**

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: **PROBJUDSUP1** Sub-Object: **6705**
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC	* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	_____	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - cle	50.00	_____
Other -	_____	_____
TOTAL	50.00	0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: **Emp 000 659**
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT **50.00** CC **0.00**

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM

SIGNATURE **[Signature]**
 DATE: **3-Feb-10**

RECEIVED
 FEB 04 2010
 EL PASO
 COUNTY AUDITOR
 C.C.O. DATE _____

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED OCTOBER 1, 2007**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses.

Instructions to Complete Travel Expense Vouchers

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Date(s) of Trip

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Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$35.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$17.50.

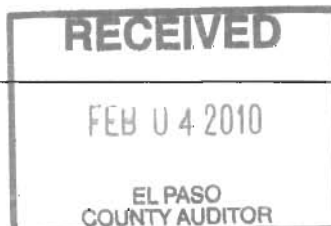
Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

- No Alcoholic drinks
- No Nonbusiness related long distance and local telephone calls
- No Supplies, books or other items which must be processed by the purchasing agent
- No Movies, door prizes, gratuities (Tips)
- No Utilization of travel agency



El Paso County Travel Justification Form

Name: Yvonne Rodriguez Signature: [Signature] Date: 2/3/10

Dept: Probate Ct 1 Job Title: Judge

Travel Funding Source: _____ County _____ Grant _____ Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires ___ number of training hours per ___ months. I
have already fulfilled ___ of these hours for this time period.
Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

**Additional Professional or Technical Training NOT Required to
Maintain License/Certification**

**Travel for Lobbying/Advocating Before Federal/State Legislature,
Federal/State Agency, or Other Regulatory Body, Including Grant
Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

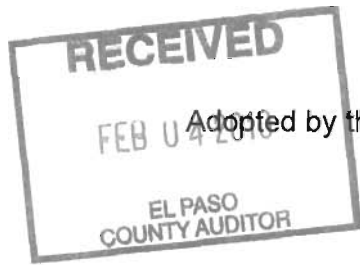
Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

**Travel to Professional, County, or Elected Officials' Organization
Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: CE-APS ISSUES





APPLICATION FOR ACCREDITATION OF CLE ACTIVITY

State Bar of Texas Minimum Continuing Legal Education

P.O. Box 13007 Austin, TX 78711-3007 Street Address: 1414 Colorado St., Fifth Floor, Austin, TX 78701
Phone: 1 (800) 204-2222 ext. 1806 Fax: 1 (512) 427-4123 E-mail: mcle@texasbar.com



FAXED APPLICATIONS NOT ACCEPTED

SUBMITTED BY: Sponsor of the CLE Activity (Complete parts A, B, C and E) Individual Attorney Seeking Credit for Out-of-State CLE Activity (Complete Parts A, B, and D)

PART A NON-ACCREDITED SPONSOR INFORMATION

SPONSOR NUMBER: 12718 SPONSOR NAME: Yvonne T. Rodriguez

CONTACT NAME: Andrea Ramirez PHONE: (915) 875-2887 EXT: 0 FAX: ()

MAILING ADDRESS: 500 E. San Antonio

El Paso, Tx 79901 E-MAIL ADDRESS: ARamirez@epcounty.com

PART B CLE ACTIVITY INFORMATION

TITLE OF ACTIVITY: Adult Protective Services' Cases

HOTEL/OFFICE: Courthouse DATE: 2/26/10 CITY: El Paso STATE: TX

ADDITIONAL LOCATIONS? NO YES (Attach Schedule) TOTAL NUMBER OF ATTORNEYS EXPECTED TO ATTEND: 40

REGISTRATION FEE: \$ 50.⁰⁰ TOTAL NUMBER OF NON-ATTORNEYS EXPECTED TO ATTEND: 0

AREA(S) OF STUDY (Please see reverse side for areas of study): GRD

CHECK ALL THAT APPLY:

<input checked="" type="checkbox"/> IN-HOUSE ACTIVITY (Only offered to attorneys within your firm or organization)	<input checked="" type="checkbox"/> LIVE GROUP PRESENTATION	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> WRITTEN MATERIALS WILL BE DISTRIBUTED	<input type="checkbox"/> GROUP VIDEO PRESENTATION	_____
<input checked="" type="checkbox"/> THE ACTIVITY IS DESIGNED FOR, AND TARGETED TO ATTORNEYS	<input type="checkbox"/> GROUP SATELLITE PRES.	<input type="checkbox"/> ON DEMAND ONLINE SEMINAR (Complete Attachment F)
<input type="checkbox"/> THE ACTIVITY IS TARGETED TO OTHER PROFESSIONALS OR CLIENTS (Attach a description of target audience) _____	<input type="checkbox"/> LIVE TELEPHONE/WEBCAST	

CLE CREDIT HOURS: Calculation of CLE credit hours is based upon actual instruction time, rounded to the nearest one-quarter (.25) hour.

TOTAL MINUTES OF INSTRUCTION: <u>60</u>	TOTAL PARTICIPATORY HOURS: (TOTAL MINUTES DIVIDED BY 60) <u>1.0</u>	TOTAL ETHICS: (Number of ethics hours included in the total hours) <u>0</u>
---	---	---

REQUIRED ATTACHMENTS: Attach an outline, agenda and/or brochure for the activity which describes the following:

- The overall objective and purpose of the program;
- The content and subject matter of each lecture and/or session;
- Names and qualifications of each speaker or presenter; and
- A timed outline or agenda which identifies the instructional time devoted to each lecture or session. The agenda should identify beginning and ending times for the program as well as scheduled breaks, lunches, opening/closing remarks and Q & A sessions.

PART C SPONSOR ACCREDITATION FEE Please select one of the following payment options

- | | |
|---|--|
| <input type="checkbox"/> Payment Option A = \$20.00 X total participatory hours (the full fee is due upon submission if Payment Option A is selected) | <input type="checkbox"/> MCLE Late Filing Fee: A \$100 late filing fee is required for applications that are not received in the MCLE office at least 15 calendar days prior to the starting date of the activity. This fee is in addition to the accreditation fee and is required even if the activity is exempt from the accreditation fee. (See MCLE Regulations, Section 10.8.9) |
| <input checked="" type="checkbox"/> Payment Option B = \$10 X the number of attorneys attending | |
| <input type="checkbox"/> Exempt (See instructions on reverse side to determine eligibility) | |

(Unless exempt, the minimum fee, regardless of the option selected, is \$50.00)

\$50.00 AMOUNT PAID (Including late fee if applicable) Authorized Signature: Y. T. Rodriguez Date: 1/10/2010

PART D INDIVIDUAL ATTORNEY INFORMATION (A \$25 fee is required with each application)

ATTORNEY NAME: _____ BAR NUMBER: _____

MAILING ADDRESS: _____

PHONE () _____ EXT: _____ FAX () _____ EMAIL: _____

SIGNATURE: Y. T. Rodriguez DATE: _____

INDIVIDUAL APPLICATIONS FOR TELEPHONE, INTERNET OR OTHER INTERACTIVE PARTICIPATORY ACTIVITIES WILL NOT BE ACCEPTED
A \$25 FEE IS REQUIRED WITH EACH INDIVIDUAL APPLICATION. PLEASE MAKE CHECKS PAYABLE TO 'STATE BAR OF TEXAS.'

PART E ADDITIONAL FORMS REQUEST

Accreditation Application: available at www.texasbar.com/MCLE	Attendance Forms _____ Please note, submission of attendance forms requires a \$2 per attendee fee.
--	---

88-8103-3120

1393


Guanne T. Rodriguez
4315 Park Hill Drive
El Paso, TX 79902

DATE 1/10/2010

PAY TO State Bar of Texas \$ 50.00

THE ORDER OF

Liddy

DOLLARS  Security Features Indicated. Details on Back.

SUNNY DATE

EL PASO AREA TEACHERS
FEDERAL CREDIT UNION
12020 ROJAS DRIVE
EL PASO, TEXAS 79936

FOR 12718

G. T. Rodriguez

MP

⑆3⑆208⑆034⑆00⑆4088280⑆ 1393

Overall Objectives

This training will consist of information related to Adult Protective Services' cases. Mrs. Edwards-Holguin will provide an overview of how to present the cases before the El Paso County Probate Court.

12:15-12:30 Introduction and overview

12:30-1:10 Information will be presented regarding the process of representing Adult Protective Services in court proceedings.

1:10-1:15 Open discussion for comments/questions

Qualifications of the Sponsor

Speaker: Judge Yvonne T. Rodríguez

Education:

1991, Bachelor's of Art at Mary Hardin Baylor

1993 Juris Doctor at Baylor Law School

1993 Licensed Attorney

1993-1994 Assistant Attorney General

1994-1999 Assistant District Attorney

1999-2001 Private Practice

2001-2006 Assistant County Attorney

8/2006-12/2007 Associate Judge Probate Court No. 1

1/1/2007-Present Statutory Probate Judge Court No.1

NEED CLE

Free CLE at Probate Court No. 1

**Topic of Discussion:
Adult Protective Services' Cases**

Lunch will be Provided

When: Friday, February 26, 2010

Where: Probate Court No. 1 (Courtroom)

Time: 12:15 - 1:15 p.m.

Presenter: Gabriella Edwards-Holguin

Please contact Andrea Ramirez at 546-2161 ext. 7 or aramirez@epcounty.com to register.

Juanne C. Rodriguez
4315 Park Hill Drive
El Paso, TX 79902

98-9109-2120

1393

DATE _____

PAY TO _____

\$ 50.00

THE ORDER OF

J. J. Rodriguez

EL PASO AREA TEACHERS
FEDERAL CREDIT UNION
12020 ROJAS DRIVE
EL PASO, TEXAS 79902

FOR _____

J. J. Rodriguez

MP

⑆312081034⑆00⑆4088280⑆ 1393

88-8109-3120 1393

Juanne T. Rodriguez
4315 Park Hill Drive
El Paso, TX 79902

DATE 4/10/2010

PAY TO State Bar of Texas \$ 50.00
THE ORDER OF Judy

EL PASO AREA TEACHERS
FEDERAL CREDIT UNION
12020 ROJAS DRIVE
EL PASO, TEXAS 79936

FOR 12718

J. T. Rodriguez

⑆312081034⑆0014088280⑆1393

ENDORSE HERE

NO. OF SIBOL

FOR DEPOSIT ONLY

RECEIVE



FEB 05 2010

2161

U

County of El Paso Travel Request Form

Travel Type: **REIMBURSEMENT**

Name: YVONNE T. RODRIGUEZ Department: PROBATE COURT 1
 Date of Trip: Departure 01/22/10 Arrival Date: Destination: EL PASO
 * Purpose of Trip: CLE-867 TRUST

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: **PROBJUDSUP1** Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC	* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	_____	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - CLE	50.00	_____
Other -	_____	_____
TOTAL	\$50.00	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 00659
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT **\$50.00** **\$0.00**
 CC

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM



SIGNATURE [Signature]
 DATE: 3-Feb-10

C.C.O. DATE

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED OCTOBER 1, 2007**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$35.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$17.50.

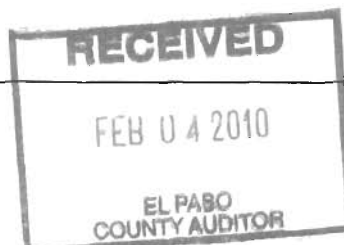
Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

- No Alcoholic drinks
- No Nonbusiness related long distance and local telephone calls
- No Supplies, books or other items which must be processed by the purchasing agent
- No Movies, door prizes, gratuities (Tips)
- No Utilization of travel agency



El Paso County Travel Justification Form

Name: Vivian Rodriguez Signature: [Signature] Date: 2/3/10

Dept: Probate Court no 1 Job Title: Judge

Travel Funding Source: _____ County _____ Grant _____ Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: Probudswel Balance Remaining for FY: 6705

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires ___ number of training hours per ___ months. I have already fulfilled ___ of these hours for this time period.
Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

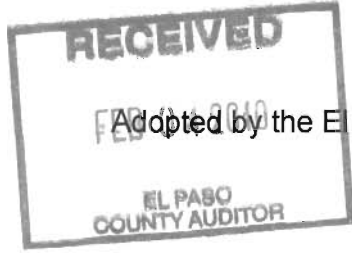
Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: Cl - 867 Trust



Adopted by the El Paso County Commissioners Court on November 17, 2003



APPLICATION FOR ACCREDITATION OF CLE ACTIVITY

State Bar of Texas Minimum Continuing Legal Education

P.O. Box 13007 Austin, TX 78711-3007 Street Address: 1414 Colorado St., Fifth Floor, Austin, TX 78701
Phone: 1 (800) 204-2222 ext. 1806 Fax: 1 (512) 427-4123 E-mail: mcle@texasbar.com



FAXED APPLICATIONS NOT ACCEPTED

SUBMITTED BY: Sponsor of the CLE Activity (Complete parts A, B, C and E) Individual Attorney Seeking Credit for Out-of-State CLE Activity (Complete Parts A, B, and D)

PART A NON-ACCREDITED SPONSOR INFORMATION

SPONSOR NUMBER: 12718 SPONSOR NAME: Yvonne T. Rodriguez

CONTACT NAME: Andraea Ramirez PHONE: 915,875-2887 EXT: 0 FAX: ()

MAILING ADDRESS: 500 E. San Antonio

El Paso, Tx. 79901 E-MAIL ADDRESS: ARamirez@epcounty.com

PART B CLE ACTIVITY INFORMATION

TITLE OF ACTIVITY: ESTATE : 867 TRUST

HOTEL/OFFICE: Courthouse DATE: 1/22/09 CITY: El Paso STATE: Tx

ADDITIONAL LOCATIONS? NO YES (Attach Schedule) TOTAL NUMBER OF ATTORNEYS EXPECTED TO ATTEND: 40

REGISTRATION FEE: \$ 50.00 TOTAL NUMBER OF NON-ATTORNEYS EXPECTED TO ATTEND: 0

AREA(S) OF STUDY (Please see reverse side for areas of study): EST

CHECK ALL THAT APPLY:

- IN-HOUSE ACTIVITY (Only offered to attorneys within your firm or organization)
- WRITTEN MATERIALS WILL BE DISTRIBUTED
- THE ACTIVITY IS DESIGNED FOR, AND TARGETED TO ATTORNEYS
- THE ACTIVITY IS TARGETED TO OTHER PROFESSIONALS OR CLIENTS
(Attach a description of target audience):

METHOD OF PRESENTATION

- LIVE GROUP PRESENTATION OTHER: _____
- GROUP VIDEO PRESENTATION
- GROUP SATELLITE PRES. ON DEMAND ONLINE SEMINAR (Complete Attachment F)
- LIVE TELEPHONE/WEBCAST

CLE CREDIT HOURS: Calculation of CLE credit hours is based upon actual instruction time, rounded to the nearest one-quarter (.25) hour.

TOTAL MINUTES OF INSTRUCTION: 60 TOTAL PARTICIPATORY HOURS: (TOTAL MINUTES DIVIDED BY 60) 1.0 TOTAL ETHICS: (Number of ethics hours included in the total hours) 0

REQUIRED ATTACHMENTS: Attach an outline, agenda and/or brochure for the activity which describes the following:

1. The overall objective and purpose of the program;
2. The content and subject matter of each lecture and/or session;
3. Names and qualifications of each speaker or presenter; and
4. A timed outline or agenda which identifies the instructional time devoted to each lecture or session. The agenda should identify beginning and ending times for the program as well as scheduled breaks, lunches, opening/closing remarks and Q & A sessions.

PART C SPONSOR ACCREDITATION FEE

Please select one of the following payment options

- Payment Option A = \$20.00 X total participatory hours (the full fee is due upon submission if Payment Option A is selected)
- Payment Option B = \$10 X the number of attorneys attending
- Exempt (See instructions on reverse side to determine eligibility)

MCLE Late Filing Fee: A \$100 late filing fee is required for applications that are not received in the MCLE office at least 15 calendar days prior to the starting date of the activity. This fee is in addition to the accreditation fee and is required even if the activity is exempt from the accreditation fee. (See MCLE Regulations, Section 10.8.9)

(This form cannot be returned by fax if you are required to pay an accreditation fee)

(Unless exempt, the minimum fee, regardless of the option selected, is \$50.00)

\$ 50.00 AMOUNT PAID (Including late fee if applicable)

M. J. Roddy 12/9/09
Authorized Signature Date
(A \$25 fee is required with each application)

PART D INDIVIDUAL ATTORNEY INFORMATION

ATTORNEY NAME: _____ BAR NUMBER: _____

MAILING ADDRESS: _____

PHONE () _____ EXT _____ FAX () _____ EMAIL _____

SIGNATURE: M. J. Roddy DATE: _____

INDIVIDUAL APPLICATIONS FOR TELEPHONE, INTERNET OR OTHER INTERACTIVE PARTICIPATORY ACTIVITIES WILL NOT BE ACCEPTED
A \$25 FEE IS REQUIRED WITH EACH INDIVIDUAL APPLICATION. PLEASE MAKE CHECKS PAYABLE TO 'STATE BAR OF TEXAS.'

PART E ADDITIONAL FORMS REQUEST

Accreditation Application: available at www.texasbar.com/MCLE Attendance Forms _____ Please note: submission of attendance forms requires a \$2 per attendee fee.

88-6103-3120 1394

Yvonne T. Rodriguez
 4315 Park Hill Drive
 El Paso, TX 79902

DATE 12/9/09

PAY TO State Bar of Texas \$ 50.00
 THE ORDER OF Liddy DOLLARS

EL PASO AREA TEACHERS
 FEDERAL CREDIT UNION
 12020 ROJAS DRIVE
 EL PASO, TEXAS 79936 12718

FOR ALL January Y. T. Rodriguez

⑆3⑆208⑆034⑆00⑆4088280⑆⑆394

ROYAL BANK OF CANADA
 PLANITON CREDIT UNION
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ROYAL BANK OF CANADA
 PLANITON CREDIT UNION
 935067805820

NOV 11 2009

RECEIVED
 FEB 04 2010
 EL PASO
 COUNTY AUDITOR

88-8103-3120

1394

Yvonne T. Rodriguez
4315 Park Hill Drive
El Paso, TX 79902

DATE _____

PAY TO
THE ORDER OF

\$ 50.00

Liddy

DOLLARS



Security Features
Included
Details on Back

EL PASO AREA TEACHERS
FEDERAL CREDIT UNION
12020 ROJAS DRIVE
EL PASO, TEXAS 79936

Y. J. Rodryg

FOR

⑆3⑆208⑆1034⑆00⑆14088280⑆ ⑆394

MP

RECEIVED
FEB 04 2010
EL PASO
COUNTY AUDITOR

NEED CLE

Free CLE at Probate Court No. 1



Topic of Discussion:

867 Management Trust

Lunch will be Provided

When: Friday, January 22, 2009

Where: Probate Court No. 1 (Courtroom)

Time: 12:15 -1:15 p.m.

Presenter: Robert Warach and Magda Soto

Please contact Andrea Ramirez at 546-2161 ext. 7 or aramirez@epcounty.com to register.

Education of Judge Yvonne Rodriguez

1991- Bachelor's of Art at Mary Hardin Baylor
1993-Juris Doctor at Baylor Law School
1993-Licensed Attorney
1993-1994 Assistant Attorney General
1994-1999 Assistant District Attorney
1999-2001 Private Practice
2001-2006 Assistant County Attorney
8/2006-12/2007 Associate Judge Probate Court No. 1
1/1/2007-Present Statutory Probate Judge Court No.1

*In 2006, **Judge Yvonne T. Rodriguez** was elected to her current position as Judge of El Paso County Probate Court No. 1. She is the first Hispanic female Probate Judge in the State of Texas. Judge Rodriguez graduated with a Bachelor's degree in Psychology from Mary Hardin Baylor and a law degree from Baylor. She has had experience in many areas of the legal profession. She has been an Assistant Attorney General and an Assistant District Attorney. She has had her own private practice handling family and criminal law cases. She then worked for the County of El Paso as an Assistant County Attorney handling Child Protective Services' cases. She is a single mother to a bossy, beautiful and intelligent 12-year-old daughter. She has a vision in what she wants for herself, her family and the community. Judge Rodriguez wants to protect the rights of the citizens of El Paso County and will continue to be committed to El Paso.*



Overall Objectives

This training will consist of information related to the creation and management of the 867 Trust. The following will be discussed on January 22, 2009:

12:15-12:30 Introduction and overview from Judge Yvonne T. Rodríguez

12:30-1:10 Information will be presented by Robert Warach and Magda Soto regarding the creation and management of the 867 trust.

This training will coincide with the Texas Probate Code, 2008 Edition, Subpart N., Management Trusts. Please review the attached document copied from the code.

1:10-1:15 Open discussion for comments/questions

Qualifications of the Speaker

Speaker: Bob Warach and Magda Soto; Please see attached resumes and bios.



(1) no financial institution is willing to serve as trustee; and

(2) the appointment is in the ward's or incapacitated person's best interests.

(e) Before making a finding that there is no financial institution willing to serve as trustee under Subsection (d)(1) of this section, the court must check any list of corporate fiduciaries located in this state that is maintained at the office of the presiding judge of the statutory probate courts or at the principal office of the Texas Bankers Association.

(f) If a trust is created for a ward, the order shall direct a person holding property belonging to the ward or to which the ward is entitled to deliver all or part of the property to a person or corporate fiduciary appointed by the court as trustee of the trust. If a trust is created for an incapacitated person who does not have a guardian, the order shall direct a person holding property belonging to the incapacitated person or to which the incapacitated person is entitled to deliver all or part of the property to the corporate fiduciary or other person appointed as trustee of the trust. The order shall include terms, conditions, and limitations placed on the trust. The court shall maintain the trust under the same cause number as the guardianship proceeding, if applicable.

Added by Acts 1993, 73rd Leg., ch. 957, § 1, eff. Sept. 1, 1993. Amended by Acts 1995, 74th Leg., ch. 1039, § 57, eff. Sept. 1, 1995; Acts 1997, 75th Leg., ch. 1375, § 1, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 994, § 1, eff. Sept. 1, 2001; Acts 2005, 79th Leg., ch. 1238, § 1, eff. Sept. 1, 2005; Acts 2007, 80th Leg., ch. 281, § 1, eff. Sept. 1, 2007.

Section 9 of Acts 2005, 79th Leg., ch. 1238 provides:

"This Act applies only to an application for the creation of a trust filed on or after the effective date of this Act. An application for the creation of a trust filed before the effective date of this Act is governed by the law in effect when the application was filed, and the former law is continued in effect for that purpose."

Section 2 of Acts 2007, 80th Leg., ch. 281 provides:

"(a) The amendment made by this Act to Section 867(b-1), Texas Probate Code, is intended to clarify, rather than change, existing law.

"(b) A court in which an application for the creation of a management trust under Section 867, Texas Probate Code, is pending on the effective date of this Act and that is not a proper court exercising probate jurisdiction, as required by that section, shall transfer the proceeding to a proper court exercising probate jurisdiction. When a proceeding is transferred from one court to another as provided by this subsection, all processes, writs, bonds, recognizances, or other obligations issued from the transferring court are returnable to the court to which the proceeding is transferred as if originally issued by that court. The obligees in all bonds and recognizances taken in and for a court from which a proceeding is transferred, and all witnesses summoned to appear in a court from which a proceeding is transferred, are required to appear before the court to which a proceeding is transferred as if originally required to appear before the court to which the transfer is made."

§ 867A. Venue

If a proceeding for the appointment of a guardian for the alleged incapacitated person is not pending on the date the application is filed, venue for a proceeding to create a trust for an alleged incapacitated person under Section 867(b-1) of this code must be determined in the same manner as venue for a proceeding for the appointment of a guardian is determined under Section 610 of this code.

Added by Acts 2005, 79th Leg., ch. 1238, § 2, eff. Sept. 1, 2005.

Section 9 of Acts 2005, 79th Leg., ch. 1238 provides:

"This Act applies only to an application for the creation of a trust filed on or after the effective date of this Act. An application for the creation of a trust filed before the effective date of this Act is governed by the law in effect when the application was filed, and the former law is continued in effect for that purpose."

§ 868. Terms of Management Trust

(a) Except as provided by Subsection (d) of this section, a trust created under Section 867 of this code must provide that:

(1) the ward or incapacitated person is the sole beneficiary of the trust;

(2) the trustee may disburse an amount of the trust's principal or income as the trustee determines is necessary to expend for the health, education, support, or maintenance of the ward or incapacitated person;

(3) the income of the trust that the trustee does not disburse under Subdivision (2) of this subsection must be added to the principal of the trust;

(4) if the trustee is a corporate fiduciary, the trustee serves without giving a bond; and

(5) the trustee, on annual application to the court and subject to the court's approval, is entitled to receive reasonable compensation for services that the trustee provided to the ward or incapacitated person as the ward's or incapacitated person's trustee that is:

(A) to be paid from the trust's income, principal, or both; and

(B) determined in the same manner as compensation of a guardian of an estate under Section 665 of this code.

(b) The trust may provide that a trustee make a distribution, payment, use, or application of trust funds for the health, education, support, or maintenance of the ward or incapacitated person or of another person whom the ward or incapacitated person is legally obligated to support, as necessary and without the intervention of a guardian or other representative

of the ward or of a representative person, to:

(1) the ward's guardian

(2) a person who has or incapacitated person ward or incapacitated person support; or

(3) a person providing or incapacitated person ward or incapacitated person support.

(c) A provision in a trust that relieves a trustee from liability imposed by this Property Code, is enforced

(1) the provision is in circumstances unique to the trust is not applicable generally;

(2) the court creating a specific finding that the evidence that the inclusion best interests of the beneficiary

(d) When creating or may omit or modify terms (a)(1) or (2) of this section that the omission or modification

(1) is necessary and the incapacitated person to benefits or assistance under program that is not otherwise incapacitated person; and

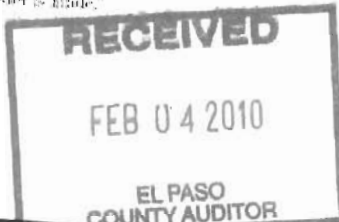
(2) is in the ward's or interests.

(e) The court may include trust created or modification court determines an addition Subsection (a) and, if applicable, this section.

(f) If the trustee determines interest of the ward or trustee may invest funds of trust row fund established by Education Code.¹

Added by Acts 1993, 73rd 1993. Amended by Acts 1995, 74th Leg., ch. 1039, § 57, eff. Sept. 1, 1995; Acts 1997, 75th Leg., ch. 1375, § 1, eff. Sept. 1, 1997; Acts 1999, 76th Leg., ch. 1039, § 57, eff. Sept. 1, 1999; Acts 2001, 77th Leg., ch. 994, § 1, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 1123, § 1, eff. Sept. 1, 2003; Acts 2005, 79th Leg., ch. 1238, § 2, eff. Sept. 1, 2005.

¹V.T.C.A., Education Code §



(1) the amount of the proposed contribution stated in the application will probably not exceed 20 percent of the net income of the ward's estate for the current calendar year;

(2) the net income of the ward's estate for the current calendar year exceeds, or probably will exceed, \$25,000;

(3) the full amount of the contribution, if made, will probably be deductible from the ward's gross income in determining the net income of the ward under applicable federal income tax laws and rules;

(4) the condition of the ward's estate justifies a contribution in the proposed amount; and

(5) the proposed contribution is reasonable in amount and is for a worthy cause.

Added by Acts 1993, 73rd Leg., ch. 957, § 1, eff. Sept. 1, 1993.

SUBPART N. MANAGEMENT TRUSTS

§ 867. Creation of Management Trust

(a) In this section, "financial institution" means a financial institution, as defined by Section 201.101, Finance Code, that has trust powers and exists and does business under the laws of this or another state or the United States.

(a-1) The following persons may apply for the creation of a trust under this section:

- (1) the guardian of the estate of a ward;
- (2) the guardian of the person of a ward;
- (3) the guardian of both the person of and estate of a ward;
- (4) an attorney ad litem or guardian ad litem appointed to represent a ward or the ward's interests;
- (5) a person interested in the welfare of an alleged incapacitated person who does not have a guardian of the estate; or
- (6) an attorney ad litem or guardian ad litem appointed to represent an alleged incapacitated person who does not have a guardian or that person's interests.

(b) On application by an appropriate person as provided by Subsection (a-1) of this section, the court with jurisdiction over the guardianship may enter an order that creates for the ward's benefit a trust for the management of guardianship funds if the court

finds that the creation of the trust is in the ward's best interests.

(b-1) On application by an appropriate person as provided by Subsection (a-1) of this section and regardless of whether an application for guardianship has been filed on the alleged incapacitated person's behalf, a proper court exercising probate jurisdiction may enter an order that creates a trust for the management of the estate of an alleged incapacitated person who does not have a guardian if the court, after a hearing, finds that:

- (1) the person is an incapacitated person; and
- (2) the creation of the trust is in the incapacitated person's best interests.

(b-2) If a proceeding for the appointment of a guardian for an alleged incapacitated person is pending, an application for the creation of a trust for the alleged incapacitated person under Subsection (b-1) of this section must be filed in the same court in which the guardianship proceeding is pending.

(b-3) The court shall conduct a hearing to determine incapacity under Subsection (b-1) of this section using the same procedures and evidentiary standards as required in a hearing for the appointment of a guardian for a proposed ward.

(b-4) If, after a hearing, the court finds that a person for whom an application is filed under Subsection (b-1) of this section is an incapacitated person but that it is not in the incapacitated person's best interests to have the court create a management trust for the person's estate, the court may appoint a guardian of the person or estate, or both, for the incapacitated person without the necessity of instituting a separate proceeding for that purpose.

(b-5) Except as provided by Subsections (c) and (d) of this section, the court shall appoint a financial institution to serve as trustee of a trust created under this section.

(c) If the value of the trust's principal is \$50,000 or less, the court may appoint a person other than a financial institution to serve as trustee of the trust only if the court finds the appointment to be in the ward's or incapacitated person's best interests.

(d) If the value of the trust's principal is more than \$50,000, the court may appoint a person other than a financial institution to serve as trustee of the trust only if the court finds that:



El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00806 01
 Voucher Total: \$1,720.59
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____

Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND SEVEN HUNDRED,
 TWENTY DOLLARS AND FIFTY NINE CENTS

Vendor Name: ROBERT SALAS

Street: SHERIFF'S DEPT.
 800 E. SAN ANTONIO
 City, State, Zip: EL PASO TX 79901

Subject: ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,720.59	SHERIFFLEOS	6602	145	SHE005		
	Desc:	ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

U

County of El Paso Travel Request Form

Travel

Type: ADVANCE

Robert Salas

Name: National Law Enforcement Exploring Com Department: Sheriff
 Date of Trip: Departure 07/19/10 07/24/10 Destination: Atlanta, Georgia
 * Purpose of Trip: Explorer Training

* Use of GADMINGF Funds requires legislative impact explanation

Department Index: National Law Enforcement Exploring Com Sub-Object: Conf
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$440.30	
Auto Rental	420.29	
Mileage (.40 /mile)		
Gas	250.00	
Meal rate on Departure date	35.00	
Meal per diem (\$35.00)	140.00	
Meal rate on Return date	35.00	
Lodging		
Other - Registration	400.00	
Other - Parking/Tolls		
Other - Taxi		
Other - Emergency		
Other -		
TOTAL	\$1,720.59	

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 00806
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE N Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,720.59 CC _____
 Name: Robert Salas Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature]
 DATE: 7/18/10

C.C.O. DATE

El Paso County Travel Justification Form

Name: Robert Salas #1920 Signature: _____ Date: 02-10-10
Dept: EPSO Job Title: Deputy
Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: _____ Balance Remaining for FY: _____

Purpose: (check [x] one)

- Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____
- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
- Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____
- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____
- Program Development Training**
Explain: _____
- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____
- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- Other:** _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Robert Salas # 1920 Title Community Services Date 2/10/2010

Days of Travel	07/19/10	07/20/10	07/21/10	07/22/10	07/23/10	07/24/10	Totals
	Sun	Mon	Tue	Wed	Thurs	Fri	
Airfare		\$440.30					\$440.30
Auto Rental		420.29					420.29
Fuel Other Fuel if Needed		250					250.00
Taxi							
Shuttle							
Airport Parking							
Misc.							
Sub-total Transportation		\$1,110.59					\$1,110.59

Hotel							
Meals		35.00	35.00	35.00	35.00	35.00	210.00
Misc.							
Sub-total Hotel and Meals		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$210.00

Supplies/Equipment							
Phone/Fax							
Registrations		400.00					
Other							
Misc.							
Sub-total Misc.		400.00					400.00

Total Per Day		\$1,545.59	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$1,720.59
----------------------	--	-------------------	----------------	----------------	----------------	----------------	----------------	-------------------

PURPOSE OF TRIP

Topic: <u>National Law Enforcement Exploring Conference</u>
Location: <u>The Georgia Institute of Technology - Atlanta, Georgia</u>

Summary of expense

Total of Expense Estimate \$1,720.59
 Less Direct Payments _____
 Cash Advance

Amount of request \$1,720.59

R. Lucille Samuel Budget Director 2/10/2010
 Prepared by Date

R. T. [Signature] ^{Co. Commander}
 Division Commander 2/10/2010
 Date

MEMORANDUM

TO: Lucille Samuels, Budget
Section
THRU: Commander Campa
FROM: Deputy Randolph Tabbutt

SUBJ: REQUEST FOR TRAINING

DATE: 2/3/2010

CC: File


*Ok. Sherriff's Office
2-4-10*

The below listed Explorer Training Conference is being offered, which will be of benefit to the El Paso County Sheriff's Office Explorer Post 5. I request that the below listed personnel be allowed to attend along with 12 Explorers. I have also attached a list of the costs associated with attending this Conference:

Conference Information	
------------------------	--

What:	2010 National Law Enforcement Exploring Conference
Date(s):	July 19 th - 24 th , 2010
Location:	The Georgia Institute of Technology (Georgia Tech) Atlanta, Georgia
Deputy Attendee:	Deputy Priscilla Pena #1964, Deputy Eduardo Placencia #2811, Deputy Robert Salas #1920, Deputy Randolph Tabbutt #1330

I am attaching a copy of the Conference announcement for your consideration. Your prompt attention to this matter is greatly appreciated.



Dep. Randolph M. Tabbutt # 1330
Support Services-Community Services
915-479-0404



Fact Sheet



2010

National Law Enforcement Exploring Conference

BACKGROUND: The National Law Enforcement Exploring Conference is conducted every other year and is attended by thousands of Law Enforcement Explorers and their adult leaders from throughout the country. They come together for a week of team and individual competitions, seminars, demonstrations, exhibits, recreation and fun.

DATES: July 19-24, 2010

LOCATION: Georgia Institute of Technology - Atlanta, Georgia

COST: The conference fee is \$400 per Explorer or adult, plus a non-refundable Post registration fee of \$100.

CONFERENCE PROGRAM:

Team competition events: Arrest and Search, Bomb Threat Response, Crime Scene Search, Crime Prevention, Domestic Crisis Intervention, Shoot/Don't Shoot, Hostage Negotiation, Burglary in Progress, Traffic Accident Investigation, Traffic Stop, White Collar Crime, Emergency Field First Aid and Drill Team.

Individual competition events: Police Physical Performance Test, Air Pistol Competition, Pistol (9mm) Competition, Sample Police Written Examination, Bike Policing Competition and Non-Emergency Vehicle Operations Course (NEVO).

Seminars: Bomb Investigations, Combating Terrorism in America, Executive Protection, Leadership Development, Fugitive Investigations, Gang Recognition and Identification, Hate Crimes & Terrorism on the Internet, Narcotics Trafficking and Interdiction, Protecting our National Borders, Protect Yourself: Self-Defense, Psychological Profiling, Surveillance Methods and Technology, Advisor Workshop, and other presentations.

Conference Features: Dynamic opening and closing shows, exciting entertainment night, Career Fair, Exploring U.S.A., Rally Demonstration, nightly Jump Club dance, election of National Youth Representatives and retail Cop Shop.

REGISTRATION: All Law Enforcement Explorer Posts registered with Learning for Life are eligible to attend the Conference. Posts can register by visiting the learning for Life web site at: www.learningforlife.org/exploring/lawenforcement. In addition, the web site contains all the necessary forms and the Guidebook. The Guidebook provides detailed information about the Conference along with an Advisor Checklist to assist with the registration process. The Conference is usually a "sell-out" event and registration is on a first come, first served basis!

*Includes Passenger Facility Charges (PFCs) and government-imposed September 11th Security Fees in effect as of the date of this Agreement. Fares are subject to new PFCs and any applicable taxes or fees that may be imposed or changed prior to ticket purchase.

DEPOSIT AND PAYMENT:

Deposit Amount: \$881.00
Deposit Due Date: 25 Feb 2010
Travel Agreement Due Date: 25 Feb 2010
Names and Final Payment Due Date: 4 Jun 2010

DEPOSIT PAYMENTS CANNOT BE MADE BY CREDIT CARD

Deposits are payable only with Cashier's Check, ARC Approved Travel Agency Check, or Money Order. Deposits cannot be applied toward other Group Travel or individual travel. The deposit is nonrefundable if your Group cancels or makes any itinerary changes on or after 4 Jun 2010

Final Payment payable by Cashier's Check, ARC Approved Travel Agency Check, Money Order or Credit Card Letter of Authorization (LOA). Need LOA? http://www.southwest.com/programs_services/groups/letter_auth.pdf

Verify remaining balance by sending an e-mail to GROUPTRAVEL@WNCO.COM or call Southwest Airlines at 214-792-4658.

For Customers in this Group who are Rapid Rewards Members, please provide the corresponding membership number with the Customer's name when submitting your name list. The Customer name on your name list must match the name on the Rapid Rewards membership account to receive credit. The membership number will be added to the Group Reservation Record, and will make checkin easier. Details are provided in your attached Group Policies information.

Reminder: This Travel Agreement must be signed and returned to Southwest Airlines no later than 25 Feb 2010. Mail this entire Travel Agreement along with your first payment to: Southwest Airlines, Central Ticketing, P.O. Box 97617, Dallas Texas 75397. To ensure timely delivery and proper credit to your account, please allow 7-10 business days for U.S. Mail, or you may use overnight delivery addressed to: Southwest Airlines, Group Lockbox 97617, TX1-0006, 14800 Frye Road, Fort Worth, TX 76155.

We know you have a choice when flying, and we appreciate your choosing Southwest Airlines for your Group travel needs. Please contact us if you have any questions about your Group reservations.

I have read and agree to the terms and conditions specified in this Travel Agreement with Southwest Airlines.

(Please Print)

GROUP NAME: ELP CTY SHERIFFS OFC **CONFIRMATION NUMBER:** NJHY2G

AGENCY: (N/A) **IATA/ARC:** (N/A)

NAME/TITLE: /

SIGNATURE: **DATE:**

Please keep a copy of this signed Travel Agreement for your records



rental summary

Rate (USD)	
car	335.59
options	0.00
taxes & fees	84.40
TOTAL	420.29

rate rules [\[?\]](#)
 • 4 day 20 hour rental • unlimited free miles • rate code CO • 4 day 3 hour minimum rental required • 30 day maximum rental allowed

Location [\(change\)](#)

Pick-up:
 BIRMINGHAM AIRPORT - BHM
 BIRMINGHAM, AL
 Mon, 19 Jul 2010 04:30 PM
 Return:
 same as pick-up location
 Sat, 24 Jul 2010 12:00 PM

Car [\(change\)](#)

KIA SEDONA 4DR/PSQR
 or similar

• mini pass van • automatic • air conditioned

Misc [\(change\)](#)

Residency:
 US

Offer codes:
 • status none entered
 • coupon none entered

step 3 of 4: choose my options

Safety seats

Keep your kids safe.
 \$6.00/day ea. [more info](#)
 0 • toddler 0 • booster

Loss Damage Waiver (LDW)

Protects you if car is damaged or stolen.
 \$2.95/day [more info](#)

Highly recommended for your rental! + add

Supplemental Liability Insurance (SLI)

Third party injury/property damage coverage.
 \$2.95/day [more info](#)

+ add

Personal Accident and Effects (PAE)

Additional personal and property insurance.
 \$3.95/day [more info](#)

+ add

Fuel service option

We refuel your car at reduced per gallon prices.
 Price is not included in your reservation total. Get prevailing market fuel rate and pay at rental time. [more info](#)

+ add

No-smoking - Budget maintains a 100% smoke-free fleet. [\[?\]](#)

[information for a driver with disabilities](#)

next

rates for rental period in U.S. dollars unless otherwise indicated

Not Sure What You Need? Don't worry! You can always change options before your rental - either online or when you pick up your car.

COST ANALYSIS

Registration Fees:	\$6,400.00	\$400 x 16 Attendees (4-Deputies, 12-Explorers) Due by March 1 st , 2010.
Post Registration Fee:	\$100	Due by March 1 st , 2010
Travel:	\$7,044.80	Airfare Roundtrip from El Paso, TX – Birmingham, AL thru Southwest Airlines Group Rate of \$440.30 per person. 1 st Payment of 10% is Due by February 25 th , 2010
Van Rental:	\$840.58	2-Mini-Vans @ \$420.29/each thru Budget Rental Cars (Driving from Birmingham, AL to Atlanta, GA – 160 miles)
Lodging:	\$0	Lodging/GT Dorms, covered by Registration Fees.
Gas:	\$500.00	Driving from Birmingham, AL to Atlanta, GA – 160 x 2 To include Educational Trips.
Educational Trip:	\$500.00	\$31.25 x 16 Attendees (4-Deputies, 12-Explorers)
Per Diem:	\$840	\$35.00 x 6 = \$210 x 4 = \$840.00
<hr/>		
Total:	\$16,225.38	

TENTATIVE SCHEDULE

2010 NATIONAL LAW ENFORCEMENT EXPLORING CONFERENCE

JULY 19—24, 2010

7/19 Monday	7/20 Tuesday	7/21 Wednesday	7/22 Thursday	7/23 Friday	7/24 Saturday
8:00 AM-5:00 PM Registration	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
12:00-5:00 PM Career Fair	7:30 11:30 AM- Action Centers Career Fair	7:30 -11:30 AM Action Centers Career Fair	7:30 -11:30 AM Action Centers	10:00 AM Federal/State/Local live demonstrations	Checkout
5:30 PM Opening barbeque	Individual Events Pistol Match Seminars	Individual Events Pistol Match Seminars	Individual Events Pistol Match Seminars	Lunch	Departure
7:30 PM Opening Program	Team Competitions	Team Competitions	Team Competitions	1:30-5:30 PM Tours & Sightseeing/ Campus Activities	
9:30 PM Recreation/Dance	Lunch	Lunch	Lunch	Dinner	
	1:30-5:30 PM Action Centers Career Fair	1:30-5:30 PM Action Centers Career Fair	1:30-5:30 PM Exploring U.S.A. Action Centers	7:30 PM Closing/Awards Show	
	Individual Events Pistol Match Seminars	Individual Events Pistol Match Seminars	Individual Events Pistol Match Seminars	9:30 PM Recreation/Dance	
	Team Competitions	Team Competitions Career Fair ends	Team Competitions		
	Dinner	Dinner	Dinner		
	9:30 PM Recreation/Dance	7:30 PM Entertainment Night	Exploring U.S.A. 9:30 PM Recreation/Dance		
		9:30 PM Recreation/Dance			

Jorge Lopez

From: Lucille Samuel
Sent: Thursday, February 11, 2010 10:48 AM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Explorer Conference

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01059 01
 Voucher Total: \$1,050.30
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND FIFTY DOLLARS AND THIRTY CENTS

Vendor Name: EDUARDO PLACENCIA

Street: SHERIFF DEPARTMENT
 800 E. OVERLAND

City, State, Zip: EL PASO TX 79901

Subject: ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,050.30	SHERIFFLE0S	6602	145	SHE005		
	Desc: ATLANTA, GA 7/19-24/10 NAT'L LW ENFRMNT EXPL CO							
02								
	Desc:							
03								
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	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

J

Travel

Type: **ADVANCE**

Randolph Tabbutt

Name: National Law Enforcement Exploring Conf

Department: Sheriff

Date of Trip: Departure 07/19/10 07/24/10

Destination: Atlanta, Georgia

* Purpose of Trip: Explorer Training

National Law Enforcement Exploring Conf

Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: _____ Sub-Object: _____

COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$440.30	_____
Auto Rental	420.29	_____
Mileage (.40 /mile)		_____
Gas	250.00	_____
Meal rate on Departure date	35.00	_____
Meal per diem (\$35.00)	140.00	_____
Meal rate on Return date	35.00	_____
Lodging		_____
Other - Registration	400.00	_____
Other - Parking/Tolls		_____
Other - Taxi		_____
Other - Emergency		_____
Other -		_____
TOTAL	\$1,720.59	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Sub-Object: _____

Vendor: Emp 00450

Subsidiary: _____

Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE N Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,720.59 _____ CC

Name: Randolph Tabbutt Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature] 1350
DATE: _____

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Randolph M. Tabbutt #1330 Signature _____ Date: 02-10-10

Dept: SO Job Title: Deputy

Travel Funding Source: County Grant Other Will any funds be reimbursed by another entity? _____ Travel Account

No.: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference: _____ My elective office requires ___ number of training hours per ___ months. I have already fulfilled ___ of these hours for this time period. Estimated hours to be obtained from this course? ____.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy

Entity Name: _____ Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity

Explain: _____

Program Development Training

Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention

(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: _____

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: Powerful Communications Skills for Women

Adopted by the El Paso County Commissioners Court on November 17, 2003

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Randolph M. Tabbutt #1330 Title Community Services Date 2/10/2010

Days of Travel	07/19/10	07/20/10	07/21/10	07/22/10	07/23/10	07/24/10	Totals
	Sun	Mon	Tue	Wed	Thurs	Fri	
Airfare		\$440.30					\$440.30
Auto Rental		420.29					420.29
Fuel Other Fuel if Needed		250					250.00
Taxi							
Shuttle							
Airport Parking							
Misc.							
Sub-total Transportation		\$1,110.59					\$1,110.59

Hotel							
Meals		35.00	35.00	35.00	35.00	35.00	210.00
Misc.							
Sub-total Hotel and Meals		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$210.00

Supplies/Equipment							
Phone/Fax							
Registrations		400.00					
Other							
Misc.							
Sub-total Misc.		400.00					400.00

Total Per Day		\$1,545.59	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$1,720.59
----------------------	--	-------------------	----------------	----------------	----------------	----------------	----------------	-------------------

PURPOSE OF TRIP

Topic:	National Law Enforcement Exploring Conference
Location:	The Georgia Institute of Technology - Atlanta, Georgia

Summary of expense

Total of Expense Estimate \$1,720.59
 Less Direct Payments _____
 Cash Advance _____

Amount of request \$1,720.59

R. Lucille Samuel Budget Director 2/10/2010
 Prepared by Date

[Signature] For Commander
 #1330 Campa 2/10/2010
 Division Commander Date

MEMORANDUM

TO: Lucille Samuels, Budget
Section
THRU: Commander Campa
FROM: Deputy Randolph Tabbutt

SUBJ: REQUEST FOR TRAINING

DATE: 2/3/2010


CC: File

*OK: Sheriff's Office
1-8-10*

The below listed Explorer Training Conference is being offered, which will be of benefit to the El Paso County Sheriff's Office Explorer Post 5. I request that the below listed personnel be allowed to attend along with 12 Explorers. I have also attached a list of the costs associated with attending this Conference:

Conference Information	
What:	2010 National Law Enforcement Exploring Conference
Date(s):	July 19 th – 24 th , 2010
Location:	The Georgia Institute of Technology (Georgia Tech) Atlanta, Georgia
Deputy Attendee:	Deputy Priscilla Pena #1964, Deputy Eduardo Placencia #2811, Deputy Robert Salas #1920, Deputy Randolph Tabbutt #1330

I am attaching a copy of the Conference announcement for your consideration. Your prompt attention to this matter is greatly appreciated.


Dep. Randolph M. Tabbutt # 1330
Support Services-Community Services
915-479-0404



Fact Sheet



2010

National Law Enforcement Exploring Conference

BACKGROUND: The National Law Enforcement Exploring Conference is conducted every other year and is attended by thousands of Law Enforcement Explorers and their adult leaders from throughout the country. They come together for a week of team and individual competitions, seminars, demonstrations, exhibits, recreation and fun.

DATES: July 19-24, 2010

LOCATION: Georgia Institute of Technology - Atlanta, Georgia

COST: The conference fee is \$400 per Explorer or adult, plus a non-refundable Post registration fee of \$100.

CONFERENCE PROGRAM:

Team competition events: Arrest and Search, Bomb Threat Response, Crime Scene Search, Crime Prevention, Domestic Crisis Intervention, Shoot/Don't Shoot, Hostage Negotiation, Burglary in Progress, Traffic Accident Investigation, Traffic Stop, White Collar Crime, Emergency Field First Aid and Drill Team.

Individual competition events: Police Physical Performance Test, Air Pistol Competition, Pistol (9mm) Competition, Sample Police Written Examination, Bike Policing Competition and Non-Emergency Vehicle Operations Course (NEVO).

Seminars: Bomb Investigations, Combating Terrorism in America, Executive Protection, Leadership Development, Fugitive Investigations, Gang Recognition and Identification, Hate Crimes & Terrorism on the Internet, Narcotics Trafficking and Interdiction, Protecting our National Borders, Protect Yourself: Self-Defense, Psychological Profiling, Surveillance Methods and Technology, Advisor Workshop, and other presentations.

Conference Features: Dynamic opening and closing shows, exciting entertainment night, Career Fair, Exploring U.S.A., Rally Demonstration, nightly Jump Club dance, election of National Youth Representatives and retail Cop Shop.

REGISTRATION: All Law Enforcement Explorer Posts registered with Learning for Life are eligible to attend the Conference. Posts can register by visiting the learning for Life web site at: www.learningforlife.org/exploring/lawenforcement. In addition, the web site contains all the necessary forms and the Guidebook. The Guidebook provides detailed information about the Conference along with an Advisor Checklist to assist with the registration process. The Conference is usually a "sell-out" event and registration is on a first come, first served basis!

*Includes Passenger Facility Charges (PFCs) and government-imposed September 11th Security Fees in effect as of the date of this Agreement. Fares are subject to new PFCs and any applicable taxes or fees that may be imposed or changed prior to ticket purchase.

DEPOSIT AND PAYMENT:

Deposit Amount: \$881.00
Deposit Due Date: 25 Feb 2010
Travel Agreement Due Date: 25 Feb 2010
Names and Final Payment Due Date: 4 Jun 2010

DEPOSIT PAYMENTS CANNOT BE MADE BY CREDIT CARD

Deposits are payable only with Cashier's Check, ARC Approved Travel Agency Check, or Money Order. Deposits cannot be applied toward other Group Travel or individual travel. The deposit is nonrefundable if your Group cancels or makes any itinerary changes on or after 4 Jun 2010

Final Payment payable by Cashier's Check, ARC Approved Travel Agency Check, Money Order or Credit Card Letter of Authorization (LOA). Need LOA? http://www.southwest.com/programs_services/groups/letter_auth.pdf

Verify remaining balance by sending an e-mail to GROUPTRAVEL@WNCO.COM or call Southwest Airlines at 214-792-4658.

For Customers in this Group who are Rapid Rewards Members, please provide the corresponding membership number with the Customer's name when submitting your name list. The Customer name on your name list must match the name on the Rapid Rewards membership account to receive credit. The membership number will be added to the Group Reservation Record, and will make checkin easier. Details are provided in your attached Group Policies information.

Reminder: This Travel Agreement must be signed and returned to Southwest Airlines no later than 25 Feb 2010. Mail this entire Travel Agreement along with your first payment to: Southwest Airlines, Central Ticketing, P.O. Box 97617, Dallas Texas 75397. To ensure timely delivery and proper credit to your account, please allow 7-10 business days for U.S. Mail, or you may use overnight delivery addressed to: Southwest Airlines, Group Lockbox 97617, TX1-0006, 14800 Frye Road, Fort Worth, TX 76155.

We know you have a choice when flying, and we appreciate your choosing Southwest Airlines for your Group travel needs. Please contact us if you have any questions about your Group reservations.

I have read and agree to the terms and conditions specified in this Travel Agreement with Southwest Airlines.

(Please Print)

GROUP NAME: ELP CTY SHERIFFS OFC

CONFIRMATION NUMBER: NJHY2G

AGENCY: (N/A)

IATA/ARC: (N/A)

NAME/TITLE: /

SIGNATURE:

DATE:

Please keep a copy of this signed Travel Agreement for your records

NLEEC Security Deposit

\$ 62005-3910

Date mailed to national Learning for Life office _____
Date received by national Learning for Life office _____

POST RESERVATION/SECURITY DEPOSIT FORM National Law Enforcement Exploring Conference July 19 - 24, 2010 Georgia Tech University Atlanta, Georgia

Prior to completing this form, please review conference guidebook for important information concerning eligibility requirements for participants, registration procedures and program activities.

Complete the online registration form print and mail along with check made payable to: Learning for Life (NLEEC) or mail this form with the \$100.00 deposit to Law Enforcement Exploring, 1329 West Walnut Hill Lane, Irving, TX 75038. Payment deadline is March 1, 2010. Local Learning for Life number and other information may be found on our website at www.learningforlife.org

 Date: _____
Post No. LFL No. Local LFL Headquarters City State Zip

Name of Department/Agency _____

Name of Chief/ Agency Head _____

Address _____

City _____ State _____ Zip _____ Daytime Phone (____) _____

Participation Estimate: Please reserve space for our post at the conference as follows:

Explorers: Male _____ Female _____ **Advisors:** Male _____ Female _____
Alternate leader information: Post No. _____ Learning for Life number _____

(**Note:** If your Post is utilizing an adult from another Post to meet the leadership requirements, place an asterisk in the applicable Advisor box (do not put in a number). Indicate the LFL and Post numbers for the adult leader assisting your Post. If your Post is providing and adult leader to assist another Post do not complete the alternate leadership information.)

Send all mail and confirmation notices to the following Post Advisor: (Please provide department address)

Name _____ Title _____

Department _____

Address _____

City _____ State _____ Zip _____ Daytime Phone (____) _____

Fax No. (____) _____ Mobile No. (____) _____ E-mail address _____

Post Advisor Agreement: My Post and participants are registered with Law Enforcement Exploring and our adult leaders are at least 21 years of age.

I have reviewed the conference guide and pledge that adults and Explorers attending conference will abide by the policies and procedures contained therein, and that adult leaders will complete Youth Protection training.

Post Advisor's signature

Date



rental summary

Rate (USD)	
car	335.89
(F) options	0.00
(B) taxes & fees	84.40
TOTAL	420.29

rate rules [?](#)
 • 4 day 20 hour rental • unlimited free miles • rate code CO • 4 day 3 hour minimum rental required • 30 day maximum rental allowed

Location [change](#)

Pick-up:
 BIRMINGHAM AIRPORT - BINA 9
 BIRMINGHAM, AL
 Mon, 19 Jul 2010 04:30 PM
Return:
 same as pick-up location
 Sat, 24 Jul 2010 12:00 PM

Car [change](#)

KIA SEDONA 4DR7PSGR
 or similar 

• mini pass van • automatic • air conditioned

Misc [change](#)

Residency:
 US

Offer codes:
 • status none entered
 • coupon none entered

step 3 of 4: choose my options

Safety seats
 Keep your kids safe. \$6.00/day ea. [more info](#)
 0 • toddler 0 • booster

Loss Damage Waiver (LDW)
 Protects you if car is damaged or stolen. 22.95/day [more info](#)
 Highly recommended for your rental + add

Supplemental Liability Insurance (SLI)
 Third party injury/property damage coverage. 12.95/day [more info](#)
 + add

Personal Accident and Effects (PAE)
 Additional personal and property insurance. 6.95/day [more info](#)
 + add

Fuel service option
 We refuel your car at reduced per gallon prices. Price is not included in your reservation total. Get prevailing market fuel rate and pay at rental time. [more info](#)
 + add

No-smoking - Budget maintains a 100% smoke-free fleet! [?](#)

[information for a driver with disabilities](#)
 next

Not Sure What You Need? Don't worry! You can always change options before your rental - either online or when you pick up your car.

rates for rental period in U.S. dollars unless otherwise indicated

COST ANALYSIS

Registration Fees:	\$6,400.00	\$400 x 16 Attendees (4-Deputies, 12-Explorers) Due by March 1 st , 2010.
Post Registration Fee:	\$100	Due by March 1 st , 2010
Travel:	\$7,044.80	Airfare Roundtrip from El Paso, TX – Birmingham, AL thru Southwest Airlines Group Rate of \$440.30 per person. 1 st Payment of 10% is Due by February 25 th , 2010
Van Rental:	\$840.58	2-Mini-Vans @ \$420.29/each thru Budget Rental Cars (Driving from Birmingham, AL to Atlanta, GA – 160 miles)
Lodging:	\$0	Lodging/GT Dorms, covered by Registration Fees.
Gas:	\$500.00	Driving from Birmingham, AL to Atlanta, GA – 160 x 2 To include Educational Trips.
Educational Trip:	\$500.00	\$31.25 x 16 Attendees (4-Deputies, 12-Explorers)
Per Diem:	\$840	\$35.00 x 6 = \$210 x 4 = \$840.00
<hr/>		
Total:	\$16,225.38	

TENTATIVE SCHEDULE
2010 NATIONAL LAW ENFORCEMENT EXPLORING CONFERENCE
JULY 19—24, 2010

7/19 Monday	7/20 Tuesday	7/21 Wednesday	7/22 Thursday	7/23 Friday	7/24 Saturday
8:00 AM-5:00 PM Registration 12:00-5:00 PM Career Fair 5:30 PM Opening barbeque 7:30 PM Opening Program 9:30 PM Recreation/Dance	Breakfast 7:30 11:30 AM- Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Dinner 9:30 PM Recreation/Dance	Breakfast 7:30 -11:30 AM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Career Fair ends Dinner 7:30 PM Entertainment Night 9:30 PM Recreation/Dance	Breakfast Exploring U.S.A. setup 7:30 -11:30 AM Action Centers Individual Events Pistol Match Seminars Team Competitions Lunch 1:30-5:30 PM Exploring U.S.A. Action Centers Individual Events Pistol Match Seminars Team Competitions Dinner Exploring U.S.A. 9:30 PM Recreation/Dance	Breakfast 10:00 AM Federal/State/Local live demonstrations Lunch 1:30-5:30 PM Tours & Sightseeing/ Campus Activities Dinner 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast Checkout Departure

Jorge Lopez

From: Lucille Samuel
Sent: Thursday, February 11, 2010 10:48 AM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Explorer Conference

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2053 01
 Voucher Total: \$31.24
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: BO

Preparer's Initials: BO
 Amount Spelled: THIRTY ONE DOLLARS AND TWENTY FOUR CENTS

Vendor Name: VERONICA ESCOBAR
 Street: 3014 COPPER AVE.
COMMISSNER2
 City, State, Zip: EL PASO TX 79930

Subject: 11/18-20/09, SAN ANTONIO, TX , CUC

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	31.24	COMMISSNER2	6705				
	Desc:	<u>11/18-20/09, SAN ANTONIO, TX , CUC</u>						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Veronica Escobar Department: Commissioner 2
 Date of Trip: Departure 11/18/09 Arrival Date: 11/20/09 Destination: San Antonio, TX
 * Purpose of Trip: CUC Education and Policy Conference

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: commissioner2 Sub-Object: 6501
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

Airfare	<u>Dec 109</u>	<u>\$197.70</u>	<u>445.70</u>
Auto Rental			
Mileage (.40 /mile)			
Gas			
Meal rate on Departure date			
Meal per diem (\$35.00)		17.50	
Meal rate on Return date		35.00	
Lodging	<u>Dec 109</u>	17.50	<u>280.20</u>
Other - Registration			<u>370.00 CK</u>
Other - Parking/Tolls			
Other - Taxi		25.00	<u>56.24</u>
Other -			
Other -			
TOTAL		<u>\$95.00</u>	<u>\$197.70</u>

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

31.24 - 95.00
 ADVANCE FROM COUNTY \$95.00 CC \$197.70
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE

DATE: 12-Nov-09

C.C.O. DATE



County of El Paso Travel Expenditure Voucher

C.C.O.

Name:	<u>Veronics Escobr</u>	Department:	<u>Commissioner 2</u>
Date of Trip: Departure	<u>11/18/09</u> Arrival Date: <u>11/20/09</u>	Destination:	<u>San Antonio, TX</u>
Purpose of Trip:	<u>CUC Policy Conference</u>		
Department Index:	<u>commissner2</u>	Sub-Object:	<u>6501</u>

Section 1: Guidelines for Determining Meal Rates Allowance

<i>Please Check One (Departure meal rate)</i>			
<input checked="" type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate \$ 17.50
<input type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate \$ 35.00
<i>Please Check One (Return meal rate)</i>			
<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate \$ 17.50
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate \$ 35.00

* \$35.00 per diem no receipts required
 * (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Expenditure Breakdown

Airfare	<u>\$445.70</u>	<u>CC</u>
Auto Rental	_____	
Mileage (.40 /mile)	_____	
Gas	_____	
* Meal rate on Departure date	<u>17.50</u>	<u>✓</u>
Meal per diem (\$35.00)	<u>35.00</u>	<u>✓</u>
* Meal rate on Return date	<u>17.50</u>	<u>✓</u>
Lodging	<u>280.20</u>	<u>✓ CC</u>
Other - Registration	<u>370.00</u>	<u>✓ CK 1202326</u>
Other - Parking/Tolls	_____	
Other - Taxi	<u>56.24</u>	<u>✓</u>
Other -	_____	
Other -	_____	
Other -	_____	
TOTAL	<u>\$1,222.14</u>	

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Vendor: Emp02053

Subsidiary: _____

Amount: _____

Date Entered: _____

Section 3: Check(s) Made Payable to:

1114- County Check No.

_____ Deposit Warrant No.

SIGNATURE

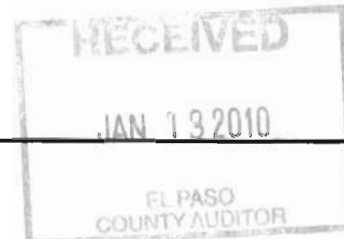
Veronica

ADVANCE FROM COUNTY: _____

TOTAL EXPENDITURES: \$1,222.14

DATE: 17-Dec-09

REFUND TO THE EMPLOYEE (\$1,222.14)





PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **REGISTRATION**

Company Name:	<u>Texas Conference of Urban Counties</u>	Department:	<u>Commissioner 2</u>
Date of Trip: Departure:	<u>11/18/09</u> Arrival Date: <u>11/20/09</u>	Destination:	<u>San Antonio, TX</u>
* Purpose of Trip:	<u>CUC Education and Policy Conference</u>		

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index:	<u>commissner2</u>	Sub-Object:	<u>6501</u>
-------------------	--------------------	-------------	-------------

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input checked="" type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	370.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	370.00	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code:	_____
Index:	_____
Sub-Object:	_____
Vendor:	_____
Subsidiary:	_____
Amount:	_____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REGISTRATION AMOUNT:	<u>\$370.00</u>	<u>\$0.00</u>
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE *V. Umel*

DATE: 12-Nov-09

C.C.O. DATE

Mayra Hernandez

From: Celeste A. Varela
Sent: Monday, November 16, 2009 9:06 AM
To: Victor Perez
Cc: Mayra Hernandez
Subject: FW: Ticketless Confirmation - ESCOBAR/VERONICA - N6H407

Good Morning. I have a correction to the travel for this week. The Commissioner is travelling to San Antonio, not Austin. The confirmation for the changes is below. Thank you.

Celeste Varela
Administrative Assistant
Commissioner Veronica Escobar, Pct. 2
500 E. San Antonio, Ste. 301
El Paso, Texas 79901
Phone: 915-546-2111
Fax: 915-543-3817

From: Southwest Airlines [mailto:SouthwestAirlines@luv.southwest.com]
Sent: Monday, November 16, 2009 9:04 AM
To: Celeste A. Varela
Subject: Ticketless Confirmation - ESCOBAR/VERONICA - N6H407

Receipt and Itinerary as of 11/16/09 10:03 AM

Confirmation Number
N6H407

Confirmation Date: 08/12/09
Received: WN/VERONICA ESCOBAR BY ICBM

Be prepared when you get there!
Consult [Travel Guide](#) for relevant tips from real travelers.

Passenger Information			
Passenger Name	Account Number	Ticket#	Expiration ¹
ESCOBAR/VERONICA	00000286265626	5262166335197	08/12/10

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: EL PASO TX to SAN ANTONIO TX (Travel Time: 1 hrs 20 mins)

Date	Flight	Routing Details
Mon Nov 16	# 2359	Depart EL PASO TX (ELP) at 1:30 PM Arrive in SAN ANTONIO TX (SAT) at 3:50 PM

Return: SAN ANTONIO TX to EL PASO TX (*Travel Time: 1 hrs 35 mins*)

Date	Flight	Routing Details
Fri Nov 20	# 2246	Depart SAN ANTONIO TX (SAT) at 8:15 AM Arrive in EL PASO TX (ELP) at 8:50 AM

Cost and Payment Summary

Base Fare	\$396.28
+ Excise Taxes	\$29.72
Advertised Fare	\$426.00
+ Segment Fee	\$7.20
+ Passenger Facility Fee	\$7.50
+ Security Fee ¹	\$5.00
Total Payment:	\$445.70

¹Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)

11/16/09 Mastercard XXXXXXXXXXXX8642 \$248.00
11/16/09 Ticket Exchange 5262147894652 \$197.70

Fare Rule(s)

All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

Important Checkin Requirement.

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Southwest Airlines Co. Notice of Incorporated Terms

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

Notice of Incorporated Terms

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Requirements](#)
[Inflight Service](#) | [Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.



Invoice

Date	Invoice #
8/26/2009	5419

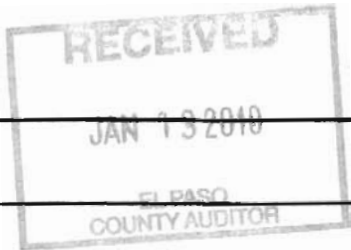
Bill To
Honorable Veronica Escobar County Commissioner, Pct. 2 El Paso County 500 East San Antonio, Room 301 El Paso TX 79901

Texas Conference of Urban Counties

500 W. 13th. St.
Austin, TX 78701

EIN# 74-3019904

Description	Amount
Registration for Education and Policy Conference, Riverwalk 2009 - November 18-20, 2009	370.00
Total \$370.00	
Balance Due \$370.00	



Phone #	Fax #	E-mail	Web Site
512/476-6174	512/476-5122	donlee@cuc.org	http://www.cuc.org



Thank you!
Your Confirmation is N6H407

- ✓ Extra Convenience
- ✓ Better Boarding Position
- ✓ Earlier Access to Overhead Bins

Get it Now
 Learn More

Book a Car

Book a Hotel

Book a Flight

Air

Adult 1: VERONICA ESCOBAR

Acct# 00000286265626

Confirmation # N6H407

AIR ITINERARY

DEPART	Anytime Fare El Paso, TX to San Antonio, TX Wednesday, November 18, 2009 Travel Time 1 h 20 m (Nonstop)	#2359	Depart El Paso, TX (ELP) Arrive in San Antonio, TX (SAT)	1:30 PM 3:50 PM
NOV 18				
RETURN	Anytime Fare San Antonio, TX to El Paso, TX Friday, November 20, 2009 Travel Time 1 h 35 m (Nonstop)	#2246	Depart San Antonio, TX (SAT) Arrive in El Paso, TX (ELP)	8:15 AM 8:50 AM
NOV 20				

BILLING

Purchaser Name	Billing Address	City, State & Zip
Veronica Escobar	500 E. San Antonio	El Paso, TX 79901

Form of Payment	Number	Amount Applied	Remaining Balance
MasterCard	XXXXXXXXXXXX8642	\$248.00	N/A
Exchanged Southwest Travel Funds	N6H407 - 4652	\$197.70	\$0.00

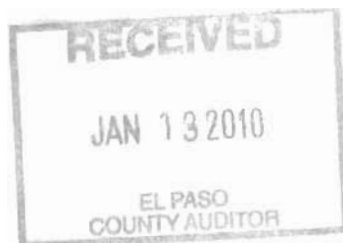
AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-SAT	Anytime	\$198.14	\$23.96	1	\$222.10
Adult	Return	SAT-ELP	Anytime	\$198.14	\$25.46	1	\$223.60
				\$396.28	\$49.42	1	\$445.70

Search All Cars

Search All Hotels

Earn Rapid Rewards



AAA TAXI
 210-599-9999
 Cab #12
 Driver 1111
 2668 AUSTIN HWY
 SAN ANTONIO, TX

2009/11/20 07:11
 MID: 987654321098

Card Number: XXXX XXXX XXXX 7672

Fare : \$ 22.24
 Extras : \$ 0.00
 SubTot : \$ 22.24
 Tip : \$ 4.00
 Total : \$ 26.24

Approved: 020253

Thank You for using
 AAA Taxi Service.
 We also have Limousines, Sedans,
 and MiniBus available.

the westin riverwalk, san antoni
 420 west market st. san anton
 phone 210.224.6500 fax 210.4
 www.westin.com/riverwalk

Date: 11/18/09

Received of _____

The sum of \$30.00

Pick up _____

Drop off _____

Yellow Cab
 No. 57 Driver: Michael Robinson



quest

Veronica Escobor
 Tx Conf Of Urban Counties E
 500 E San Antonio Steet
 El Paso, TX 79901
 United States

room
 rate 1
 no pers. 784615 EX-A
 folio 1
 page 18-NOV-09 16:44
 arrive 20-NOV-09
 depart MC
 payment

travel agent/charge to

URBAN9

date	reference	description	charges/credits
18-NOV-09	RT432	County Tax	2.61
18-NOV-09	RT432	City/Local Tax	10.29
18-NOV-09	RT432	State Tax	7.20
18-NOV-09	RT432	Room Charge	120.00
19-NOV-09	RT432	County Tax	2.61
19-NOV-09	RT432	City/Local Tax	10.29
19-NOV-09	RT432	State Tax	7.20
19-NOV-09	RT432	Room Charge	120.00
20-NOV-09	MC	MasterCard /Diners Int'l	280.20-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telecom	Other	Total	Payment
18-NOV-09	140.10	0.00	0.00	0.00	140.10	0.00
19-NOV-09	140.10	0.00	0.00	0.00	140.10	0.00
Total	280.20	0.00	0.00	0.00	280.20	0.00



I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest, you could have earned 480 Starpoints for this visit. Please provide your member number or enroll today.

Veronica Escobor
 FOLIO 784615 18-NOV-09



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **REGISTRATION**

Company Name:	<u>Texas Conference of Urban Counties</u>	Department:	<u>Commissioner 2</u>
Date of Trip: Departure	<u>11/18/09</u> Arrival Date: <u>11/20/09</u>	Destination:	<u>San Antonio, TX</u>
* Purpose of Trip:	<u>CUC Education and Policy Conference</u>		

* Use of GADMINGF Funds requires legislative impact explanation

Department Index:	<u>commissner2</u>	Sub-Object:	<u>6501</u>
-------------------	--------------------	-------------	-------------

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input checked="" type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	370.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	<u>370.00</u>	<u>\$0.00</u>

FOR AUDITOR'S USE ONLY

Trans. Code:	_____
Index:	_____
Sub-Object:	_____
Vendor:	_____
Subsidiary:	_____
Amount:	_____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REGISTRATION AMOUNT:	<u>\$370.00</u>	<u>\$0.00</u>
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE

DATE: 12-Nov-09

C.C.O. DATE



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Veronica Escobar Department: Commissioner 2
 Date of Trip: Departure 11/18/09 Arrival Date: 11/20/09 Destination: San Antonio, TX
 * Purpose of Trip: CUC Education and Policy Conference

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: commissner2 Sub-Object: 6501
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

- * \$35.00 per diem no receipts required
- * (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC
Airfare	\$197.70 445.70
Auto Rental	
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	
Meal per diem (\$35.00)	17.50
Meal rate on Return date	35.00
Lodging	17.50
Other - Registration	
Other - Parking/Tolls	
Other - Taxi	25.00 56.24
Other -	
TOTAL	\$595.00 126.24

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____

126.24 EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

31.24 - 95.00 CC
 ADVANCE FROM COUNTY \$95.00 \$197.70

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
 TUESDAY 12:00 PM

SIGNATURE Veronica Escobar

DATE: 12-Nov-09

C.C.O. DATE



County of El Paso Travel Expenditure Voucher

C.C.O.

Name: Veronics Escobr Department: Commissioner 2
 Date of Trip: Departure 11/18/09 Arrival Date: 11/20/09 Destination: San Antonio, TX
 Purpose of Trip: CUC Policy Conference
 Department Index: commissner2 Sub-Object: 6501

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)
 on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)
 on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required
 * (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Expenditure Breakdown

Airfare	<u>\$445.70</u>	<u>CC</u>
Auto Rental	_____	
Mileage (.40 /mile)	_____	
Gas	_____	
* Meal rate on Departure date	<u>17.50</u>	<u>✓</u>
Meal per diem (\$35.00)	<u>35.00</u>	<u>✓</u>
* Meal rate on Return date	<u>17.50</u>	<u>✓</u>
Lodging	<u>280.20</u>	<u>✓</u>
Other - Registration	<u>370.00</u>	<u>✓ CC</u>
Other - Parking/Tolls	_____	
Other - Taxi	<u>56.24</u>	<u>✓</u>
Other -	_____	
Other -	_____	
Other -	_____	
TOTAL	<u>\$1,222.14</u>	

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Vendor: Empo2053
 Subsidiary: _____
 Amount: _____
 Date Entered: _____

Section 3: Check(s) Made Payable to:

1114- County Check No.
 _____ Deposit Warrant No.

SIGNATURE Veronica

ADVANCE FROM COUNTY: _____

TOTAL EXPENDITURES: \$1,222.14

DATE: 17-Dec-09

REFUND TO THE EMPLOYEE (\$1,222.14)

IAN 13 2010



Thank you!
Your Confirmation is N6H407

- ✓ Extra Convenience
- ✓ Better Boarding Position
- ✓ Earlier Access to Overhead Bins

Get it Now

Learn More >



Book a Car

Book a Hotel

Book a Flight

Air

Adult 1: VERONICA ESCOBAR

Acct# 00000286265626

Confirmation # N6H407

AIR ITINERARY

DEPART NOV 18	Anytime Fare El Paso, TX to San Antonio, TX Wednesday, November 18, 2009 Travel Time 1 h 20 m (Nonstop)	#2359 Depart El Paso, TX (ELP) Arrive in San Antonio, TX (SAT)	1:30 PM 3:50 PM
RETURN NOV 20	Anytime Fare San Antonio, TX to El Paso, TX Friday, November 20, 2009 Travel Time 1 h 35 m (Nonstop)	#2246 Depart San Antonio, TX (SAT) Arrive in El Paso, TX (ELP)	8:15 AM 8:50 AM

BILLING

Purchaser Name	Billing Address	City, State & Zip
Veronica Escobar	500 E. San Antonio	El Paso, TX 79901

Form of Payment	Number	Amount Applied	Remaining Balance
MasterCard	XXXXXXXXXXXX8642	\$248.00	N/A
Exchanged Southwest Travel Funds	N6H407 - 4652	\$197.70	\$0.00

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-SAT	Anytime	\$198.14	\$23.96	1	\$222.10
Adult	Return	SAT-ELP	Anytime	\$198.14	\$25.46	1	\$223.60
				\$396.28	\$49.42	1	\$445.70



Search All Cars



Search All Hotels



Earn Rapid Rewards

JAN 13 2010





Invoice

Date	Invoice #
8/26/2009	5419

Bill To
Honorable Veronica Escobar County Commissioner, Pct. 2 El Paso County 500 East San Antonio, Room 301 El Paso TX 79901

Texas Conference of Urban Counties

500 W. 13th. St.
Austin, TX 78701

EIN# 74-3019904

Description	Amount
Registration for Education and Policy Conference, Riverwalk 2009 - November 18-20, 2009	370.00
Total	\$370.00
Balance Due	\$370.00

Phone #	Fax #	E-mail	Web Site
512/476-6174	512/476-5122	donlee@cuc.org	http://www.cuc.org

Date	Flight	Routing Details
Mon Nov 16	# 2359	Depart EL PASO TX (ELP) at 1:30 PM Arrive in SAN ANTONIO TX (SAT) at 3:50 PM

Return: SAN ANTONIO TX to EL PASO TX (*Travel Time: 1 hrs 35 mins*)

Date	Flight	Routing Details
Fri Nov 20	# 2246	Depart SAN ANTONIO TX (SAT) at 8:15 AM Arrive in EL PASO TX (ELP) at 8:50 AM

Cost and Payment Summary

Base Fare	\$396.28
+ Excise Taxes	\$29.72
Advertised Fare	\$426.00
+ Segment Fee	\$7.20
+ Passenger Facility Fee	\$7.50
+ Security Fee ¹	\$5.00
Total Payment:	\$445.70

¹Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)

11/16/09 Mastercard XXXXX XXXXXX8642 \$248.00
11/16/09 Ticket Exchange 5262147894652 \$197.70

Fare Rule(s)

All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

Important Checkin Requirement

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Southwest Airlines Co. Notice of Incorporated Terms

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

Notice of Incorporated Terms

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Requirements](#)
[Inflight Service](#) | [Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

can notify you of flight departure or arrival status via text messages on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

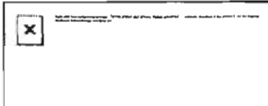
Mayra Hernandez

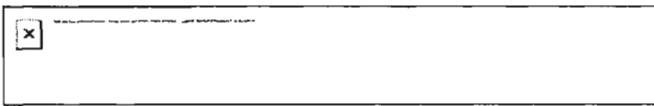
From: Celeste A. Varela
Sent: Monday, November 16, 2009 9:06 AM
To: Victor Perez
Cc: Mayra Hernandez
Subject: FW: Ticketless Confirmation - ESCOBAR/VERONICA - N6H407

Good Morning. I have a correction to the travel for this week. The Commissioner is travelling to San Antonio, not Austin. The confirmation for the changes is below. Thank you.

Celeste Varela
Administrative Assistant
Commissioner Veronica Escobar, Pct. 2
500 E. San Antonio, Ste. 301
El Paso, Texas 79901
Phone: 915-546-2111
Fax: 915-543-3817

From: Southwest Airlines [mailto:SouthwestAirlines@luv.southwest.com]
Sent: Monday, November 16, 2009 9:04 AM
To: Celeste A. Varela
Subject: Ticketless Confirmation - ESCOBAR/VERONICA - N6H407






Receipt and Itinerary as of 11/16/09 10:03 AM

Confirmation Number
N6H407

Confirmation Date: 08/12/09
Received: WN/VERONICA ESCOBAR BY
ICBM



Be prepared when you get there!
Consult [Travel Guide](#) for relevant
tips from real travelers.

Passenger Information			
Passenger Name	Account Number	Ticket#	Expiration ¹
ESCOBAR/VERONICA	00000286265626	5262166335197	08/12/10

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Depart: EL PASO TX to SAN ANTONIO TX (Travel Time: 1 hrs 20 mins)

the Westin river
420 west marke
phone 210.224.6
www.westin.com

Date: 11/10/09
Received of _____
The sum of \$30.00
Pick up _____
Drop off _____

Yellow Cab
No. 57

Driver: Michael Robinson

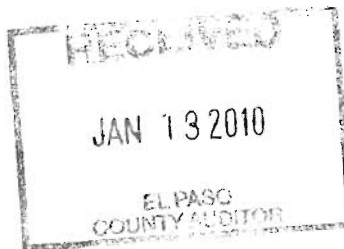
Veronica Escobar
Tx Conf Of Urban Counties E 1
500 E San Antonio Steet 784615 EX-A
El Paso, TX 79901 1
United States 18-NOV-09 16:44
20-NOV-09
URBAN9 MC

date	reference	description	charges/credits	
18-NOV-09	RT432	City/Local Tax		10.29
18-NOV-09	RT432	State Tax		7.20
18-NOV-09	RT432	Room Charge		120.00
19-NOV-09	RT432	County Tax		2.61
19-NOV-09	RT432	City/Local Tax		10.29
19-NOV-09	RT432	State Tax		7.20
19-NOV-09	RT432	Room Charge		120.00
20-NOV-09	MC	MasterCard /Diners Int'l	280.20-	
Balance Due				0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telecom	Other	Total	Payment
18-NOV-09	140.10	0.00	0.00	0.00	140.10	0.00
19-NOV-09	140.10	0.00	0.00	0.00	140.10	0.00
Total	280.20	0.00	0.00	0.00	280.20	0.00



AAA TAXI
210-599-9999
Cab #12
Driver 1111
2668 AUSTIN HWY
SAN ANTONIO, TX

2009/11/28 07:11
MID: 987654321098

Card Number: XXXX XXXX XXXX 7672

Fare : 22.24
Extras : 0.00
SubTot: 22.24
Tip : 4.00
Total: 26.24

Approved: 020253

Thank You for using
AAA Taxi Service.
We also have Limousines, Sedans,
and MiniBus available.

6/2009

As a Starwood Preferred Guest, you
Starpoints for this visit. Please
or enroll today.
Veronica Escobar
FOLIO 784615 18-NOV-09

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2107 01
 Voucher Total: \$379.51
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 02/18/2010

Entered by: AN

Preparer's Initials: AN

Amount Spelled: THREE HUNDRED,
SEVENTY NINE DOLLARS AND FIFTY ONE CENTS

Vendor Name: VALERIE A. SANCHEZ

Street: CNTY CLERK
500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: RBM COLLEGE ST, TX1/11-14/10CNTY CLRKS CONT EDU ED

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	379.51	CNTYCLERK	6705				
	Desc:	RBM COLLEGE ST, TX1/11-14/10CNTY CLRKS CONT EDU ED						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



County of El Paso Travel Request Form

TJ

Travel

Type: **REIMBURSEMENT**

Name: Valerie A. Sanchez Department: County Clerk
 Date of Trip: Departure 01/11/10 Arrival Date: 11/13/10 Destination: College Station, TX
 * Purpose of Trip: Clerks Conference

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index: CNTYCLERK Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	_____	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - luggage	_____	_____
Other -	_____	_____
TOTAL	\$379.51	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: emp02107
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT \$379.51 CC \$0.00

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
 TUESDAY 12:00 PM

SIGNATURE Valerie A. Sanchez
 DATE: 9-Feb-10

C.C.O. DATE _____

Jorge Lopez

From: Valerie A. Sanchez
Sent: Friday, February 12, 2010 2:07 PM
To: Jorge Lopez
Subject: Travel Reimbursement
Attachments: College Station Travel Reimbursement..pdf

Importance: High

Hi Jorge:

I'm not sure if I sent this to you. Attached is my reimbursement form. Please let me know if this will suffice.

Thanks,



Valerie A. Sanchez
Chief Deputy
Office of the El Paso County Clerk
500 E. San Antonio Rm. 105
El Paso, Texas 79901
915-546-2071 ext. 3150
Fax 915-546-2012
vsanchez@epcounty.com

El Paso County Travel Justification Form

Name: Valerie Sanchez Signature *Valerie Sanchez* Date: 12/04/09

Dept: County Clerk Job Title: Chief Deputy

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? no

Travel Account No.: 6705

Balance Remaining for FY:

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference:

My elective office requires ___ number of training hours per ___ months. I have already fulfilled ___ of these hours for this time period.

Estimated hours to be obtained from this course? ___.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy

Entity Name:

Purpose of Visit:

Travel for Program Revenue Enhancement/Sales Opportunity

Explain:

Program Development Training

Explain:

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention

(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name:

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other:



JAN 28 2010

County of El Paso Travel Expenditure Voucher

C.C.O.

Name: Valerie A. Sanchez Department: County Clerks
 Date of Trip: Departure 01/11/10 Arrival Date: 01/14/10 Destination: College Station
 Purpose of Trip: Clerks Conference
 Department Index: CNTYCLERK Sub-Object: 6705

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Expenditure Breakdown

Airfare	\$396.00
Auto Rental	224.40
Mileage (.40 /mile)	
Gas	25.00
* Meal rate on Departure date	
Meal per diem (\$35.00)	140.00
* Meal rate on Return date	
Lodging	304.11
Other - Registration	150.00
Other - Parking/Tolls	
Other - Taxi	
Other - luggage	40.00
Other -Gas	
Other -	
TOTAL	\$1,279.51

FOR AUDITOR'S USE ONLY

Trans. Code: TC 1204139
452
 Index: CNTYCLERK
 Vendor: Emp 02107
 Subsidiary: 145-CCL003
 Amount: \$900.00
 Date Entered: 2/3/10 VC

Section 3: Check(s) Made Payable to:

1114-1204139 County Check No.

 Deposit Warrant No.

ADVANCE FROM COUNTY: \$900.00

TOTAL EXPENDITURES: \$1,279.51

REFUND TO THE EMPLOYEE: (\$379.51)

SIGNATURE Valerie Sanchez

DATE: 26-Jan-10

TA/000082

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2345 01
 Voucher Total: \$2,701.50
 No. of Lines: 2
 T/C Hash: 416

Single Check (Y/N): _____

Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: TWO THOUSAND SEVEN HUNDRED,
 ONE DOLLARS AND FIFTY CENTS

Vendor Name: ENRIQUE CORTEZ

Street: 500 EAS SAN ANTONIO
 SHERIFF DEPT.
 City, State, Zip: EL PASO TX 79901

Subject: ENRIQUE CORTEZ GRAHAM, TX3/8-11/10BKGRND INVST SCH

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,350.75	SHERIFFLEOS	6602	145	SHE005		
	Desc:	ENRIQUE CORTEZ GRAHAM, TX3/8-11/10BKGRND INVST SCH						
02	208	1,350.75	SHERIFFLEOS	6602	145	SHE005		
	Desc:	PRISCILLAPENA GRAHAM, TX3/8-11/10BKGRND INVST SCHL						
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

7

Travel
Type: **ADVANCE**

Name: Enrique Cortez Department: EPSO
 Date of Trip: Departure 03/08/10 Arrival Date: # 03/11/10 Destination: Graham, Texas
 * Purpose of Trip: Background Investigation School

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: _____ Sub-Object: 6602
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per dlem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$855.20	_____
Auto Rental	294.48	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	245.00	_____
Meal rate on Return date	_____	_____
Lodging	806.82	_____
Other - Registration	500.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	\$2,701.50	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: sup02345
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

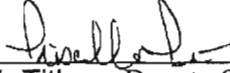
ADVANCE FROM COUNTY \$2,701.50 CC \$0.00
 Name: PRISCILLA PENIA Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
 TUESDAY 12:00 PM

SIGNATURE _____
 DATE: _____

C.C.O. DATE

El Paso County Travel Justification Form

Name: Priscilla Pena Signature:  Date: 02-04-2010
Dept: EPCSO Job Title: Deputy Sheriff
Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: _____ Balance Remaining for FY: _____

Purpose: (check [x] one)

- Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____

- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)

- Additional Professional or Technical Training NOT Required to Maintain License/Certification**

- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____

- Program Development Training**
Explain: _____

- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

- Other:** Background Investigation Course

Adopted by the El Paso County Commissioners Court on November 17, 2003

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Priscilla Pena Title Deputy Date 2/4/2010

Date Day	Sun 3/7/2010	Mon 3/8/2010	Tues 3/9/2010	Wed 3/10/2010	Thurs 3/11/2010	Fri 3/12/2010	Sat 3/13/2010	Totals
Airfare (Any re-scheduled charges)		\$427.60						\$427.60
Auto Rental								
Fuel								
Taxi								
Shuttle								
Airport Parking								
Misc.								
Sub-total Transportation		\$427.60						\$427.60
Hotel		\$134.47	\$134.47	\$134.47				\$403.41
Meals		\$17.50	\$35.00	\$35.00	\$35.00			\$122.50
Misc.								
Sub-total Hotel and Meals		\$151.97	\$169.47	\$169.47	\$35.00			\$525.91
Supplies/Equipment								
Phone/Fax								
Registrations			\$250.00					\$250.00
Other								
Misc.								
Sub-total Misc.			\$250.00					\$250.00
Total Per Day		\$579.57	\$419.47	\$169.47	\$35.00			\$1,203.51

PURPOSE OF TRIP

Topic: <u>Background Investigation School</u>
Location: <u>Graham, Texas</u>

Summary of expense

Total of Expense Estimate \$1,203.51
Less Direct Payments
Cash Advance _____

Priscilla Pena
Prepared by

2/4/2010
Date


Division Commander

Date

El Paso County Travel Justification Form

Name: Enrique Cortez _____ Signature  Date: 02-03-2010 _____

Dept: EPCSO _____ Job Title: Deputy Sheriff _____

Travel Funding Source: County _____ Grant _____ Other Will any funds be reimbursed by another entity? _____ Travel Account

No.: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference: _____ My elective office requires _____ number of training hours per _____ months. I have already fulfilled _____ of these hours for this time period. Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy

Entity Name: _____ Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity

Explain: _____

Program Development Training

Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention

(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: _____

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: Background Investigation Course _____
Adopted by the El Paso County Commissioners Court on November 17, 2003

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Enrique Cortez Title Deputy Date 2/3/2010

Date	03/07/10	03/08/10	03/09/10	03/10/10	03/11/10	03/12/10	03/13/10	
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Airfare (Any re-scheduled charges)		\$427.60						\$427.60
Auto Rental		\$294.48						\$294.48
Fuel								
Taxi								
Shuttle								
Airport Parking								
Misc.								
Sub-total Transportation		\$722.08						\$722.08
Hotel		\$134.47	\$134.47	\$134.47				\$403.41
Meals		\$17.50	\$35.00	\$35.00	\$35.00			\$122.50
Misc.								
Sub-total Hotel and Meals		\$151.97	\$169.47	\$169.47	\$35.00			\$525.91
Supplies/Equipment								
Phone/Fax								
Registrations			\$250.00					\$250.00
Other								
Misc.								
Sub-total Misc.			\$250.00					\$250.00
Total Per Day		\$874.05	\$419.47	\$169.47	\$35.00			\$1,497.99

PURPOSE OF TRIP

Topic:	<u>Background Investigation School</u>
Location:	<u>Graham, Texas</u>

Summary of expense

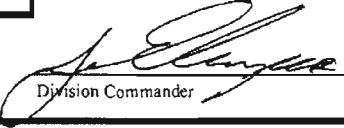
Total of Expense Estimate \$1,497.99

Less Direct Payments

Cash Advance

Reimbursement to me

Enrique Cortez 2/3/2010
 Prepared by Date


 Division Commander Date



El Paso, TX to Dallas (Love Field), TX

Air Itinerary and Pricing

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-DAL	Anytime	\$187.91	\$23.29	2	\$422.40
Adult	Return	DAL-ELP	Anytime	\$187.91	\$28.49	2	\$432.80
				\$375.82	\$51.78	2	\$855.20
Total Due							\$855.20

**1 TICKET. 2 BAGS.
0 FEES.**



BAG FEES = \$0.00

Fly Southwest and save up to \$100 roundtrip.
First and second checked bags. Weight and SBA limits apply.

AIR ITINERARY

DEPART	El Paso, TX to Dallas, TX	#53	Depart El Paso, TX (ELP)	4:35 PM
MAR	Monday, March 8, 2010		Arrive in Dallas (Love Field), TX (DAL)	7:10 PM
8	Travel Time 1 h 35 m (Nonstop)			
RETURN	Dallas, TX to El Paso, TX	#939	Depart Dallas (Love Field), TX (DAL)	7:00 PM
MAR	Thursday, March 11, 2010		<i>Stops in Austin, TX</i>	8:55 PM
11	Travel Time 2 h 55 m (1 stop, no plane change)		Arrive in El Paso, TX (ELP)	

I accept the fare rules and want to continue with this purchase

Continue



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PLAN TRIP

SELECT CAR

PRICE

RESERVE



Pricing and Conditions of Rental

Rental Car Details

Date	Day	Time	Details
Mar 8	Mon	7:30pm	Pickup Mid-size car in Dallas (Love Field) - DAL
Mar 11	Thu	6:00pm	Dropoff Mid-size car in Dallas (Love Field) - DAL

Pricing

Item	Amount
Base Rate	\$224.55
Drop Charge	\$0.00
Mileage Charge	Unlimited
APT CONC RECOV FEE (11.11%)	\$25.10
COUNTY RENTAL TAX (5%)	\$12.80
ENERGY RECOVERY FEE (\$0.45/Day)	\$1.35
TAG RECOVERY FEE (\$1.69/Day)	\$5.07
RENTAL TAX (10%)	\$25.61
Approximate Total	\$294.48

Conditions of Rental

- Base rate breaks down into: DAILY RATE: 3 DAY(S) at \$74.85/DAY
- Optional LDW ranges from \$9.00 to \$25.99 per day depending upon vehicle type and location. Check your automobile insurance policy or credit card protection for rental vehicle coverage.
- Taxes, surcharges, additional driver fee and optional items such as refueling are extra. Airport concession fees, airport access fees if you choose to exit on our shuttle, or customer facility charges may apply at some airports.
- Geographical restrictions may apply.
- Frequent Flyer Credits may be subject to a Frequent Flyer Surcharge.
- Drivers must meet minimum age requirements, drivers 21-24 may be assessed an additional charge.
- Must present a major credit card at the time of rental.
- A valid driver's license must be presented at the time of rental.
- For details on these or any rental requirements, please contact Dollar at 1-800-800-3665.

Southwest Airlines Limit of Liability

- Car rental company is solely responsible for fulfilling Customer's car rental reservation, including but not limited to availability of vehicles, pricing and payment for rentals, and the quality of service provided to the Customer making the reservation.

I accept these conditions of rental and wish to reserve this car...

[Go To Next Step - Reserve Car >>](#)

[Start Over](#)

[Rental Car Guidelines](#)

[Need help booking travel?](#)

© 2007 Southwest Airlines Co. - Patent Pending

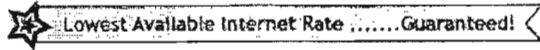


Email or Priority Club# PIN#
 Join Now! Learn More Don't remember me.

Forgot/Need PIN#?



[Online Reservation Guarantee](#) - Your room is guaranteed - or your first night is on us.



Book Online or Call: 1 888 HOLIDAY (1 888 465 4329)

Hotel Info

GRAHAM
 Holiday Inn Express Hotel & Suites
 1581 HWY 380 BYPASS
 GRAHAM, TX 76450
 UNITED STATES



Reservation Desk

[Home](#) | [Start Over](#) | [Help](#)

Select: [Preferences](#) | [Hotel](#) | [Room Rate](#) | [Guest Information](#) | [Confirmation](#)

No rooms exactly matching your preferences were found. The following room types are available:

Rates are per room, per night. All rates shown are for the room only, unless otherwise stated or reserving an all-inclusive resort.
 All rates include [free breakfast](#)

Save \$50 off this stay and earn 15,000 bonus points... enough for a free night with the Priority Club® Rewards Visa® card from Chase (US Residents only). [Learn more now.](#)

Travel Dates

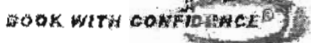
Arrival: Mon 8 Mar 2010
 Departure: Thu 11 Mar 2010
 Nights: 3

AVAILABLE ROOM RATES [View Hotel Packages](#)

[CURRENCY CONVERTER](#)

Change Your Current Selections

Check-In Date: 8 March 2010
 Check-Out Date: 11 March 2010
 Adult(s): 1 Child(ren): 0 Room(s): 1
 Rate Preference: "Best Available**"
 Room Preference: King Bed
 Smoking Preference: Non-Smoking



See IHG's Lowest Internet Rate Guarantee
 Book here first - If you find a lower rate on another site for an IHG hotel, we'll beat it!
Online Reservation Guarantee
 Your room is guaranteed - or your first night is on us.
No Booking Fees!
 We do not charge any booking fees for making reservations directly with us.
Privacy
 IHG takes your privacy seriously and works to protect you.
Security
 All personal information you provide is encrypted and secure.

Best Flexible Rate

\$119.00 USD Average Nightly Rate	TWO QUEEN BEDS NONSMOKING	<input type="button" value="Reserve"/>
\$119.00 USD Average Nightly Rate	STANDARD ROOM	<input type="button" value="Reserve"/>
\$139.00 USD Average Nightly Rate	2 QUEEN BEDS SUITE NONSMOKING	<input type="button" value="Reserve"/>
\$139.00 USD Average Nightly Rate	KING BED SUITE NONSMOKING	<input type="button" value="Reserve"/>

BONUS POINTS [Priority Club® Rewards - 3,000 Bonus Points for Any Stay](#)

\$129.00 USD Average Nightly Rate	TWO QUEEN BEDS NONSMOKING	<input type="button" value="Reserve"/>
\$129.00 USD Average Nightly Rate	STANDARD ROOM	<input type="button" value="Reserve"/>
\$149.00 USD Average Nightly Rate	2 QUEEN BEDS SUITE NONSMOKING	<input type="button" value="Reserve"/>
\$149.00 USD Average Nightly Rate	KING BED SUITE NONSMOKING	<input type="button" value="Reserve"/>

As exchange rates may fluctuate from the time a reservation is made until the actual stay, the confirmed rate is guaranteed in the hotel's base currency.



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[IHG](#) | [InterContinental](#) | [Crowne Plaza](#) | [Hotel Indigo](#) | [Holiday Inn](#) | [Holiday Inn Express](#) | [Staybridge Suites](#) | [Candlewood Suites](#)
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Shanghai ICP Record Number 09027645

* Requires affiliation in the respective organization. ** Best Available Rate Search does not include affiliation rates.



TRAINING BULLITEN

www.texaspolicecourses.com

24 – HOUR LAW ENFORCEMENT BACKGROUND INVESTIGATION COURSE

Dates:

March 9 – 11, 2010

Location:

Young County S.O.
313 N. Cliff
Graham, Tx 76450
940.549.1555
Chief Deputy Carl Magee

Course Fee:

\$250.00 per participant

Inv. Steve Farish has been with the Irving Police Dept. for 30 years, and has served as a Background Investigator for the past 9 years. As a TCLEOSE certified instructor he has been instructing this L.E. Background Investigation course for 6 years.

Hiring in the Law Enforcement profession is one of the most important processes facing agencies today. Who, why and how employees are selected should reflect the image of your community and agency. This course will provide updated material and rules from EEOC, ADA, TCLEOSE, and State Civil Services. Discussion and examples of policy, procedure, documentation and interview techniques will help the participant in selecting and hiring the most qualified applicant.

Register at: www.texaspolicecourses.com or call 214.287.6627

Jorge Lopez

From: Lucille Samuel
Sent: Tuesday, February 09, 2010 2:45 PM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Back Ground Investigator

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2432 01
 Voucher Total: \$1,050.30
 No. of Lines: 1
 T/C Hash: 208

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND FIFTY DOLLARS AND THIRTY CENTS

Vendor Name: PRISCILLA PENA
SHERIFF DEPT
 Street: 500 EAST SAN ANTONIO
 City, State, Zip: EL PASO TX 79901

Subject: ATLANTA, GA 7/19-24/10 NAT'L LW ENFRCMNT EXPL CO

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,050.30	SHERIFFLEOS	6602	145	SHE005		
	Desc:	ATLANTA, GA 7/19-24/10 NAT'L LW ENFRCMNT EXPL CO						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

TJ

County of El Paso Travel Request Form

Travel Type: **ADVANCE**

Priscilla Pena

Name: National Law Enforcement Exploring Conf Department: Sheriff

Date of Trip: Departure 07/19/10 07/24/10 Destination: Atlanta, Georgia

* Purpose of Trip: Explorer Training

National Law Enforcement Exploring Conf
* Use of GADMIINGF Funds requires legislative impact explanation

Department Index: _____ Sub-Object: _____

COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$440.30	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	35.00	_____
Meal per diem (\$35.00)	140.00	_____
Meal rate on Return date	35.00	_____
Lodging	_____	_____
Other - Registration	400.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Emergency	_____	_____
Other -	_____	_____
TOTAL	\$1,050.30	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Sub-Object: _____

Vendor: Emp 02432

Subsidiary: _____

Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE N Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,050.30 CC _____

Name: Priscilla Pena Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE: [Signature] #4330
DATE: _____

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Priscilla Pena #1964 Signature: *Priscilla Pena* Date: 02-10-10
Dept: EPSO Job Title: Deputy
Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? _____
Travel Account No.: _____ Balance Remaining for FY: _____

Purpose: (check [x] one)

- Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____

- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)

- Additional Professional or Technical Training NOT Required to Maintain License/Certification**

- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____

- Program Development Training**
Explain: _____

- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

- Other:** _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Priscilla Pena #1964 Title Community Services Date 2/10/2010

Days of Travel		07/19/10	07/20/10	07/21/10	07/22/10	07/23/10	07/24/10	
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals
Airfare		\$440.30						\$440.30
Auto Rental								
Fuel Other Fuel if Needed								
Taxi								
Shuttle								
Airport Parking								
Misc.								
Sub-total Transportation		\$440.30						\$440.30

Hotel								
Meals		35.00	35.00	35.00	35.00	35.00	35.00	210.00
Misc.								
Sub-total Hotel and Meals		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$210.00

Supplies/Equipment								
Phone/Fax								
Registrations		400.00						
Other								
Misc.								
Sub-total Misc.		400.00						400.00

Total Per Day		\$875.30	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$1,050.30
----------------------	--	----------	---------	---------	---------	---------	---------	------------

PURPOSE OF TRIP

Topic:	National Law Enforcement Exploring Conference
Location:	The Georgia Institute of Technology - Atlanta, Georgia

Summary of expense

Total of Expense Estimate \$1,050.30
 Less Direct Payments _____
 Cash Advance

Amount of request \$1,050.30

R. Lucille Samuel Budget Director 2/10/2010
 Prepared by Date

[Signature] for Commander
 Division Commander \$1350 Campa 2/10/2010
 Date

MEMORANDUM

TO: Lucille Samuels, Budget
Section
THRU: Commander Campa
FROM: Deputy Randolph Tabbutt

SUBJ: REQUEST FOR TRAINING

DATE: 2/3/2010

CC: File

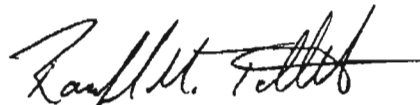
Ok. Sherrill 2/4/10

The below listed Explorer Training Conference is being offered, which will be of benefit to the El Paso County Sheriff's Office Explorer Post 5. I request that the below listed personnel be allowed to attend along with 12 Explorers. I have also attached a list of the costs associated with attending this Conference:

Conference Information	
------------------------	--

What:	2010 National Law Enforcement Exploring Conference
Date(s):	July 19 th - 24 th , 2010
Location:	The Georgia Institute of Technology (Georgia Tech) Atlanta, Georgia
Deputy Attendee:	Deputy Priscilla Pena #1964, Deputy Eduardo Placencia #2811, Deputy Robert Salas #1920, Deputy Randolph Tabbutt #1330

I am attaching a copy of the Conference announcement for your consideration. Your prompt attention to this matter is greatly appreciated.



Dep. Randolph M. Tabbutt # 1330
Support Services-Community Services
915-479-0404



Fact Sheet



2010

National Law Enforcement Exploring Conference

BACKGROUND: The National Law Enforcement Exploring Conference is conducted every other year and is attended by thousands of Law Enforcement Explorers and their adult leaders from throughout the country. They come together for a week of team and individual competitions, seminars, demonstrations, exhibits, recreation and fun.

DATES: July 19-24, 2010

LOCATION: Georgia Institute of Technology - Atlanta, Georgia

COST: The conference fee is \$400 per Explorer or adult, plus a non-refundable Post registration fee of \$100.

CONFERENCE PROGRAM:

Team competition events: Arrest and Search, Bomb Threat Response, Crime Scene Search, Crime Prevention, Domestic Crisis Intervention, Shoot/Don't Shoot, Hostage Negotiation, Burglary in Progress, Traffic Accident Investigation, Traffic Stop, White Collar Crime, Emergency Field First Aid and Drill Team.

Individual competition events: Police Physical Performance Test, Air Pistol Competition, Pistol (9mm) Competition, Sample Police Written Examination, Bike Policing Competition and Non-Emergency Vehicle Operations Course (NEVO).

Seminars: Bomb Investigations, Combating Terrorism in America, Executive Protection, Leadership Development, Fugitive Investigations, Gang Recognition and Identification, Hate Crimes & Terrorism on the Internet, Narcotics Trafficking and Interdiction, Protecting our National Borders, Protect Yourself: Self-Defense, Psychological Profiling, Surveillance Methods and Technology, Advisor Workshop, and other presentations.

Conference Features: Dynamic opening and closing shows, exciting entertainment night, Career Fair, Exploring U.S.A., Rally Demonstration, nightly Jump Club dance, election of National Youth Representatives and retail Cop Shop.

REGISTRATION: All Law Enforcement Explorer Posts registered with Learning for Life are eligible to attend the Conference. Posts can register by visiting the learning for Life web site at: www.learningforlife.org/exploring/lawenforcement. In addition, the web site contains all the necessary forms and the Guidebook. The Guidebook provides detailed information about the Conference along with an Advisor Checklist to assist with the registration process. The Conference is usually a "sell-out" event and registration is on a first come, first served basis!

*Includes Passenger Facility Charges (PFCs) and government-imposed September 11th Security Fees in effect as of the date of this Agreement. Fares are subject to new PFCs and any applicable taxes or fees that may be imposed or changed prior to ticket purchase.

DEPOSIT AND PAYMENT:

Deposit Amount: \$881.00
Deposit Due Date: 25 Feb 2010
Travel Agreement Due Date: 25 Feb 2010
Names and Final Payment Due Date: 4 Jun 2010

DEPOSIT PAYMENTS CANNOT BE MADE BY CREDIT CARD

Deposits are payable only with Cashier's Check, ARC Approved Travel Agency Check, or Money Order. Deposits cannot be applied toward other Group Travel or individual travel. The deposit is nonrefundable if your Group cancels or makes any itinerary changes on or after 4 Jun 2010

Final Payment payable by Cashier's Check, ARC Approved Travel Agency Check, Money Order or Credit Card Letter of Authorization (LOA). Need LOA? http://www.southwest.com/programs_services/groups/letter_auth.pdf

Verify remaining balance by sending an e-mail to GROUPTRAVEL@WNCO.COM or call Southwest Airlines at 214-792-4658.

For Customers in this Group who are Rapid Rewards Members, please provide the corresponding membership number with the Customer's name when submitting your name list. The Customer name on your name list must match the name on the Rapid Rewards membership account to receive credit. The membership number will be added to the Group Reservation Record, and will make checkin easier. Details are provided in your attached Group Policies information.

Reminder: This Travel Agreement must be signed and returned to Southwest Airlines no later than 25 Feb 2010. Mail this entire Travel Agreement along with your first payment to: Southwest Airlines, Central Ticketing, P.O. Box 97617, Dallas Texas 75397. To ensure timely delivery and proper credit to your account, please allow 7-10 business days for U.S. Mail, or you may use overnight delivery addressed to: Southwest Airlines, Group Lockbox 97617, TX1-0006, 14800 Frye Road, Fort Worth, TX 76155.

We know you have a choice when flying, and we appreciate your choosing Southwest Airlines for your Group travel needs. Please contact us if you have any questions about your Group reservations.

I have read and agree to the terms and conditions specified in this Travel Agreement with Southwest Airlines.

(Please Print)

GROUP NAME: ELP CTY SHERIFFS OFC **CONFIRMATION NUMBER:** NJHY2G

AGENCY: (N/A) **IATA/ARC:** (N/A)

NAME/TITLE: /

SIGNATURE: **DATE:**

Please keep a copy of this signed Travel Agreement for your records



rental summary

Rate (USD)

car	335.88
options	0.00
taxes & fees	84.40
TOTAL	420.29

rate rules

- 4 day 20 hour rental • unlimited free miles • rate code CO • 4 day 3 hour minimum rental required • 30 day maximum rental allowed

Location

Pick-up:
BIRMINGHAM AIRPORT - BHM
BIRMINGHAM, AL
Mon, 19 Jul 2010 04:30 PM
Return:
same as pick-up location
Sat, 24 Jul 2010 12:00 PM

Car

KIA SEDONA 4DR/PSGR
or similar

• mini pass van • automatic • air conditioned

Misc

Residency:
US

Offer codes:

- status none entered
- coupon none entered

step 3 of 4: choose my options

Safety seats

Keep your kids safe.
\$6.00/day [see more info](#)
0 • toddler 0 • booster

Loss Damage Waiver (LDW)

Protects you if car is damaged or stolen.
22.95/day [more info](#)

Highly recommended for your rental + add

Supplemental Liability Insurance (SLI)

Third party injury/property damage coverage.
12.95/day [more info](#)

+ add

Personal Accident and Effects (PAE)

Additional personal and property insurance.
6.95/day [more info](#)

+ add

Fuel service option

We refuel your car at reduced per gallon prices.
Price is not included in your reservation total. Get prevailing market fuel rate and pay at rental time. [more info](#)

+ add

No-smoking - Budget maintains a 100% smoke-free fleet. [info](#)

[information for a driver with disabilities](#)

next

rates for rental period in U.S. dollars unless otherwise indicated

Not Sure What You Need? Don't worry! You can always change options before your rental - either online or when you pick up your car.

COST ANALYSIS

Registration Fees:	\$6,400.00	\$400 x 16 Attendees (4-Deputies, 12-Explorers) Due by March 1 st , 2010.
Post Registration Fee:	\$100	Due by March 1 st , 2010
Travel:	\$7,044.80	Airfare Roundtrip from El Paso, TX – Birmingham, AL thru Southwest Airlines Group Rate of \$440.30 per person. 1 st Payment of 10% is Due by February 25 th , 2010
Van Rental:	\$840.58	2-Mini-Vans @ \$420.29/each thru Budget Rental Cars (Driving from Birmingham, AL to Atlanta, GA – 160 miles)
Lodging:	\$0	Lodging/GT Dorms, covered by Registration Fees.
Gas:	\$500.00	Driving from Birmingham, AL to Atlanta, GA – 160 x 2 To include Educational Trips.
Educational Trip:	\$500.00	\$31.25 x 16 Attendees (4-Deputies, 12-Explorers)
Per Diem:	\$840	\$35.00 x 6 = \$210 x 4 = \$840.00
<hr/>		
Total:	\$16,225.38	

TENTATIVE SCHEDULE
2010 NATIONAL LAW ENFORCEMENT EXPLORING CONFERENCE
JULY 19—24, 2010

7/19 Monday	7/20 Tuesday	7/21 Wednesday	7/22 Thursday	7/23 Friday	7/24 Saturday
8:00 AM-5:00 PM Registration	Breakfast 7:30-11:30 AM- Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch	Breakfast 7:30-11:30 AM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch	Breakfast Exploring U.S.A. setup 7:30-11:30 AM Action Centers Individual Events Pistol Match Seminars Team Competitions Lunch	Breakfast 10:00 AM Federal/State/Local live demonstrations Lunch 1:30-5:30 PM Tours & Sightseeing/ Campus Activities Dinner 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast Checkout Departure
12:00-5:00 PM Career Fair	7:30-11:30 AM- Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch	7:30-11:30 AM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Lunch	7:30-11:30 AM Action Centers Individual Events Pistol Match Seminars Team Competitions Lunch	10:00 AM Federal/State/Local live demonstrations Lunch 1:30-5:30 PM Tours & Sightseeing/ Campus Activities Dinner 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast Checkout Departure
5:30 PM Opening barbeque	Individual Events Pistol Match Seminars Team Competitions Lunch	Individual Events Pistol Match Seminars Team Competitions Lunch	Individual Events Pistol Match Seminars Team Competitions Lunch	Individual Events Pistol Match Seminars Team Competitions Lunch	Breakfast Checkout Departure
7:30 PM Opening Program	Team Competitions Lunch	Team Competitions Lunch	Team Competitions Lunch	Team Competitions Lunch	Breakfast Checkout Departure
9:30 PM Recreation/Dance	1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Dinner 9:30 PM Recreation/Dance	1:30-5:30 PM Action Centers Career Fair Individual Events Pistol Match Seminars Team Competitions Career Fair ends Dinner 7:30 PM Entertainment Night 9:30 PM Recreation/Dance	1:30-5:30 PM Exploring U.S.A. Action Centers Individual Events Pistol Match Seminars Team Competitions Dinner Exploring U.S.A. 9:30 PM Recreation/Dance	Dinner 7:30 PM Closing/Awards Show 9:30 PM Recreation/Dance	Breakfast Checkout Departure

Jorge Lopez

From: Lucille Samuel
Sent: Thursday, February 11, 2010 10:48 AM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Explorer Conference

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V002467 01
 Voucher Total: \$310.01
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: THREE HUNDRED TEN DOLLARS AND ONE CENT

Vendor Name: JAIME ESPARZA, D.A., SPECIAL ACCT

Street: 500 E. SAN ANTONIO, ROOM 203

City, State, Zip: EL PASO TX 79901

Subject: RB RENEE RAILY WASHINGTON, DC1/10-11/10 SWEST BRD

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	310.01	DA	6705				
	Desc:	RB RENEE RAILY WASHINGTON, DC1/10-11/10 SWEST BRD						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 02/18/2010

Approved by: _____ Date: _____



Handwritten initials: H

County of El Paso Travel Request Form

Travel

Type: **REIMBURSEMENT**

Name:	Jaime Esparza	Department:	District Attorney
Date of Trip: Departure	01/10/10	01/11/10	Destination: Washington, DC
* Purpose of Trip:	Southwest Border Prosecution Initiative Meeting with the Justice Department		

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: DA Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required

*(Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

Airfare	_____	* CC 6263	\$456.30
Auto Rental	_____	150	
Mileage (.40 /mile)	_____	Tony's	
Gas	_____	copy of	
Meal rate on Departure date	_____		
Meal per diem (\$35.00)	70.00		
Meal rate on Return date	_____		
Lodging	182.06		
Other - Registration	_____		
Other - Parking/Tolls	18.00		
Other - Taxi	_____		
Other - Shuttle	_____		
Other - Airline Baggage Fee	40.00		
TOTAL	<u>\$310.06</u>		<u>\$456.30</u>

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: 1002467
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE

N Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT	\$310.06	CC	\$456.30
----------------------	----------	----	----------

Traveler: Renee Railey-Arambula

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE **TUESDAY 12:00 PM**

SIGNATURE [Signature]
 Date: January 2, 2010

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Dinna Spencer Signature: *D. Spencer* Date: January 2, 2010

Dept: District Attorney's Office Job Title: Office Manager

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? No

Travel Account No.: DA-6705 Balance Remaining for FY: 12,381.00

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months. I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: Border Prosecution Initiative meeting with Justice Department



Tony Espinoza

From: Renee Railey
Sent: Tuesday, February 02, 2010 2:27 PM
To: Tony Espinoza
Subject: FW: E-Ticket Confirmation-BHOQQI 10JAN

Here is the airline information you referenced on 1/10/2010

From: American Airlines@aa.com [mailto:notify@aa.globalnotifications.com]
Sent: Monday, January 04, 2010 11:53 AM
To: Renee Railey
Subject: E-Ticket Confirmation-BHOQQI 10JAN



Date of Issue: 04JAN10

Jaime Esparza:

Thank you for choosing American Airlines / American Eagle, a member of the oneworld™ Alliance. Below are your itinerary and receipt for the ticket(s) purchased. Please print and retain this document for use throughout your trip.

Record Locator: BHOQQI

You may check in and obtain your boarding pass for U.S. domestic electronic tickets within 24 hours of your flight time online at AA.com by using www.aa.com/checkin or at a Self-Service Check-In machine at the airport. Check-in options may be found at www.aa.com/options. For information regarding American Airlines checked baggage policies, please visit www.aa.com/baggageinfo. **For faster check-in at the airport, scan the barcode at any AA Self-Service machine.**

Effective June 1, American Airlines transitioned to cashless cabins on flights within the continental United States and on flights to and from Hawaii, Alaska, and Canada. For in-flight purchases, we will accept American Express® Cards and other major credit or debit cards only. American Eagle and American Connection flights will continue to accept cash only. Please visit www.aa.com/cashless.

EARN TRIPLE AADVANTAGE® MILES AND SAVE UP TO 30% Alamo

The Islands Of The Bahamas Book Now

American Airlines Gift Card Buy Now Give the Gift of Travel

RECEIVED
FEB 04 2010
EL PASO COUNTY AUDITOR



Record Locator: BHOQQI

Itinerary						
Carrier	Flight Number	Departing		Arriving		Booking Code
		City	Date & Time	City	Time	
AA American Airlines	1720	EL PASO	SUN 10JAN 11:20 AM	DALLAS FT WORTH	2:00 PM	W
	Sus Raileyarambula		Economy		Seat 18F	
AA American Airlines	1548	DALLAS FT WORTH	SUN 10JAN 3:10 PM	WASHINGTON REAGAN	6:55 PM	W
	Sus Raileyarambula		Economy		Seat 30E Food For Purchase	
AA American Airlines	1801	WASHINGTON REAGAN	MON 11JAN 6:20 PM	DALLAS FT WORTH	8:55 PM	O
	Sus Raileyarambula		Economy		Seat 27A Food For Purchase	
AA American Airlines	375	DALLAS FT WORTH	MON 11JAN 10:20 PM	EL PASO	11:00 PM	O
	Sus Raileyarambula		Economy		Seat 31F	

Receipt				
PASSENGER	TICKET NUMBER	FARE-USD	TAX	TICKET TOTAL
SUS RAILEYARAMBULA	0012357148579	386.04	70.26	456.30
Payment Type: Master Card XXXXXXXXXXXX6263				Total: \$456.30

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Electronic tickets are NOT TRANSFERABLE. Tickets with nonrestrictive fares are valid for one year from original date of issue. If you have questions regarding our refund policy, please visit www.aa.com/refunds.

To change your reservation, please call 1-800-433-7300 and refer to your record locator.

Check-in times will vary by departure location. In order to determine the time you need to check-in at the airport, please visit www.aa.com/airportexpectations.

A summary of Terms and Conditions of Travel is available by selecting the Conditions of Carriage button below.

- Conditions Of Carriage
- Special Assistance
- Flight Check-In
- Flight Status Notification



FEB 04 2010
EL PASO COUNTY AUDITOR



901 6th Street NW • Washington, DC 20001
 Phone (202) 842-2500 • Fax (202) 842-4100
 www.washingtondc.hamptoninn.com

official sponsor u.s. olympic team



RAILEY, RENEE 500 SAN ANTONIO EL PASO, TX 79912 US	name address	room number: 709/KXFE arrival date: 1/10/2010 departure date: 1/11/2010 8:07:00PM adult/child: 1/0 room rate: \$159.00
---	-----------------	--

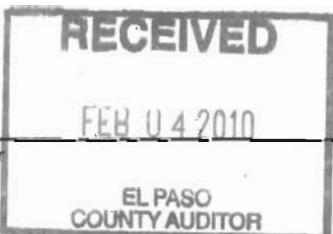
If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.	RATE PLAN LV3 HH# AL BONUS AL CAR
---	--

Confirmation: 82164998 1/11/2010 PAGE 1	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safe deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA Today. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/> signature:
--	--

date	reference	description	amount
1/10/2010	1001661	GUEST ROOM	\$159.00
1/10/2010	1001661	ROOM TAXES	\$23.06
		WILL BE SETTLED TO VS *1539	\$182.06
		EFFECTIVE BALANCE OF	\$0.00
ESTIMATED CURRENCY TOTAL			

for reservations call **1.800.hampton** or visit us online at **www.hampton.com**

account no.	date of charge	folio/check no.
		207532 A
card member name	authorization	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		



El Paso International Airport
6701 Convair Rd.
El Paso, TX. 79925

Fee Computer Number: 17
Cashier: MARTHA ID #170
Transaction Number: 124772
Entered: 01/10/10 09:16
Exited: 01/11/10 22:47
Ticket #71841 Dispenser #3
Rate: Area 1
Total Fee: \$18.00
Cash: \$20.00
Change: \$2.00

Thank you for choosing
Standard Parking
Have a nice day

American Airlines 

BAGGAGE CHARGE RECEIPT

American Airlines

PASSENGER NAME
RAILEY ARAMBULA / SUSAN

Checked Bag Fee 1 **20.00 USD**

AA American Airlines

AA 1548/10 DCA
AA 1720/10 DFW

Total with Applicable TFC **20.00 USD**
Credit Card VI XXXXXXXXXXXX1539

WASHINGTON REAGADC
RAILEY ARAMBULA / SUSAN
4001064339



TFC=AA 06 43 39

FLIGHT DATE
1720 JANUARY 10, 2010

Agent: ELP-SSM 001 2600725920 6

SSL-1 CPN 1109928

* PASSENGER TICKET AND BAGGAGE CHECK *

SUBJECT TO CONDITIONS OF CONTRACT

American Airlines 

PASSENGER RECEIPT 1

5 **American Airlines**
REFUNDABLE ONLY WITH
US RELATED FLIGHT CPN
NAME OF PASSENGER
6 FOR THROUGHOUT YOUR

ISSUED BY: **17 JAN 10 09101105** ISSI: **1/1/10**
ISSUE AGENT: **DCA SSM** FLARE OF ISSUE: **1/1/10**

NAME OF PASSENGER (NOT TRANSFERABLE): **RAILEY ARAMBULA / SUSAN**

XO	FARE BASIS	TOUR CODE
XO	**NOT VALID FOR**	
XO	**TRANSPORTATION*	

ENDORSEMENTS/RESTRICTIONS: **PSGR TICKET 0012357148579**

ISSUED IN EXCHANGE FOR: **20.00**

FARE CALCULATION: **00ADFW-AA DFWELP-AA**

ORIGINAL ISSUE: **CHECKED BAGGAGE FEE**

PNR CODE: **PHXXXX17** CONJ. TXT. NO.

FARE	20.00	EQUIV. FARE PAID		FORM OF PAYMENT	XXXXXXXXXXXXXXXXX1539 144335
TAX	NA	PCS	CK. WT	LNCK. WT	SEQ. NO. ALLOW PCS. CK. WT LNCK. WT
TAX	NA	STOCK CONTROL NUMBER TX		COUPON	AIRLINE
TAX	NA	00114350475204		FORM SERIAL NO.	CK
TOTAL	20.00			0	001 2600795487 0

AA American Airlines

AA 375/11 ELP
AA 1801/11 DFW

EL PASO TX
RAILEY ARAMBULA / SUSAN
6001196261

AA 19 62 61

COUPON AIRLINE FORM SERIAL NO. CK



JAIME E. ESPARZA
DISTRICT ATTORNEY - 34TH JUDICIAL DISTRICT
SPECIAL FUND
500 E. SAN ANTONIO AVE. RM. 203
EL PASO, TX 79901-2420

INTER NATIONAL BANK
EL PASO
EL PASO, TX
88-1527-1149

2/2/2010

PAY TO THE ORDER OF RENE E RAILEY-ARAMBULA

\$ **310.06

Three Hundred Ten and 06/100*****

DOLLARS

RENEE RAILEY-ARAMBULA

VOID AFTER SIX MONTHS

Jaime Esparza

AUTHORIZED SIGNATURE

MEMO

EXPENSES: JANUARY 10-11, 2010

⑈0 67257⑈ ⑆ 649 65272⑆ 80 3256 6⑈

Security Features. Details on back.



JAIME E. ESPARZA/DISTRICT ATTORNEY- 34TH JUDICIAL DISTRICT/SPECIAL FUND

17257

RENEE RAILEY-ARAMBULA

2/2/2010

REIMBURSEMENT PAYABLE TO RENE E RAILEY-ARAMBULA
FOR EXPENSES INCURRED DURING HER TRIP TO WASHIN
TO ATTEND A MEETING WITH JAIME ESPARZA AT THE
DEPARTMENT OF JUSTICE, JANUARY 10-11, 2010.
HOTEL: \$182.06
AIRPORT PARKING: \$18.00
AIRLINE BAGGAGE FEE: \$40.00
2 DAYS PER DIEM: \$70.00

310.06

DA Special Acct

EXPENSES: JANUARY 10-11, 2010

310.06

JAIME E. ESPARZA/DISTRICT ATTORNEY- 34TH JUDICIAL DISTRICT/SPECIAL FUND

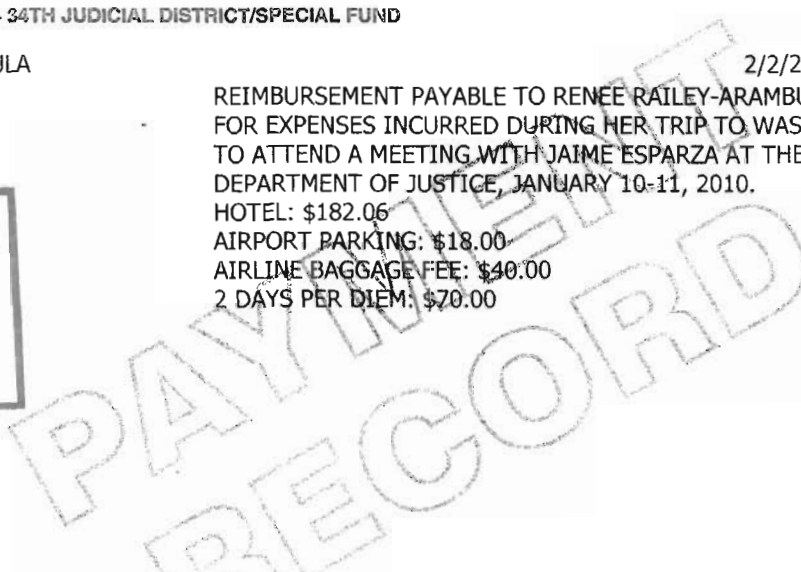
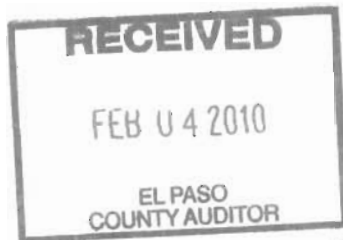
17257

RENEE RAILEY-ARAMBULA

2/2/2010

REIMBURSEMENT PAYABLE TO RENE E RAILEY-ARAMBULA
FOR EXPENSES INCURRED DURING HER TRIP TO WASHIN
TO ATTEND A MEETING WITH JAIME ESPARZA AT THE
DEPARTMENT OF JUSTICE, JANUARY 10-11, 2010.
HOTEL: \$182.06
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AIRLINE BAGGAGE FEE: \$40.00
2 DAYS PER DIEM: \$70.00

310.06



DA Special Acct

EXPENSES: JANUARY 10-11, 2010

310.06

Jorge Lopez

From: Tony Espinoza
Sent: Wednesday, February 17, 2010 9:39 AM
To: Jorge Lopez
Subject: FW: Renee Raily-Arambula Airline Payment Record

From: Tony Espinoza
Sent: Tuesday, February 16, 2010 4:03 PM
To: Jorge Lopez
Subject: Renee Raily-Arambula Airline Payment Record

Record Locator: BHOQQI



Itinerary						
Carrier	Flight Number	Departing		Arriving		Booking Code
		City	Date & Time	City	Time	
AA American Airlines	1720	EL PASO	SUN 10JAN 11:20 AM	DALLAS FT WORTH	2:00 PM	W
	Sus Raileyarambula		Economy	Seat 18F		
AA American Airlines	1548	DALLAS FT WORTH	SUN 10JAN 3:10 PM	WASHINGTON REAGAN	6:55 PM	W
	Sus Raileyarambula		Economy	Seat 30E		Food For Pl
AA American Airlines	1801	WASHINGTON REAGAN	MON 11JAN 6:20 PM	DALLAS FT WORTH	8:55 PM	O
	Sus Raileyarambula		Economy	Seat 27A		Food For Pl
AA American Airlines	375	DALLAS FT WORTH	MON 11JAN 10:20 PM	EL PASO	11:00 PM	O
	Sus Raileyarambula		Economy	Seat 31F		

Receipt				
PASSENGER	TICKET NUMBER	FARE-USD	TAX	TICKET 1
SUS RAILEYARAMBULA	0012357148579	386.04	70.26	
Payment Type: Master Card XXXXXXXX XXX6263				Total: \$

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

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To change your reservation, please call 1-800-433-7300 and refer to your record locator.

Check-in times will vary by departure location. In order to determine the time you need to check-in at the airport, please visit www.aa.com/airportexpectations.

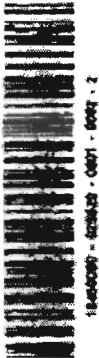
A summary of Terms and Conditions of Travel is available by selecting the Conditions of Carriage button below.

- Conditions Of Carriage
- Special Assistance
- Flight Check-In
- Flight Status Notifications



MEMO STATEMENT
THIS IS NOT A BILL

JPMORGAN CHASE BANK NA
PO BOX 2030
MAIL SUITE IL1-8225
ELGIN IL 80121



JAN 14 2010

ACCOUNT NUMBER 5567-0880-0081-8263
STATEMENT DATE 01-05-10
NET CHARGES \$3,863.94

DISTRICT ATTORNEY SPECIAL
C0710-EL PASO COUNTY
JAIME ESPARZA
500 E SAN ANTONIO ST RM 406
EL PASO TX 79901-2421

**T00029.58

FOR RECONCILIATION PURPOSES ONLY. DO NOT SEND PAYMENT.

NAME: DISTRICT ATTORNEY SPECIAL
ACCOUNTING CODE: 6705

CYCLE LIMIT: \$5,000

CARDHOLDER ACTIVITY

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-08	12-07	55417349342583420854674	AMERICAN 00123567508764 AA.COM/AA RES TX R DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 ELP AA W DFW AA W ELP	345.70
12-08	12-07	55417349342583420854682	AMERICAN 00123567508753 AA.COM/AA RES TX E DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 ELP AA W DFW AA W ELP	345.70
12-08	12-08	55417349343583431400657	AMERICAN 00123567881340 AA.COM/AA RES TX H DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 ELP AA L DFW AA L ELP	423.70

FOR CUSTOMER SERVICE CALL: 1-800-890-0669	ACCOUNT NUMBER	ACCOUNT SUMMARY
	5567-0880-0081-8263	PURCHASES & OTHER CHARGES 3,863.94
FOR LOST/STOLEN CARDS CALL: 1-800-890-0669	STATEMENT DATE:	CASH ADVANCES .00
	01/05/10	CREDITS .00
SEND BILLING INQUIRIES TO: JPMORGAN CHASE BANK NA		CASH ADVANCE FEE .00
		NET CHARGES \$3,863.94
		DISPUTE AMOUNT .00



DISTRICT ATTORNEY SPECIAL
 C0710-EL PASO COUNTY
 JAIIME ESPARZA
 500 E SAN ANTONIO ST RM 406
 EL PASO TX 79901-2421

ACCOUNT NUMBER

5567-0880-0081-6263

JAN 14 2010

STATEMENT DATE: 01/05/10

CARDHOLDER ACTIVITY

Travel Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-31	12-30	55417349365583651794261	AMERICAN 00123137504563 AA.COM/AA RES TX P DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 HNL AA Y DFW AA Y ELP AA Y DFW AA Y HNL	2,272.54
12-31	12-30	55417349365583651794267	AMERICAN 00106197886892 AA.COM/AA RES TX E DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 XAA AA X XXX	20.00
01-05	01-04	55417340005580051069620	AMERICAN 00123571485792 AA.COM/AA RES TX R DEPARTURE: -- P.O.S.: SALES TAX: \$0.00 ELP AA W DFW AA W DCA AA O DFW AA O ELP	456.30
Total Travel Activity				3,083.84



JAIMÉ E. ESPARZA
 DISTRICT ATTORNEY - 34TH JUDICIAL DISTRICT
 SPECIAL FUND
 500 E. SAN ANTONIO AVE. RM. 203
 EL PASO, TX 79901-2420

INTERNATIONAL BANK
 EL PASO
 EL PASO, TX
 88-1527-1149

1/22/

PAY TO THE ORDER OF JP MORGAN CHASE

\$ **3.86

Three Thousand Eight Hundred Sixty-Three and 94/100*****

JP MORGAN CHASE

VOID AFTER SIX MONTHS

Jaime Esparza
 AUTHORIZED SIGNATURE

MEMO

ACCT: 5567-0880-0081-6263; DATED: 01/05/10

⑈067238⑈ ⑆114915272⑆ 80 3256 4⑈

JAIMÉ E. ESPARZA/DISTRICT ATTORNEY- 34TH JUDICIAL DISTRICT/SPECIAL FUND

JP MORGAN CHASE

1/22/2010

ACCOUNT 5567-0880-0081-6263

STATEMENT DATED: 01/05/10

DA Special Acct

ACCT: 5567-0880-0081-6263; DATED: 01/05/10

JAIMÉ E. ESPARZA/DISTRICT ATTORNEY- 34TH JUDICIAL DISTRICT/SPECIAL FUND

JP MORGAN CHASE

1/22/2010

ACCOUNT 5567-0880-0081-6263

STATEMENT DATED: 01/05/10

STATEMENT
 ORDER

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V015022 01
 Voucher Total: \$425.00
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 02/18/2010
 Entered by: AN

Preparer's Initials: AN

Amount Spelled: FOUR HUNDRED TWENTY FIVE DOLLARS AND NO CENTS

Vendor Name: GRANT WRITING USA

Street: 4060 DUSTIN AVENUE

City, State, Zip: LAS VEGAS, NV 89120

Subject: RG MUNZER ALSARRAJ ELP, TX4/19-20/10GRNT WRTNG WRK

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	425.00	PLAN&DEVELOP	6705				
	Desc: <u>RG MUNZER ALSARRAJ ELP, TX4/19-20/10GRNT WRTNG WRK</u>							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS

Date : 02/18/2010

Approved by: _____

Date : _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM FEB 11 2010

County of El Paso Travel Request Form

Travel

Type: **REGISTRATION**

Company Name:	Grant Writing USA	Department:	Planning & Development
Date of Trip: Departure	April 19-20	Arrival Date:	
* Purpose of Trip:	Grant Writing Training		

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index:	PLAN&DEVELOP	Sub-Object:	6705
-------------------	--------------	-------------	------

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

Please Check One (Return meal rate)

<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

* \$35.00 per diem no receipts required
*(Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	425.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	\$425.00	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Sub-Object: _____

Vendor: 1015022

Subsidiary: _____

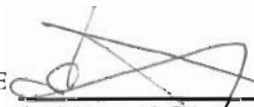
Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

	CC	CC
Munzer Alsarraj	\$425.00	\$0.00
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE **TUESDAY 12:00 PM**

SIGNATURE 
DATE: 10-Feb-10

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Muozet Alvarado Signature: [Signature] Date: 2/10/10

Dept: Planning + Development Job Title: Program Coordinator

Travel Funding Source: X County Grant Other

Will any funds be reimbursed by another entity?

Travel Account No.: 16705 Balance Remaining for FY: 3625.00

Purpose: (check one)

Statutorily Required Training to Hold Elective Office
Statute Reference: _____
My elective office requires ___ number of training hours per ___ months. I
have already fulfilled ___ of these hours for this time period.
Estimated hours to be obtained from this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: _____

Norma Rivera Palacios

From: Munzer Alsarraj
Sent: Monday, February 08, 2010 1:12 PM
To: Norma Rivera Palacios
Subject: RE: For your Information - Grant writing USA Workshop

Hello Norma,

I was looking into this valuable course and wondered if I can attend it. This is a great course that might open the doors to future opportunity for all.

Please let me know. A fee of \$425 is required and its local.

Thanks

Munzer Alsarraj
Program Coordinator
Planning & Development
(915) 543-3845 Ext 4338

From: Administrator
Sent: Friday, February 05, 2010 6:36 AM
To: El Paso County
Subject: For your Information - Grant writing USA Workshop

DEPARTMENT REQUESTING DISTRIBUTION: SHERIFF'S OFFICE

Academy Update

Date: January 20, 2010

To: All Sections and Divisions

From: Lt. Robert Flores, Region VIII Training Acaden

Subject: Grant Writing USA Workshop, El Paso, TX April 19-20, 2010



EL PASO COUNTY SHERIFF'S OFFICE, REGION VIII TRAINING ACADEMY Training Announcement

- The El Paso County Sheriff's Office Training Academy and Grant Writing USA will present a two-day grant writing workshop in El Paso, April 19-20, 2010. Beginning and experienced grant writers from city, county and state agencies as well as nonprofits, K-12, colleges and universities are encouraged to attend.

- Purchase orders, checks and cards are welcome. Multi-enrollment discounts are available. Tuition payment is not required at the time of enrollment. Tuition is \$425 and includes all materials: workbook and accompanying 420MB resource CD that's packed full of tools and more than 200 sample grant proposals.
- Seating is limited, online reservations are necessary.
- More than 10,000 agencies across America turn to Grant Writing USA for grant writing, grant management and grant research training.
- For more information including venue location and maps, graduate testimonials and instant, online enrollment, please visit:

<http://GrantWritingUSA.com>

Contact: Cathy Rittenhouse, Customer Service Grant Writing USA. 800.814.8191 or cathy@grantwritingusa.com or for local Contact Information: Lt. Robert Flores, El Paso County Sheriff's Office 915.856.4852 roflores@epcounty.com

Course Location: El Paso Sheriff's Office Training Academy
12501 Montana Ave. El Paso, TX 79938

Travel Expenses: All travel arrangements and expenses are the responsibility of the student.

Class Size: 30 Students maximum **Class Time:** 8:00 a.m. through 5:00 p.m.

**Please register in time for this event, as space is limited.
Check with the coordinator if you would like to attend.
Each Department will be responsible for the tuition should they enroll an
employee.
Thank you.**

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V022797 01
 Voucher Total: \$479.15
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 02/18/2010
 Entered by: CU

Preparer's Initials: CU

Amount Spelled: FOUR HUNDRED SEVENTY NINE DOLLARS AND FIFTEEN CENTS

Vendor Name: GEORGE R. HUNGATE

Street: 616 PHIL HANSEN

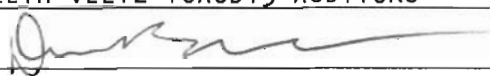
City, State, Zip: CANUTILLO TX 79835

Subject: 01/20-21/10 AUSTIN, TX HUMAN TRAFFICKING PREVENTI

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	479.15	HIDTARIC08	6602				
	Desc:	01/20-21/10 AUSTIN, TX HUMAN TRAFFICKING PREVENTI						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:	GRANT FUNDS CU 02/18/10						
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by:  LIZETH VELIZ TCAUD13-AUDITORS

Date: 02/18/2010

Approved by: 

Date: 2/18/2010



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel Type: Actual

Company Name: George R. Hundert Department: SO - FISC
 Date of Trip: Departure 1/21/10 Arrival Date: 1/21/10 Destination: Austin, TX
 * Purpose of Trip: Attend the Texas Attorney General's Task Force Meeting on the Prosecution of Human Trafficking
 * Use of GADMIINGF Funds requires legislative impact explanation
 Department Index: H01A16.08 Sub-Object: 6602

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)
 on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)
 on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required
 * (Note: Please use the items checked above to fill out section 2 below)

Handwritten notes: 127-00 8C, H301A 27C 08, 6602, 479.15, OK, 1/27/10

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN	* CC
Airfare	<u>221.90</u>
Auto Rental	
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	<u>35.00</u>
Meal per diem (\$35.00)	
Meal rate on Return date	<u>35.00</u>
Lodging	<u>132.25</u>
Other - Registration	
Other - Parking/Tolls	<u>9.00</u>
Other - Taxi	<u>28.00</u>
Other - taxi	<u>18.00</u>
Other -	
TOTAL	<u>479.15</u>

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REGISTRATION AMOUNT: \$0.00 CC \$0.00

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature] DATE: 1/29/10

C.C.O. DATE

FEB 12 2010

El Paso County Travel Justification Form

OK
10.
1/27/10

Name: George R. Hungate Signature: [Signature] Date: 1/29/10

Dept: SO - ISC Job Title: Analyst

Travel Funding Source: _____ County Grant _____ Other _____

Will any funds be reimbursed by another entity? No

Travel Account No.: 6602 Balance Remaining for FY: 1612.00
HIDTARIC 08

Purpose: (check one)

_____ **Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My elective office requires _____ number of training hours per _____ months. I
have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this course? _____.

_____ **Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)

_____ **Additional Professional or Technical Training NOT Required to
Maintain License/Certification**

_____ **Travel for Lobbying/Advocating Before Federal/State Legislature,
Federal/State Agency, or Other Regulatory Body, Including Grant
Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

_____ **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____

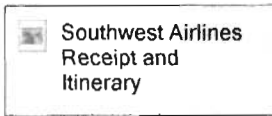
_____ **Program Development Training**
Explain: _____

_____ **Travel to Professional, County, or Elected Officials' Organization
Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

_____ **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other Attend the Texas Attorney General's
Task Force meeting on the prevention of
Human Trafficking.

From: Southwest Airlines <SouthwestAirlines@luv.southwest.com>
To: GRHUNGATE9@AOL.COM
Subject: Ticketless Confirmation - HUNGATE/GEORGE RICHARD - NXZPBK
Date: Wed, Jan 6, 2010 6:45 pm



Receipt and Itinerary as of 01/06/10 7:45 PM

Confirmation Number
NXZPBK

Confirmation Date: 01/06/10
Received: WN/GEORGE HUNGATE BY ICBM



Be prepared when you get there!
Consult Travel Guide for relevant tips from real travelers.

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration ¹
HUNGATE/GEORGE RICHARD	00001062395471	5262174328013	01/06/11

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: EL PASO TX to AUSTIN TX (Travel Time: 1 hrs 25 mins)

Date	Flight	Routing Details
Wed Jan 20	# 0277	Depart EL PASO TX (ELP) at 11:40 AM Arrive in AUSTIN TX (AUS) at 2:05 PM

Return: AUSTIN TX to EL PASO TX (Travel Time: 1 hrs 40 mins)

Date	Flight	Routing Details
Thu Jan 21	# 1471	Depart AUSTIN TX (AUS) at 8:30 PM Arrive in EL PASO TX (ELP) at 9:10 PM

Cost and Payment Summary

Base Fare	\$187.90
+ Excise Taxes	\$14.10
Advertised Fare	\$202.00
+ Segment Fee	\$7.40
+ Passenger Facility Fee	\$7.50
+ Security Fee ¹	\$5.00
Total Payment:	\$221.90

¹Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)
01/06/10 Visa XXXXXXXXXXXXX5773 \$221.90

FEB 12 2010



DOUBLE TREE
GUEST SUITES*

AUSTIN

303 West 15th Street
Austin, TX 78701
Tel: (512) 478-7000 • Fax: (512) 478-5103

Name & Address

HUNGATE, GEORGE


Room 1204/NK1K
Arrival Date 1/20/2010 2:14:00PM
Departure Date 1/21/2010

Adult/Child 1/0
Room Rate \$115.00

RATE PLAN C-HUM
HH#
AL
BONUS AL CAR

Confirmation: 85429657

1/21/2010 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
1/20/2010	2350322	* ROOM SERVICE	\$17.79
1/20/2010	2350452	GUEST ROOM	\$115.00
1/20/2010	2350452	STATE TAX	\$6.90
1/20/2010	2350452	CITY TAX	\$10.35
WILL BE SETTLED TO VS *5773			\$150.04
EFFECTIVE BALANCE OF			\$0.00
 Hilton HHonors® Points & Miles			
ESTIMATED CURRENCY TOTAL			

T
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EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express 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.

Simply call the Front Desk from your room and tell us when you are ready to depart. 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.

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION	410487	INITIAL
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT	0.00	

FEB 12 2010



AUSTIN CAB CO.
478-2222

1135 Gunter St., Ste. 101
Austin, TX 78702

FARE RECEIPT

AMT: \$28.00 DATE: 01/20/10
TRIP FROM: AUSTIN AP
TO: 315 N 16th Austin (Douglas Tree)
DRIVER: _____
CAB #: 72

24 Hour Radio Dispatched Service
Airport Pickup, Time Calls & Delivery Service Available
Thank you for choosing Austin Cab Co.

El Paso International Airport
6701 Convair Rd.
El Paso, TX. 79925

Fee Computer Number: 15
Cashier: Mary 10 #143
Transaction Number: 2693
Entered: 01/20/10 09:37
Exited: 01/21/10 21:48
Ticket #31262 Dispenser #7
Rate: Area 2
Parking Fee: \$9.00
VISA (1) -\$9.00
Subtotal: \$0.00
Total Fee: \$0.00

Thank you for choosing
Standard Parking
Have a nice day

Yvonne Aguilar

From: George R. Hungate [grhungate9@aol.com]
Sent: Wednesday, January 27, 2010 1:36 PM
To: Yvonne Aguilar
Subject: Fwd: Texas Human Trafficking Prevention Task Force Meeting-CONFIRMATION
Attachments: CapitolComplex.jpg; HT_Agenda.doc

Per your request

George R. Hungate
915-487-6500

-----Original Message-----

From: George R. Hungate <grhungate9@aol.com>
To: TKuykendall@epcounty.com
Sent: Sun, Jan 17, 2010 9:08 am
Subject: Fwd: Texas Human Trafficking Prevention Task Force Meeting-CONFIRMATION

FYI

George R. Hungate
915-487-6500

-----Original Message-----

From: Stacy Janecka <stacy.janecka@oag.state.tx.us>
To: Stacy Janecka <stacy.janecka@oag.state.tx.us>
Sent: Fri, Jan 15, 2010 1:10 pm
Subject: Texas Human Trafficking Prevention Task Force Meeting-CONFIRMATION

This email confirms your registration for the **Human Trafficking Prevention Task Force Meeting** scheduled for Thursday, January 21, 2010, from 9 a.m. – 4 p.m. The meeting will take place at the Legislative Conference Center, Room E2.002 of the Capitol Extension, which is located underground on the north side of the Capitol. Registration will open at 8 a.m.

We will be providing lunch and working through the lunch hour. Beverages and snacks will not be provided but will be available for purchase at the Capitol Grill, located in the Capitol Extension, Room E1.002. These purchased items may be brought into the meeting room.

Parking is available in the Capitol Visitors Parking Garage at 1201 San Jacinto, located between Trinity and San Jacinto Streets with entrances on both 12th and 13th Streets. This parking garage is about a 10-15 minute walk to the Capitol building. Parking is free for the first two hours and \$.75 for each half hour thereafter (maximum daily charge: \$6.00). Cash and credit cards are both accepted for payment. Please visit their website for accessible parking information and accessible routes to the Capitol (<http://www.tspb.state.tx.us/SPB/Plan/Parking.htm>). Metered spaces are also available throughout the Capitol complex.

If you are staying overnight at the Doubletree Guest Suites Hotel, please note that it is about a 5-10 minute walk from the hotel to the Capitol building. Our block of hotel rooms offering a special rate of \$115 single or double per night at the Doubletree Guest Suites is completely full. Should you still need overnight accommodations, please contact LeToya Scott immediately at the Doubletree Guest Suites to see if she can make a reservation for you. Ms. Scott's direct number is (512) 505-4065.

An agenda and parking map have been attached for your convenience. Should you need to cancel your registration, please contact Stacy Janecka at srj2@oag.state.tx.us.

Thank you,

FEB 12 2010

1/27/2010

Stacy Janecka
Conference Manager
Office of the Attorney General
512/475-4600
Srj2@oag.state.tx.us

FEB 12 2010

1/27/2010

Human Trafficking Prevention Task Force Meeting
January 21, 2010
Legislative Conference Center
Texas Capitol Extension Room E2.002
Austin, Texas

Tentative Agenda

Thursday, January 21, 2010

- 8:00 a.m. Registration**
- 9:00 a.m. Call to Order and Introductions**
Becky Gregory, Special Counsel to the Attorney General
Associate Deputy Attorney General for Criminal Justice
Office of the Attorney General
- 9:15 a.m. Welcome Message**
The Honorable Randy Weber
Texas State Representative
- The Honorable Leticia Van de Putte*
Texas State Senator
- 9:30 a.m. Opening Remarks**
The Honorable Greg Abbott
Attorney General of Texas
- 10:00 a.m. Break**
- 10:15 a.m. Human Trafficking Overview and Video**
Becky Gregory, Special Counsel to the Attorney General
Associate Deputy Attorney General for Criminal Justice
Office of the Attorney General
- Overview of HB 4009**
Denise Donnelly, Legislative Liaison
Intergovernmental Relations Division
Office of the Attorney General
- 11:00 a.m. Structure of the Task Force**

FEB 12 2010

*Kay Woodard-Hotz, Project Manager
Crime Victim Services Division
Office of the Attorney General*

Agenda, Page 2

- 11:30 a.m. The Importance of Collaboration**
*Ruben Perez, Assistant U.S. Attorney
U.S. Attorney's Office-Southern District of Texas*
- 12:15 p.m. Working Lunch**
Establishing Geographic Work Groups
- 1:15 p.m. Overview of the Human Trafficking Reporting System:
HTRS**
*Jack McDevitt, Director-Institute on Race & Justice
Northeastern University*
- Stephanie Fahy, Senior Research Associate
Institute on Race & Justice
Northeastern University*
- 2:15 p.m. Human Trafficking Across Texas**
Moderator:
*Denise Donnelly, Legislative Liaison
Intergovernmental Relations Division
Office of the Attorney General*
- Panelists:**
*Kate Rocke, Chairperson
Central Texas Coalition against Human Trafficking*
- Kirsta Melton, Assistant District Attorney
Bexar County District Attorney's Office*
- Kathleen Murray, Program Coordinator
Human Trafficking Unit
Fort Worth Police Department*
- Byron Fassett, Sergeant
Dallas Police Department*
- 3:30 p.m. Closing Remarks**
- 4:00 p.m. Conference Adjournment**

FEB 12 2010

FIO TRAVEL REQUEST

NAME: George R. Hungate DOB: 05/30/1948
616 Phil Hansen 349-38-0669
Canutillo, Texas 79835 915-487-6500

DATE OF REQUEST: January 4, 2010

DATES OF TRAVEL: January 20 -21, 2010

ITINERARY:

A. FROM: El Paso, TX
B. TO: Austin, TX (and return)

COSTS:

A. LODGING: \$115.00 X 1 nights= \$115.00

B. PER DIEM: \$71.00 X 3/4 day = \$53.25
\$71.00 X 1 days = \$71.00

C. TRANSPORTATION:

a. POV: \$25.30 (to/from Airport)
b. AIRFARE: \$447.90
c. VEHICLE RENTAL: \$0
d. CONFERENCE FEE: \$0
e. OTHER: Hotel taxes, Taxi & surcharges

TOTAL COST: \$597.45 (+ Hotel taxes, Taxi & surcharges)

LODGING IN EXCESS OF AUTHORIZED AMOUNT (Y/N): N

PURPOSE: Travel to Austin, Texas to attend Texas Attorney General's Task Force meeting on the Prevention of Human Trafficking, January 21, 2010 at the Texas State Capital Building. Will participate as a member of the Taskforce.

George R. Hungate
Field Intelligence Officer
Texas

FFB 12 2010

*for EO
use County
funds
1/6/10*

George R. Hungate

Prevention of Human Trafficking

Voucher & Receipts

01/20/10 9:00 AM Departed residence POV enroute to El Paso Airport. Mileage $\$.50 \times 23 = \11.50

not allowed

01/20/10 11:40 AM, Departed El Paso SWA Flight 277. Arrived Austin 2:30 PM

01/20/10, Taxi from Airport to Hotel = \$28.00 (Receipt Attached) ✓

01/20/10, ¼ day per Diem @\$71.00 per day = \$53.25 *35.00*

01/20/10, Lodging, Double Tree \$115.00 per day = \$115.00 (Receipt Attached) ✓

01/20/10, Lodging State Tax = \$6.90, City Tax = \$10.35 (Receipt Attached) ✓

01/21/10, Attended Meeting

01/21/10, 1 day per Diem @ \$71.00 per day = \$71.00. *35.00*

01/21/10, Taxi from Hotel to Airport = \$18.00 (No Receipt Available from Driver) *2.*

01/21/10, 8:30 PM, Departed Austin SWA Flight 1471. Arrived El Paso 9:30 PM. Airfare \$221.90 ✓
(Receipt Attached)

01/21/10, El Paso Airport parking fee = \$9.00 (Receipt Attached) ✓

01/21/10, Mileage from El Paso Airport to residence. $\$.50 \times 23 = \11.50 .

not allowed

Total = ~~\$556.40~~

479.15

FEB 12 2010

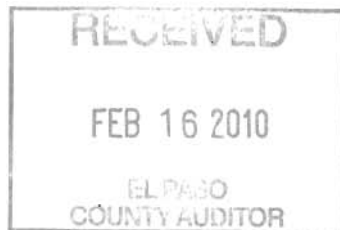
AFFIDAVIT

I, George R. Hungate, do hereby swear that on January 21, 2010, I paid a taxi cab driver \$18.00 to take me from the Double Tree Hotel located at 303 West 15th St. Austin, TX to the Austin International Airport.


George R. Hungate

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE
17th DAY OF FEBRUARY, 2010





FY 09-10, COUNTY OF EL PASO, TEXAS
TRAVEL REGISTER

Check Date 2-22-10

Fiscal Period 05-10

Vendor Name

Amount Cleared
for Payment

EL PASO TREASURY CONSOLIDATED FUND ACCOUNT

JP MORGAN CHASE (VARIOUS ACCOUNTS).....

12,893.54



JPMORGAN CHASE BANK NA
 PO BOX 2030
 MAIL SUITE IL1-6225
 ELGIN IL 60121

FEB 16 2010

ACCOUNT NUMBER [REDACTED]
 AMOUNT DUE \$28,038.28
 CURRENT BALANCE \$28,038.28

Remit To: JPMORGAN CHASE BANK NA
 P.O. BOX 94016
 PALATINE, IL 60094-4016

AMOUNT ENCLOSED \$

EL PASO COUNTY
 JOSE LOPEZ JR
 800 E OVERLAND
 RM 300
 EL PASO TX 79901-2508

**NM0000397

556708790001665102803828028038280

PLEASE TEAR PAYMENT COUPON AT PERFORATION

STATEMENT MESSAGES

Your account is past due \$14,331.82. Past due amount is included in the minimum payment. Please remit immediately.

12,632.76
 6.18 commissner 2
 254.60 Dist clerk

COMMERCIAL ACCOUNT SUMMARY

ORGANIZATION NAME: EL PASO COUNTY

ACCOUNT NUMBER: [REDACTED]

12,893.54

CLOSING DATE	02-05-10	PREVIOUS BALANCE	28,876.21
CREDIT LIMIT	87,500	PURCHASES AND OTHER CHARGES	13,706.46
AVAILABLE CREDIT	59,462	CASH ADVANCES	.00
FOR CUSTOMER SERVICE CALL: 1-800-890-0669		CREDITS	1,073.70
		PAYMENTS	13,470.69
SEND BILLING INQUIRIES TO: JPMORGAN CHASE BANK NA COMMERCIAL CARD SOLUTIONS P.O. BOX 2015 MAIL SUITE IL1-6225 ELGIN, IL 60121		LATE PAYMENT CHARGES	.00
		CASH ADVANCE FEE	.00
		FINANCE CHARGES	.00
		NEW BALANCE	28,038.28
		TOTAL PAYMENT DUE	28,038.28
		DISPUTED AMOUNT	.00