FORM A19-1A (Rev. 3/95)

STAT WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

31 JAN 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 December 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Dec 10 | Analytical services for Dec 2010 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
| | | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 3 Jan 11 | AGENCY APPROVAL _____ | DATE 1/6/11

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | 5767 | | | $ 8996 - | December |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT _____ | DATE _____ | WARRANT TOTAL $ 8996 - | WARRANT NUMBER

In 875 1-6-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2010 mm/dd/yr - Ending 12/31/2010 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Dec | 1 | 11.5 | Analyst, WSP, WSFC |
| Dec | 2 | 10.5 | Analyst, WSP, WSFC |
| Dec | 3 | 10.5 | Analyst, WSP, WSFC |
| Dec | 4 | 8 | Analyst, WSP, WSFC (Briefing Prep) |
| Dec | 5 | 3.5 | Analyst, WSP, WSFC (Briefing Prep) |
| Dec | 6 | 9.5 | Analyst, WSP, WSFC |
| Dec | 7 | 9.5 | Analyst, WSP, WSFC |
| Dec | 8 | 8.5 | Analyst, WSP, WSFC |
| Dec | 9 | 10 | Analyst, WSP, WSFC |
| Dec | 10 | 7.5 | Analyst, WSP, WSFC |
| Dec | 11 | 0 | Regular Day Off |
| Dec | 12 | 0 | Regular Day Off |
| Dec | 13 | 9 | Analyst, WSP, WSFC |
| Dec | 14 | 11 | Analyst, WSP, WSFC |
| Dec | 15 | 9 | Analyst, WSP, WSFC |
| Dec | 16 | 8 | Analyst, WSP, WSFC |
| Dec | 17 | 0 | Requested Time Off |
| Dec | 18 | 0 | Regular Day Off |
| Dec | 19 | 0 | Regular Day Off |
| Dec | 20 | 0 | Requested Time Off |
| Dec | 21 | 9 | Analyst, WSP, WSFC |
| Dec | 22 | 7 | Analyst, WSP, WSFC |
| Dec | 23 | 8.5 | Analyst, WSP, WSFC |
| Dec | 24 | 0 | Federal Holiday (Christmas) |
| Dec | 25 | 0 | Regular Day Off |
| Dec | 26 | 0 | Regular Day Off |
| Dec | 27 | 7.5 | Analyst, WSP, WSFC |
| Dec | 28 | 8 | Analyst, WSP, WSFC |
| Dec | 29 | 7 | Analyst, WSP, WSFC |
| Dec | 30 | 0 | Requested Time Off |
| Dec | 31 | 0 | Federal Holiday (New Year's) |
| Total Hours: | | 173 | |

Kia Graham 31-Dec-10
Contractor Signature/Date

Scott Harman
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

1-3-11
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE)

2 DEC 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED: 1-30 November 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Nov 10 | Analytical services for Nov 2010 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 1 Dec 10
AGENCY APPROVAL:
DATE: 12/3/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | 5721 | | | $8996- | November |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $8996- | WARRANT NUMBER

TO $75,125

12/02/2010 THU 5:07 FAX 007/009

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 11/1/2010 (mm/dd/yr) - Ending 11/30/2010 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Nov | 1 | 10 | Analyst, WSP, WSFC |
| Nov | 2 | 10.5 | Analyst, WSP, WSFC |
| Nov | 3 | 8.5 | Analyst, WSP, WSFC |
| Nov | 4 | 10 | Analyst, WSP, WSFC |
| Nov | 5 | 0 | Reserve Duty |
| Nov | 6 | 0 | Regular Day Off |
| Nov | 7 | 0 | Regular Day Off |
| Nov | 8 | 9 | Analyst, WSP, WSFC |
| Nov | 9 | 11 | Analyst, WSP, WSFC |
| Nov | 10 | 9.5 | Analyst, WSP, WSFC |
| Nov | 11 | 10.5 | Analyst, WSP, WSFC |
| Nov | 12 | 9.5 | Analyst, WSP, WSFC |
| Nov | 13 | 0 | Regular Day Off |
| Nov | 14 | 0 | Regular Day Off |
| Nov | 15 | 9 | Analyst, WSP, WSFC |
| Nov | 16 | 8 | Analyst, WSP, WSFC |
| Nov | 17 | 8 | Analyst, WSP, WSFC |
| Nov | 18 | 7 | Analyst, WSP, WSFC |
| Nov | 19 | 7 | Analyst, WSP, WSFC |
| Nov | 20 | 0 | Regular Day Off |
| Nov | 21 | 0 | Regular Day Off |
| Nov | 22 | 11.5 | Analyst, WSP, WSFC |
| Nov | 23 | 0 | Inclement Weather |
| Nov | 24 | 10.5 | Analyst, WSP, WSFC |
| Nov | 25 | 0 | Federal Holiday (Thanksgiving) |
| Nov | 26 | 0 | Requested Time Off |
| Nov | 27 | 2.5 | Analyst, WSP, WSFC |
| Nov | 28 | 0 | Regular Day Off |
| Nov | 29 | 12 | Analyst, WSP, WSFC |
| Nov | 30 | 9 | Analyst, WSP, WSFC |
| | | | |
| Total Hours: | | 173, | |

30-Nov-10

Contractor Signature/Date

LANCE J LADINES

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

1 NOV 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarrion, SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 October 2010 10-31-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Oct 10 | Analytical services for Oct 2010 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 1 Nov 10 | AGENCY APPROVAL | DATE: 11.1.10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | 5701 | | | 8996 - | October |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: 8996 - | WARRANT NUMBER

1425 11-1-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2010 (mm/dd/yr) - Ending 10/31/2010 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Oct | 1 | 0 | Reserve Duty |
| Oct | 2 | 0 | Regular Day Off |
| Oct | 3 | 0 | Regular Day Off |
| Oct | 4 | 10 | Analyst, WSP, WSFC |
| Oct | 5 | 11 | Analyst, WSP, WSFC |
| Oct | 6 | 11.5 | Analyst, WSP, WSFC |
| Oct | 7 | 12 | Analyst, WSP, WSFC |
| Oct | 8 | 8.5 | Analyst, WSP, WSFC |
| Oct | 9 | 0 | Regular Day Off |
| Oct | 10 | 0 | Regular Day Off |
| Oct | 11 | 0 | Federal Holiday (Columbus Day) |
| Oct | 12 | 8 | Analyst, WSP, WSFC |
| Oct | 13 | 12 | Analyst, WSP, WSFC |
| Oct | 14 | 9.5 | Analyst, WSP, WSFC |
| Oct | 15 | 11.5 | Analyst, WSP, WSFC |
| Oct | 16 | 0 | Regular Day Off |
| Oct | 17 | 0 | Regular Day Off |
| Oct | 18 | 9 | Analyst, WSP, WSFC |
| Oct | 19 | 0 | Requested Time Off |
| Oct | 20 | 9 | Analyst, WSP, WSFC |
| Oct | 21 | 11 | Analyst, WSP, WSFC |
| Oct | 22 | 8 | Analyst, WSP, WSFC |
| Oct | 23 | 0 | Regular Day Off |
| Oct | 24 | 0 | Regular Day Off |
| Oct | 25 | 11.5 | Analyst, WSP, WSFC |
| Oct | 26 | 10 | Analyst, WSP, WSFC |
| Oct | 27 | 10.5 | Analyst, WSP, WSFC |
| Oct | 28 | 10 | Analyst, WSP, WSFC |
| Oct | 29 | 0 | Requested Time Off |
| Oct | 30 | 0 | Regular Day Off |
| Oct | 31 | 0 | Regular Day Off |
| Total Hours: | | 173 | |

28-Oct-10

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

KIA M. GRAHAM
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY [signature] (SIGN IN INK)

Owner / Sole Proprietor ____ Employee (TITLE) ____ 21 OCT 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 7-15-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 07/15/10 | Mileage: Seattle, WA to Blaine, WA | 110 | mi | 0.50 | $ 55.00 | |
| 07/15/10 | Mileage: Blaine, WA to Seattle, WA | 110 | mi | 0.50 | $ 55.00 | |

PREPARED BY: Kia M. Graham
TELEPHONE NUMBER: 206-262-2519
DATE: 21 OCT 2010
AGENCY APPROVAL: [signature]
DATE: 10/22/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND (AGENCY INDEX) | APPN INDEX (AGENCY INDEX) | PROGRAM INDEX (AGENCY INDEX) | SUB OBJ. (AGENCY INDEX) | SUB SUB OBJECT (AGENCY INDEX) | ORG INDEX (AGENCY INDEX) | ALLOC (WORK CLASS) | BUDGET UNIT (COUNTY) | MOS (CITY ZONE) | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 271 | 001 | 012 | GG | | | | | | 5721 | | | $110.00 | mileage |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $110 — | WARRANT NUMBER

TO FISCAL 10/25 RM

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

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BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 5 OCT 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED 9-30-10

1-30 September 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Sep 10 | Analytical services for Sep 2010 (Kia Graham) | 72 | Hour | 50.00 | $3600 | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 5 Oct 10
AGENCY APPROVAL
DATE: 10/6/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | S7C1 | | | $3600 - | September |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

TC. 875 10-8-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2010 mm/dd/yr - Ending 9/30/2010 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Sep | 1 | 0 | Reserve Duty - School |
| Sep | 2 | 0 | Reserve Duty - School |
| Sep | 3 | 0 | Reserve Duty - School |
| Sep | 4 | 0 | Regular Day Off |
| Sep | 5 | 0 | Regular Day Off |
| Sep | 6 | 0 | National Holiday (Labor Day) |
| Sep | 7 | 0 | Reserve Duty - School |
| Sep | 8 | 0 | Reserve Duty - School |
| Sep | 9 | 0 | Reserve Duty - School |
| Sep | 10 | 0 | Reserve Duty - School |
| Sep | 11 | 0 | Regular Day Off |
| Sep | 12 | 0 | Regular Day Off |
| Sep | 13 | 0 | Reserve Duty - School |
| Sep | 14 | 0 | Reserve Duty - School |
| Sep | 15 | 0 | Reserve Duty - School |
| Sep | 16 | 0 | Reserve Duty - School |
| Sep | 17 | 0 | Reserve Duty - School |
| Sep | 18 | 0 | Regular Day Off |
| Sep | 19 | 0 | Regular Day Off |
| Sep | 20 | 0 | Requested Time Off |
| Sep | 21 | 9 | Analyst, WSP, WSFC |
| Sep | 22 | 9 | Analyst, WSP, WSFC |
| Sep | 23 | 9 | Analyst, WSP, WSFC |
| Sep | 24 | 8 | Analyst, WSP, WSFC |
| Sep | 25 | 0 | Regular Day Off |
| Sep | 26 | 0 | Regular Day Off |
| Sep | 27 | 9.5 | Analyst, WSP, WSFC |
| Sep | 28 | 9.5 | Analyst, WSP, WSFC |
| Sep | 29 | 9 | Analyst, WSP, WSFC |
| Sep | 30 | 9 | Analyst, WSP, WSFC |
| | | | |
| Total Hours: | | 72 | |

Contractor Signature/Date 30-Sep-10

Local Reviewer Name Scott JARMON

Local Reviewer Signature/Date 9-30-10

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

2006/007

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

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BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE) 2 Sep 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/Sgt Jamison SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 August 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Aug 10 | Analytical services for Aug 2010 (Kia Graham) | 37 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
| | | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 2 Sep 10 | AGENCY APPROVAL: [signature] | DATE: 9/7/10

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | LE | | | | | | WAJB | | | $1850- | August |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $1850- | WARRANT NUMBER

Ap. 875 9-7-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2010 (mm/dd/yr) - Ending 8/31/2010 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Aug | 1 | 11 | Analyst, WSP, WSFC |
| Aug | 2 | 10.5 | Analyst, WSP, WSFC |
| Aug | 3 | 7 | Analyst, WSP, WSFC |
| Aug | 4 | 8.5 | Analyst, WSP, WSFC |
| Aug | 5 | 0 | Reserve Duty |
| Aug | 6 | 0 | Reserve Duty |
| Aug | 7 | 0 | Reserve Duty |
| Aug | 8 | 0 | Reserve Duty |
| Aug | 9 | 0 | Reserve Duty |
| Aug | 10 | 0 | Reserve Duty |
| Aug | 11 | 0 | Reserve Duty |
| Aug | 12 | 0 | Reserve Duty |
| Aug | 13 | 0 | Reserve Duty |
| Aug | 14 | 0 | Reserve Duty |
| Aug | 15 | 0 | Reserve Duty |
| Aug | 16 | 0 | Reserve Duty |
| Aug | 17 | 0 | Reserve Duty |
| Aug | 18 | 0 | Reserve Duty |
| Aug | 19 | 0 | Reserve Duty |
| Aug | 20 | 0 | Reserve Duty |
| Aug | 21 | 0 | Reserve Duty |
| Aug | 22 | 0 | Reserve Duty |
| Aug | 23 | 0 | Reserve Duty |
| Aug | 24 | 0 | Reserve Duty |
| Aug | 25 | 0 | Reserve Duty |
| Aug | 26 | 0 | Reserve Duty |
| Aug | 27 | 0 | Reserve Duty |
| Aug | 28 | 0 | Reserve Duty |
| Aug | 29 | 0 | Reserve Duty |
| Aug | 30 | 0 | Reserve Duty |
| Aug | 31 | 0 | Reserve Duty |
| Total Hours: | | 37 | |

5-Aug-10

Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 5 Aug 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

APPROVED BY: WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED: 1-31 July 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jul 10 | Analytical services for July 2010 (Kia Graham) | 165 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 2 Aug 10 | AGENCY APPROVAL: [signature] | DATE: 8-5-10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | LE | | | | | | WAJ8 | | | $8250- | July |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $8250- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2010 mm/dd/yr - Ending 7/31/2010 mm/dd/yr

**Name:** Kia Graham **Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jul | 1 | 8.5 | Analyst, WSP, WSFC |
| Jul | 2 | 8.5 | Analyst, WSP, WSFC |
| Jul | 3 | 0 | Regular Day Off |
| Jul | 4 | 0 | Regular Day Off |
| Jul | 5 | 8 | Analyst, WSP, WSFC |
| Jul | 6 | 8 | Analyst, WSP, WSFC |
| Jul | 7 | 8 | Analyst, WSP, WSFC |
| Jul | 8 | 10 | Analyst, WSP, WSFC |
| Jul | 9 | 0 | Reserve Duty |
| Jul | 10 | 0 | Regular Day Off |
| Jul | 11 | 0 | Regular Day Off |
| Jul | 12 | 0 | Reserve Duty |
| Jul | 13 | 8.5 | Analyst, WSP, WSFC |
| Jul | 14 | 9 | Analyst, WSP, WSFC |
| Jul | 15 | 9 | Analyst, WSP, WSFC |
| Jul | 16 | 9.5 | Analyst, WSP, WSFC |
| Jul | 17 | 0 | Regular Day Off |
| Jul | 18 | 0 | Regular Day Off |
| Jul | 19 | 0 | Requested Time Off |
| Jul | 20 | 8 | Analyst, WSP, WSFC |
| Jul | 21 | 9 | Analyst, WSP, WSFC |
| Jul | 22 | 9.5 | Analyst, WSP, WSFC |
| Jul | 23 | 9.5 | Analyst, WSP, WSFC |
| Jul | 24 | 0 | Regular Day Off |
| Jul | 25 | 0 | Regular Day Off |
| Jul | 26 | 9 | Analyst, WSP, WSFC |
| Jul | 27 | 10 | Analyst, WSP, WSFC |
| Jul | 28 | 7 | Analyst, WSP, WSFC |
| Jul | 29 | 9 | Analyst, WSP, WSFC |
| Jul | 30 | 7 | Analyst, WSP, WSFC |
| Jul | 31 | 0 | Regular Day Off |
| Total Hours: | | 165 | |

31 JUL 2010
Contractor Signature/Date

LANCE B LADTKEP
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
A19-1A

STA. _ OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

**Online Help**
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

KIA M. GRAHAM
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

Owner / Sole Proprietor _____ Employee (TITLE) _____ 26 JUN 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY _____ DATE RECEIVED 7-26-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 07/15/10 | Mileage: Fircrest, WA to Blaine, WA | 148 | mi | 0.50 | $ 74.00 | |
| 07/15/10 | Mileage: Blaine, WA to Fircrest, WA | 148 | mi | 0.50 | $ 74.00 | |
| | | | | | | |
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PREPARED BY: Kia M. Graham | TELEPHONE NUMBER: 206-262-2519 | DATE: 26 JUL 2010 | AGENCY APPROVAL: _____ | DATE: 7/26/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GC | | | | | | | | | $148 - | mileage |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT _____ DATE _____ WARRANT TOTAL $148 - WARRANT NUMBER _____

TO BTS 7-26-10

FORM
**A19-1A**
(Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

6/30/2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED: 1-30 Jun 2010 6/30/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Jun 10 | Analytical services for June 2010 (Kia Graham) | 159 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 6 July 10
AGENCY APPROVAL: Rhonda Pul
DATE: 7/8/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | | | | $7950- | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $7950- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2010 mm/dd/yr - Ending 6/30/2010 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jun | 1 | 8.5 | Analyst, WSP, WSFC |
| Jun | 2 | 9.5 | Analyst, WSP, WSFC |
| Jun | 3 | 9.5 | Analyst, WSP, WSFC |
| Jun | 4 | 8.5 | Analyst, WSP, WSFC |
| Jun | 5 | 0 | Regular Day Off |
| Jun | 6 | 0 | Regular Day Off |
| Jun | 7 | 0 | Requested Time Off |
| Jun | 8 | 11 | Analyst, WSP, WSFC |
| Jun | 9 | 10 | Analyst, WSP, WSFC |
| Jun | 10 | 8 | Analyst, WSP, WSFC |
| Jun | 11 | 0 | Reserve Duty |
| Jun | 12 | 0 | Regular Day Off |
| Jun | 13 | 0 | Regular Day Off |
| Jun | 14 | 9 | Analyst, WSP, WSFC |
| Jun | 15 | 8.5 | Analyst, WSP, WSFC |
| Jun | 16 | 8 | Analyst, WSP, WSFC |
| Jun | 17 | 8.5 | Analyst, WSP, WSFC |
| Jun | 18 | 0 | Requested Time Off |
| Jun | 19 | 0 | Regular Day Off |
| Jun | 20 | 0 | Regular Day Off |
| Jun | 21 | 8 | Analyst, WSP, WSFC |
| Jun | 22 | 8 | Analyst, WSP, WSFC |
| Jun | 23 | 9.5 | Analyst, WSP, WSFC |
| Jun | 24 | 8.5 | Analyst, WSP, WSFC |
| Jun | 25 | 0 | Reserve Duty |
| Jun | 26 | 0 | Regular Day Off |
| Jun | 27 | 0 | Regular Day Off |
| Jun | 28 | 9 | Analyst, WSP, WSFC |
| Jun | 29 | 8.5 | Analyst, WSP, WSFC |
| Jun | 30 | 8.5 | Analyst, WSP, WSFC |
| | | | |
| Total Hours: | | 159 | |

Kia Graham 30 JUN 2010
Contractor Signature/Date

LANCE B GADENES
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
3 Jun 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED: 1-31 May 2010 6-3-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 May 10 | Analytical services for May 2010 (Kia Graham) | 173 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
| | | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 3 Jun 10
AGENCY APPROVAL:
DATE: 6/4/10

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WAJB | | | $8650 | May |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $8650

WARRANT NUMBER

TO 175 6-4-10

**Washington State Patrol**

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 5/1/2010 mm/dd/yr - Ending 5/31/2010 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| May | 1 | 0 | Regular Day Off |
| May | 2 | 13 | Analyst, WSP, WSFC |
| May | 3 | 4 | Analyst, WSP, WSFC |
| May | 4 | 10 | Analyst, WSP, WSFC |
| May | 5 | 10 | Analyst, WSP, WSFC |
| May | 6 | 10 | Analyst, WSP, WSFC |
| May | 7 | 13 | Analyst, WSP, WSFC |
| May | 8 | 0 | Regular Day Off |
| May | 9 | 0 | Regular Day Off |
| May | 10 | 11 | Analyst, WSP, WSFC |
| May | 11 | 8 | Analyst, WSP, WSFC |
| May | 12 | 0 | Requested Time Off |
| May | 13 | 10.5 | Analyst, WSP, WSFC |
| May | 14 | 0 | Reserve Duty |
| May | 15 | 0 | Regular Day Off |
| May | 16 | 0 | Regular Day Off |
| May | 17 | 8.5 | Analyst, WSP, WSFC |
| May | 18 | 11 | Analyst, WSP, WSFC |
| May | 19 | 6 | Analyst, WSP, WSFC |
| May | 20 | 0 | Requested Time Off |
| May | 21 | 12.5 | Analyst, WSP, WSFC |
| May | 22 | 0 | Regular Day Off |
| May | 23 | 0 | Regular Day Off |
| May | 24 | 0 | Requested Time Off |
| May | 25 | 10.5 | Analyst, WSP, WSFC |
| May | 26 | 7.5 | Analyst, WSP, WSFC |
| May | 27 | 9.5 | Analyst, WSP, WSFC |
| May | 28 | 9 | Analyst, WSP, WSFC |
| May | 29 | 0 | Regular Day Off |
| May | 30 | 0 | Regular Day Off |
| May | 31 | 9 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31 May 2010
Contractor Signature/Date

Scott Armar
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

KIA M. GRAHAM
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY [signature] (SIGN IN INK)

Owner / Sole Proprietor Employee (TITLE) 10 MAY 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 5-10-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 05/02/10 | Mileage (round-trip): Home to Parking | 80 | mi | .52 | $ 40.00 | |
| 05/02/10 | Taxi - from Parking Garage to Airport | | | | | |
| 05/02/10 | Taxi - from Airport to Hotel | | | | $40.00 | |
| 05/07/10 | Taxi - from Hotel to Airport | | | | $60.00 | |
| 05/07/10 | Taxi - from Airport to Parking Garage | | | | $60.00 | |
| 05/07/10 | Airfare (round trip) - Seattle / Las Vegas | | | | $45.00 | |
| 05/07/10 | Baggage Fees (round trip) | | | | $ 309.25 | |
| 05/02/10 | Hotel Cost - Hilton Walt Disney World | | | | $ 90.00 | |
| 05/02/10 | LEIU Conference Registration Fee | | | | $607.50 | |
| 05/02/10 | Meal Per Diem (B,L,D) | | | | $ 425.00 | |
| 05/03/10 | Meal Per Diem (B,L,D) | | | | $56.00 | |
| 05/04/10 | Meal Per Diem (B,L,D) | | | | $ 56.00 | |
| 05/05/10 | Meal Per Diem (B,L,D) | | | | $ 56.00 | |
| 05/06/10 | Meal Per Diem (B,L) | | | | $ 56.00 | |
| 05/07/10 | Meal Per Diem (B,L) | | | | $ 31.00 | |
| | | | | | $ 31.00 | |

PREPARED BY: Kia M. Graham | TELEPHONE NUMBER: 206-262-2519 | DATE: 10 MAY 2010 | AGENCY APPROVAL [signature] | DATE 5/17/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOO | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | GC | | | | | | WAJB | | | 40.00 | mileage |
| | 210 | | 001 | 011 | 271 | AD | | | | | | WAJB | | | 609.25 | taxis / baggage fees |
| | 210 | | 001 | 011 | 271 | EG | | | | | | WAJB | | | 425.00 | reg. fee |
| | 210 | | 001 | 011 | 271 | GA | | | | | | WAJB | | | 893.50 | meals / lodging |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 1962.75 | WARRANT NUMBER

S-1776 D 635

PayPal

Log Out | Help | Security Center Search

My Account | Send Money | Request Money | Merchant Services | Products & Services | Community

Overview | Add Funds | Withdraw | History | Resolution Center | Profile

# Transaction Details

**Shopping Cart Payment Sent** (Unique Transaction ID #37U41623AE4326602)

Original Transaction

| Date | Type | Status | Details | Amount |
|---|---|---|---|---|
| Mar 17, 2010 | Payment To LEIU | Completed | ... | -$425.00 USD |

Related Transaction

| Date | Type | Status | Details | Amount |
|---|---|---|---|---|
| Mar 17, 2010 | Charge From Credit Card | Completed | Details | $425.00 USD |

**Business Name:** LEIU (The recipient of this payment is **Verified**)
**Email:** bob.morehouse@doj.ca.gov
**Payment Sent to:** bob.morehouse@doj.ca.gov

**Shopping Cart Contents**

| Qty | Item | Options | Price |
|---|---|---|---|
| 1 | LEIU Registration<br>Item # Graham, Kia M | | $425.00 USD |
| | | **Amount** | $425.00 USD |

**Order Description:** Shopping Cart
**Item Total:** $425.00 USD
**Shipping:** $0.00 USD
**Handling:** $0.00 USD

**Total Amount:** -$425.00 USD
**Fee amount:** $0.00 USD
**Net amount:** -$425.00 USD

**Date:** Mar 17, 2010
**Time:** 15:08:10 PDT
**Status:** Completed

**Shipping Address:** [redacted]

United States
Confirmed

**Business Contact Information**

**Customer Service URL:** http://www.leiu-homepage.org
**Customer Service Email:** bob.morehouse@doj.ca.gov
**Customer Service Phone:** 916-227-7880

**Funding Type:** Credit Card
**Funding Source:** $425.00 USD - MasterCard Card XXXX-XXXX-XXXX-3043

This credit card transaction will appear on your bill as "PAYPAL *LEIU".

Need help? If you have problems with a transaction or would like assistance settling a dispute with your seller, visit the Resolution Center. PayPal strongly recommends attempting to resolve this issue directly with the merchant or seller whenever possible.

**Description:** Shopping Cart

Return to My Account

About Us | Contact Us | Legal Agreements | Privacy | Fees | Site Feedback

Copyright © 1999-2010 PayPal. All rights reserved.
Information about FDIC pass-through insurance

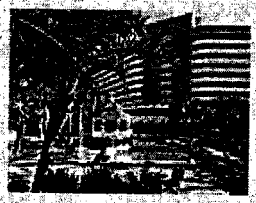
**Kia Graham**

**From:** Hilton Hotels Confirmed [hiltonhotels@res.hilton.com]
**Sent:** Monday, April 26, 2010 2:02 PM
**To:** Kia Graham
**Subject:** Hilton Hotels Confirmation #3378073198

Hilton

"Travel should take you places"

# Your reservation is confirmed



## Hilton, located in the WALT DISNEY WORLD Resort

1751 Hotel Plaza Boulevard
Lake Buena Vista, FL
United States, 32830
Tel: 407-827-4000
Fax: 407-827-3890

Directions to Hotel
5-Day Weather Forecast
Local Guide



**Hilton Requests Upon Arrival™**
Arrange for amenities in your room prior to your arrival. Pre-order snacks, extra towels and more*!

**Confirmation Number:** **3378073198**

> Click here to view or edit your reservation.

| | |
|---|---|
| Name: | Kia Graham |
| Arrival Date: | 02 May 2010 |
| Departure Date: | 07 May 2010 |
| Check-in Time: | 3:00 PM |
| Check-out Time: | 11:00 AM |

**UNIQUE UPGRADE OPPORTUNITY**

PLEASE READ - Regarding This Reservation

**There may be times when premium rooms are still available and can be offered at check-in for as little as $18 extra per night.**

Request Discounted Room Upgrade  Learn More

**Rate Information:**
Rate Type:
GOVERNMENT SPECIAL
Rate per night: 108.00 USD
Total for Stay per Room:

| | |
|---|---|
| Rate | 540.00 USD |
| Taxes | 67.50 USD |
| Total | 607.50 USD |

**Total for Stay:** **607.50 USD**
Includes estimated taxes and service charges. (Gratuities not included.)

**Tax:**
- There is a 12.50% Per Room Per Night tax.

**Resort Charges:**
- No Resort Service Fee

**Additional Charges:**
- Valet parking: 16.00/night Self parking: 10.00/night

**Rate Rules and Cancellation Policy:**
- Please contact us should you need to cancel your reservation.


Make the Most of Your Stays
Join Hilton HHonors™. Stay at a participating hotel in the Hilton Worldwide portfolio and you're on you way to earning free nights.

Join Now

Book your next stay now

Earn up to 30,000 HHonors points with the no-annual fee Hilton HHonors Card from American Express®. Earn 20,000 HHonors bonus points after your first purchase on the card! Click here to learn more and apply.

HHONORS
HILTON WORLDWIDE

- Your reservation is guaranteed by a deposit o ..50 USD that has been/will be charged to your credit card.
- Cancellations are required by 11:59 PM on 27 Apr 2010 local hotel time to avoid cancellation penalties.

**Room Information:**

| | |
|---|---|
| Rooms: | 1 |
| Clients: | 1 Adult |
| Room Type: | 2 DOUBLE BEDS |
| Preferences: | Non-Smoking |

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

**Comments and Requests:**
NS RQST, ,

## To Help You Along on Your Journey...

**Our Hotel:**
. Tour the Hotel
. Accommodations
. Hotel Factsheet

**Services and Amenities:**
. Energize with Hilton Fitness by Precor
. Hotel Services and Amenities

**Dining Options:**
. Our Restaurants

**Visit Hilton.com for great specials, packages and products.**
Sign up to receive weekly email offers and click here to shop for your favorite Hilton products.

* Service of alcoholic beverages is subject to state and local laws. Must be of legal drinking age. Hilton Requests Upon Arrival™ items are subject to availability.

If you need to MODIFY or CANCEL your reservation, click here.
Any change to the arrival date, departure date or room type of this reservation is subject to the hotel's availability at the time the change is requested and may result in a possible rate change or an additional fee. For example, shortening or lengthening your reservation is subject to availability and may not be possible at a later date. For more information, please click here to see all the rules and restrictions applicable to this reservation.

If you have questions regarding your reservation, please contact Hilton Reservations and Customer Care at 1-800-HILTONS (445-8667), visit us at www.hilton.com, or email us at confirmationhelp@hiltonres.com.

Hilton HHonors membership, earning of Points & Miles®, and redemption of points are subject to HHonors Terms and Conditions.

ABOUT THIS EMAIL
Please do not reply to this email. Mail sent to this address cannot be answered. For a full description of our privacy policy, please click here.

Update Your Profile
Ensure you receive the most relevant information from Hilton Worldwide and manage your email subscriptions by signing in and updating your profile.

Unsubscribe
To unsubscribe from all marketing email from Hilton Worldwide, please send an email with the subject line "Unsubscribe" to e_opt_out@hilton.com. Opting out from all Hilton Worldwide marketing email will prevent you from receiving your monthly HHonors My Way Activity Statement.

Please allow up to 10 business days for processing opt-out requests. You will continue to receive transactional email messages such as reservation confirmations.

If you prefer to unsubscribe via postal mail, please send your name, HHonors Account Number (if applicable) and email

Hilton
in the WALT DISNEY WORLD® Resort

Post Office Box 22781
1 Hotel Plaza Blvd. • Lake Buena Vista, FL 32830
Phone (407) 827-4000 • Fax (407) 827-3890
Reservations
www.hilton-wdwv.com or 1 800 HILTONS

Name & Address

GRAHAM, KIA
[redacted]

Room 690/K1RRC
Arrival Date 5/2/2010 6:58:00PM
Departure Date 5/7/2010 10:55:00AM I

Adult/Child 1/0
Room Rate 108.00

RATE PLAN L-G3

HH#
AL:
BONUS AL: CAR:

CONFIRMATION NUMBER : 3378073198

5/7/2010 PAGE 1

# FOLIO

| DATE | DESCRIPTION | ID | REF. NO | CHARGES | CREDITS | BALANCE |
|---|---|---|---|---|---|---|
| 3/18/2010 | MC *3043 | RDIAZ | 5969708 | | $190.13 | |
| 5/2/2010 | GUEST ROOM | VAYLLON | 6091615 | $108.00 | | |
| 5/2/2010 | ROOM TAX (12.5%) | VAYLLON | 6091615 | $13.50 | | |
| 5/3/2010 | *COVINGTON MILL | LINTR | 6092255 | $30.00 | | - personal charge |
| 5/3/2010 | GUEST ROOM | VAYLLON | 6094183 | $108.00 | | |
| 5/3/2010 | ROOM TAX (12.5%) | VAYLLON | 6094183 | $13.50 | | |
| 5/4/2010 | GUEST ROOM | VAYLLON | 6096483 | $108.00 | | |
| 5/4/2010 | ROOM TAX (12.5%) | VAYLLON | 6096483 | $13.50 | | |
| 5/5/2010 | GUEST ROOM | JMORA01 | 6098859 | $108.00 | | |
| 5/5/2010 | ROOM TAX (12.5%) | JMORA01 | 6098859 | $13.50 | | |
| 5/6/2010 | GUEST ROOM | JMORA01 | 6101235 | $108.00 | | |
| 5/6/2010 | ROOM TAX (12.5%) | JMORA01 | 6101235 | $13.50 | | |
| 5/7/2010 | *ROOM SERVICE | LINTR | 6102303 | $25.29 | | - personal charge |
| 5/7/2010 | MC *3043 | ADRIANE | 6102407 | | $472.66 | |
| | BALANCE | | | | | $0.00 |

ACCOUNT NO.
MC *3043

DATE OF CHARGE
5/2/2010

FOLIO NO./CHECK NO.
814685 A

CARD MEMBER NAME
GRAHAM, KIA

AUTHORIZATION
00275P

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

THANK YOU FOR STAYING WITH US. PLEASE VISIT WWW.HILTON-WDWV.COM TO MAKE YOUR NEXT RESERVATION WITH US.

WE HOPE YOU ENJOYED YOUR STAY AND WILL RETURN HOME SAFELY.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

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

PAYMENT DUE UPON RECEIPT

TheHiltonFamily | Hilton | CONRAD | DOUBLETREE | EMBASSY SUITES | Hampton Inn | Hampton Inn & Suites | Hilton Garden Inn | HOMEWOOD SUITES by Hilton

travelocity | Travel Confirmation



**Kia,**

Thank you for booking your travel with Travelocity.

**Your Travelocity Trip ID is: 4007 6152 4654**

You can view your Trip Details by logging onto Travelocity.com

If any issues arise with your reservation before or during your trip, please contact us immediately.

| **Customer Support** | | | |
|---|---|---|---|
| In the US | 1.888.872.8356 | 24 hours/7 days a week | How to change my trip |
| Outside the US | 1.210.521.5871 | 24 hours/7 days a week | How to cancel my trip |
| En Español | 1.866.828.3933 | 7am - 10pm CST | Email Travelocity |

**Flights**

1 Round-Trip Ticket

All flight times are local to each city.

Please check in with **Alaska Airlines** on the day of departure for your boarding pass.

**Sun, May 2, 2010**

Online check-in code: QJ4VFH

**Depart:** 06:00 am — Seattle/Tacoma, WA (SEA)
**Arrive:** 08:40 am — Los Angeles, CA (LAX)

Delta Air Lines, Flight 9002
Operated by
ALASKA AIRLINES

Travel time: 2 hrs 40 mins

1 Stop - change planes in Los Angeles, CA (LAX)
Connection Time: 1 hr 35 mins

**Depart:** 10:15 am — Los Angeles, CA (LAX)
**Arrive:** 06:04 pm — Orlando, FL (MCO)

Delta Air Lines, Flight 1061

Travel time: 4 hrs 49 mins
Seat request: 22F

**Fri, May 7, 2010**

Online check-in code: AJXFLN

**Depart:** 06:30 pm — Orlando, FL (MCO)
**Arrive:** 07:40 pm — Houston, TX (IAH)

Continental Airlines, Flight 1687

Travel time: 2 hrs 10 mins
Seat request: 23F

1 Stop - change planes in Houston, TX (IAH)
Connection Time: 1 hr 35 mins

**Depart:** 09:15 pm
**Arrive:** 11:45 pm

Houston, TX (IAH)
Seattle/Tacoma, WA (SEA)

Continental Airlines, Flight 467

Travel time: 4 hrs 30 mins
Seat request: 19F

**Passengers**
KIA GRAHAM

**E-ticket Numbers**
0067747880168

**Frequent Flier Information**
Add your number at the airport.

Flight policies

**Travel Protection**

**Confirmation number: GB350582**

You have added the Travel Protection Plan to your travel arrangements for the following passengers:
KIA GRAHAM

Please see the Description of Coverage for further information.

**Pricing**

| | |
|---|---|
| 1 Adult: | $248.00 |
| Taxes & Fees: | $41.30 |
| **Ticket Total:** | **$289.30** |
| Travel Protection - 1 plan: | $19.95 |
| **Total:** | **$309.25** |

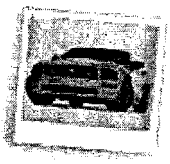
We charged a total of $309.25 to your MasterCard® xxxx-xxxx-xxxx-3043.

**Complete Your Travel Plans for Orlando**



**Add a Hotel**
3-Stars: Nickelodeon Suites Resort from **$79** / night
3-Stars: Hyatt Place Orlando Universal from **$109** / night
4-Stars: Buena Vista Palace from **$155** / night

More hotel deals



**Add a Car**
From compacts to SUVs, we've got cars well-suited for your time behind the wheel.

More car deals

**Add an Activity**
Walt Disney World - Orlando, Florida from **$264**
Universal Orlando from **$71**
SeaWorld Orlando from **$59**

More things to do

Continental Airlines

## eTicket Itinerary and Receipt

Continental Airlines

| Day | Date | Flight | Depart | Time | Arrive | Time | Equip | Meal |
|---|---|---|---|---|---|---|---|---|
| Sun | 02MAY10 | DL1061T | Los Angeles | 10:15 AM | Orlando | 6:04 PM | | |
| Fri | 07MAY10 | CO1687T | Orlando | 6:30 PM | Houston-Bush Intl | 7:40 PM | 757-300 | Snack |
| Fri | 07MAY10 | CO467T | Houston-Bush Intl | 9:15 PM | Seattle/Tacoma | 11:45 PM | | |

**GRAHAM/KIA** **Confirmation Number: AJXFLN**

GRAHAM/KIA ---/---/--- 0067747880168

Fare: 230.70 Tax: 58.60 Per Person: 289.30 eTicket Total: 289.30 Issue Date: March 17, 2010

Method of Payment:MasterCard XXXXXXXXXXXX3043

Fare Rules:Additional charges may apply for changes in add' This ticket will expire one year from date of issue

A STAR ALLIANCE MEMBER

Continental Airlines

## Baggage Receipt

Issue Date: 07 MAY 2010 MCO ATO

Continental Airlines

| Baggage Document | Description | Qty | Fees |
|---|---|---|---|
| 0052600893170 0 | First Bag Fee | 1 | $25.00 |
| | Overweight Fees (51 - 70 lbs.) | 1 | $50.00 |

**Method of Payment**
MasterCard XXXXXXXXXXXX3043

**Ticket Number**
0067747880168 3

**Cardholder Name**
KIA MARIE GRAHAM

**BAGGAGE FEES** Total Fees **USD $75.00** Confirmation: **AJXFLN**

**Excess Baggage Terms and Conditions:**

* Additional baggage is subject to space availability
* Receipt for payment must be presented at bag check.
* For refunds or adjustments, see a Continental representative

| Carrier | Routing |
|---|---|
| CO | MCO - IAH |
| CO | IAH - SEA |

**CUSTOMER COPY**

AGENT REFERENCE: GG ESC BAG

A STAR ALLIANCE MEMBER

Instant Travel

Alaska Airlines / Horizon Air

## ADDITIONAL FEES RECEIPT *PAID BAGS*

| Seat | Flight | From | To | Boards | Gate | Date |
|---|---|---|---|---|---|---|
| | 454 T | Seattle | Los Angeles | 5:30 AM | C14 | 02MAY10 |
| | 1061 T | Los Angeles | Orlando | 9:45 AM | | |

Operated by Delta Air Lines Inc

TICKET DATE: 02MAY10

RECORD LOCATOR: BYLKHL

GRAHAM/KIA

15.00 USD

TICKET:0272149992378

FOP:VIXXXXXXXXXXXX6305

From Airport Orlando

To Hilton Walt Disney World Resort

Driver

Cab No.

Date May 2, 2010 Amount $60.00

*Thank you for letting us serve your transportation needs.*
*We hope you enjoyed the ride.*

☐ **Return Trip Ticket** ☒ **Receipt Only**

Received From: Driver

Amount: $60.00

Transportation From: Hilton Hotel

To: Orlando Airport.

Date: 01 May 2010

**MEARS MOTOR SHUTTLE** M1083

STITA TAXI
DATE: 02-05-2010
TIME: 03:56
MDT ID: 528
BADGE#: 9085

JOB ID: 0
METER: 825

PICKUP: 1004
DROPOFF: 1002

FARE: 32.00
TIP: 8.00

TOTAL 40.00

FROM SEATAC AIRPORT TO:

STITA TAXI 206.246.9999
WWW.STITATAXI.COM

**OWNER DRIVERS** Date: 1 May 10

Received of: Kia Graham

THE SUM OF: $45.00 ¢ YOUR RECEIPT **PAID**

From: SeaTac Airport

To: Olympic Parking Garage

Cab No. Driver:

**2450 - 6th AVE. SOUTH • SEATTLE • BUSINESS 292-0569**

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE) — 30 APR 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon

DATE GOODS/SERVICES RECEIVED 1-30 Apr 2010 4/30/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Apr 10 | Analytical services for April 2010 (Kia Graham) | 173 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 30 Apr 10
AGENCY APPROVAL:
DATE: 5/4/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 240 | | 001 | 011 | 271 | CE | | | | | | WAT8 | | | $8650- | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

TO BFS 5-5-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2010 mm/dd/yr - Ending 4/30/2010 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Apr | 1 | 10 | Analyst, WSP, WSFC |
| Apr | 2 | 11 | Analyst, WSP, WSFC |
| Apr | 3 | 0 | Regular Day Off |
| Apr | 4 | 0 | Regular Day Off |
| Apr | 5 | 12 | Analyst, WSP, WSFC |
| Apr | 6 | 11.5 | Analyst, WSP, WSFC |
| Apr | 7 | 11 | Analyst, WSP, WSFC |
| Apr | 8 | 11 | Analyst, WSP, WSFC |
| Apr | 9 | 8.5 | Analyst, WSP, WSFC |
| Apr | 10 | 0 | Regular Day Off |
| Apr | 11 | 0 | Regular Day Off |
| Apr | 12 | 0 | Reserve Duty |
| Apr | 13 | 0 | Reserve Duty |
| Apr | 14 | 0 | Reserve Duty |
| Apr | 15 | 0 | Reserve Duty |
| Apr | 16 | 0 | Reserve Duty |
| Apr | 17 | 0 | Regular Day Off |
| Apr | 18 | 0 | Regular Day Off |
| Apr | 19 | 9 | Analyst, WSP, WSFC |
| Apr | 20 | 11 | Analyst, WSP, WSFC |
| Apr | 21 | 10 | Analyst, WSP, WSFC |
| Apr | 22 | 0 | Requested Time Off |
| Apr | 23 | 11.5 | Analyst, WSP, WSFC |
| Apr | 24 | 0 | Regular Day Off |
| Apr | 25 | 0 | Regular Day Off |
| Apr | 26 | 12.5 | Analyst, WSP, WSFC |
| Apr | 27 | 11 | Analyst, WSP, WSFC |
| Apr | 28 | 11 | Analyst, WSP, WSFC |
| Apr | 29 | 11 | Analyst, WSP, WSFC |
| Apr | 30 | 11 | Analyst, WSP, WSFC |
| | | | |
| Total Hours: | | 173 | |

[signature] 30Apr 2010
Contractor Signature/Date

Sgt Debra Helcick
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

[signature] 4/30/2010
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE)

6 APR 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Larmon

DATE GOODS/SERVICES RECEIVED 1-31 Mar 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Mar 10 | Analytical services for Mar 2010 (Kia Graham) | 173 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 5 Apr 10 | AGENCY APPROVAL | DATE 4/6/10

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WAT8 | | | $8650- | March |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

T. Pgs 4-7-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2010 (mm/dd/yr) - Ending 3/31/2010 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Mar | 1 | 9.5 | Analyst, WSP, WSFC |
| Mar | 2 | 11.5 | Analyst, WSP, WSFC |
| Mar | 3 | 10 | Analyst, WSP, WSFC |
| Mar | 4 | 9 | Analyst, WSP, WSFC |
| Mar | 5 | 11 | Analyst, WSP, WSFC |
| Mar | 6 | 0 | Regular Day Off |
| Mar | 7 | 0 | Regular Day Off |
| Mar | 8 | 0 | Reserve Duty |
| Mar | 9 | 12 | Analyst, WSP, WSFC |
| Mar | 10 | 11.5 | Analyst, WSP, WSFC |
| Mar | 11 | 10.5 | Analyst, WSP, WSFC |
| Mar | 12 | 10 | Analyst, WSP, WSFC |
| Mar | 13 | 0 | Regular Day Off |
| Mar | 14 | 0 | Regular Day Off |
| Mar | 15 | 12 | Analyst, WSP, WSFC |
| Mar | 16 | 12 | Analyst, WSP, WSFC |
| Mar | 17 | 9 | Analyst, WSP, WSFC |
| Mar | 18 | 9 | Analyst, WSP, WSFC |
| Mar | 19 | 9 | Analyst, WSP, WSFC |
| Mar | 20 | 0 | Regular Day Off |
| Mar | 21 | 0 | Regular Day Off |
| Mar | 22 | 0 | Analyst, WSP, WSFC |
| Mar | 23 | 0 | Analyst, WSP, WSFC |
| Mar | 24 | 0 | Analyst, WSP, WSFC |
| Mar | 25 | 0 | Analyst, WSP, WSFC |
| Mar | 26 | 0 | Analyst, WSP, WSFC |
| Mar | 27 | 0 | Regular Day Off |
| Mar | 28 | 0 | Regular Day Off |
| Mar | 29 | 9 | Analyst, WSP, WSFC |
| Mar | 30 | 9 | Analyst, WSP, WSFC |
| Mar | 31 | 9 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31 MAR 2010
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B LADENER
Local Reviewer Name

5 APR '10
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE)

2MAR10 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon

DATE GOODS/SERVICES RECEIVED 1-28 Feb 2010 3/2/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-28 Feb 10 | Analytical services for Feb 2010 (Kia Graham) | 173 | Hour | 50.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 2 Mar 10 | AGENCY APPROVAL [signature] | DATE 3/2/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WAJ8 | | | $86.50 | February |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $86.50 | WARRANT NUMBER

0006/007

# CONTRACTOR SERVICE HOURS

**Period:** 2/1/2010 (mm/dd/yr) - 2/28/2010 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Feb | 1 | 0 | Requested Time Off |
| Feb | 2 | 0 | Requested Time Off |
| Feb | 3 | 0 | Requested Time Off |
| Feb | 4 | 0 | Requested Time Off |
| Feb | 5 | 0 | Requested Time Off |
| Feb | 6 | 0 | Regular Day Off |
| Feb | 7 | 0 | Regular Day Off |
| Feb | 8 | 0 | Requested Time Off |
| Feb | 9 | 0 | Requested Time Off |
| Feb | 10 | 0 | Requested Time Off |
| Feb | 11 | 0 | Requested Time Off |
| Feb | 12 | 0 | Requested Time Off |
| Feb | 13 | 0 | Requested Time Off |
| Feb | 14 | 7 | Analyst, WSP, WSFC |
| Feb | 15 | 14 | Analyst, WSP, WSFC |
| Feb | 16 | 13 | Analyst, WSP, WSFC |
| Feb | 17 | 14 | Analyst, WSP, WSFC |
| Feb | 18 | 14 | Analyst, WSP, WSFC |
| Feb | 19 | 9 | Analyst, WSP, WSFC |
| Feb | 20 | 13.5 | Analyst, WSP, WSFC |
| Feb | 21 | 12.5 | Analyst, WSP, WSFC |
| Feb | 22 | 13 | Analyst, WSP, WSFC |
| Feb | 23 | 12.5 | Analyst, WSP, WSFC |
| Feb | 24 | 8 | Analyst, WSP, WSFC |
| Feb | 25 | 8.5 | Analyst, WSP, WSFC |
| Feb | 26 | 9 | Analyst, WSP, WSFC |
| Feb | 27 | 12.5 | Analyst, WSP, WSFC |
| Feb | 28 | 12.5 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

28 Feb 2010
Contractor Signature/Date

LANCE B LAWINGS
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

03/02/2010 TUE 5:39 FAX

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc. (TITLE)
2 Feb 10 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon

DATE GOODS/SERVICES RECEIVED 1-31 Jan 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jan 10 | Analytical services for Jan 2010 (Kia Graham) | 173 | Hour | 50.00 | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 2 Feb 10
AGENCY APPROVAL:
DATE: 2/3/10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WA18 | | | $865.00 | January |

ACCOUNTING APPROVAL FOR PAYMENT
DATE
WARRANT TOTAL: $865.00
WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

003

Name: Kit Graham

Period: Beginning 1/1/2010 mm/dd/yr - Ending 1/31/2010 mm/dd/yr

Location: 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jan | 1 | 0 | National Holiday - New Years Day |
| Jan | 2 | 0 | Regular Day Off |
| Jan | 3 | 0 | Regular Day Off |
| Jan | 4 | 8 | Analyst, WSP, WSFC |
| Jan | 5 | 10.5 | Analyst, WSP, WSFC |
| Jan | 6 | 10 | Analyst, WSP, WSFC |
| Jan | 7 | 9.5 | Analyst, WSP, WSFC |
| Jan | 8 | 0 | Reserve Duty |
| Jan | 9 | 0 | Regular Day Off |
| Jan | 10 | 0 | Regular Day Off |
| Jan | 11 | 0 | Reserve Duty |
| Jan | 12 | 10 | Analyst, WSP, WSFC |
| Jan | 13 | 10 | Analyst, WSP, WSFC |
| Jan | 14 | 10.5 | Analyst, WSP, WSFC |
| Jan | 15 | 12.5 | Analyst, WSP, WSFC |
| Jan | 16 | 0 | Regular Day Off |
| Jan | 17 | 0 | Regular Day Off |
| Jan | 18 | 8 | Analyst, WSP, WSFC |
| Jan | 19 | 9.5 | Analyst, WSP, WSFC |
| Jan | 20 | 10 | Analyst, WSP, WSFC |
| Jan | 21 | 10 | Analyst, WSP, WSFC |
| Jan | 22 | 9 | Analyst, WSP, WSFC |
| Jan | 23 | 0 | Regular Day Off |
| Jan | 24 | 0 | Regular Day Off |
| Jan | 25 | 13 | Analyst, WSP, WSFC |
| Jan | 26 | 14 | Analyst, WSP, WSFC |
| Jan | 27 | 13 | Analyst, WSP, WSFC |
| Jan | 28 | 5.5 | Analyst, WSP, WSFC |
| Jan | 29 | 0 | Requested Time Off |
| Jan | 30 | 0 | Regular Day Off |
| Jan | 31 | 0 | Regular Day Off |
| Total Hours: | | 173. | |

28JAN2010

Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B MATTOS

Local Reviewer Name

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
30 DEC 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY SSgt/SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 Dec 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Dec 11 | Analytical services for Dec 2011 (Kia Graham) | 153 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 30 Dec 11
AGENCY APPROVAL:
DATE: 12-29-11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21D | | 001 | 014 | 271 | CE | | | | | | | | | $8262- | Dec Inv |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $8262- | WARRANT NUMBER

**Washington State Patrol**

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2011 mm/dd/yr - Ending 12/31/2011 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Dec | 1 | 9 | Analyst, WSP, WSFC |
| Dec | 2 | 12 | Analyst, WSP, WSFC |
| Dec | 3 | 0 | Regular Day Off |
| Dec | 4 | 0 | Regular Day Off |
| Dec | 5 | 0 | Reserve Duty |
| Dec | 6 | 0 | Reserve Duty |
| Dec | 7 | 0 | Reserve Duty |
| Dec | 8 | 0 | Reserve Duty |
| Dec | 9 | 0 | Reserve Duty |
| Dec | 10 | 0 | Regular Day Off |
| Dec | 11 | 0 | Regular Day Off |
| Dec | 12 | 9.5 | Analyst, WSP, WSFC |
| Dec | 13 | 7.5 | Analyst, WSP, WSFC |
| Dec | 14 | 9.5 | Analyst, WSP, WSFC |
| Dec | 15 | 10 | Analyst, WSP, WSFC |
| Dec | 16 | 8.5 | Analyst, WSP, WSFC |
| Dec | 17 | 0 | Regular Day Off |
| Dec | 18 | 0 | Regular Day Off |
| Dec | 19 | 8 | Analyst, WSP, WSFC |
| Dec | 20 | 8 | Analyst, WSP, WSFC |
| Dec | 21 | 10 | Analyst, WSP, WSFC |
| Dec | 22 | 7 | Analyst, WSP, WSFC |
| Dec | 23 | 8 | Analyst, WSP, WSFC |
| Dec | 24 | 0 | Regular Day Off |
| Dec | 25 | 0 | Regular Day Off |
| Dec | 26 | 9 | Analyst, WSP, WSFC |
| Dec | 27 | 8 | Analyst, WSP, WSFC |
| Dec | 28 | 10 | Analyst, WSP, WSFC |
| Dec | 29 | 10 | Analyst, WSP, WSFC |
| Dec | 30 | 9 | Analyst, WSP, WSFC |
| Dec | 31 | 0 | Regular Day Off |
| Total Hours: | | 153 | |

30-Dec-11
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B LADENSS
Local Reviewer Name

30-Dec-11
Local Reviewer Signature/Date

FORM
**A19-1A**
(Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
30 Nov 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-30 Nov 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Nov 11 | Analytical services for Nov 2011 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
| | | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 30 Nov 11
AGENCY APPROVAL: Rhonda Pual
DATE: 12/2/11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21D | | 001 | 01* | 771 | CE | | | | | | STC1 | | | $9342 | November |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 11/1/2011 (mm/dd/yr) - Ending 11/30/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Nov | 1 | 8 | Analyst, WSP, WSFC |
| Nov | 2 | 8 | Analyst, WSP, WSFC |
| Nov | 3 | 8 | Analyst, WSP, WSFC |
| Nov | 4 | 14 | Analyst, WSP, WSFC |
| Nov | 5 | 0 | Regular Day Off |
| Nov | 6 | 0 | Regular Day Off |
| Nov | 7 | 0 | Requested Time Off |
| Nov | 8 | 0 | Requested Time Off |
| Nov | 9 | 9.5 | Analyst, WSP, WSFC |
| Nov | 10 | 9 | Analyst, WSP, WSFC |
| Nov | 11 | 9 | Analyst, WSP, WSFC |
| Nov | 12 | 0 | Regular Day Off |
| Nov | 13 | 0 | Regular Day Off |
| Nov | 14 | 9.5 | Analyst, WSP, WSFC |
| Nov | 15 | 9 | Analyst, WSP, WSFC |
| Nov | 16 | 8 | Analyst, WSP, WSFC |
| Nov | 17 | 8.5 | Analyst, WSP, WSFC |
| Nov | 18 | 9 | Analyst, WSP, WSFC |
| Nov | 19 | 0 | Regular Day Off |
| Nov | 20 | 0 | Regular Day Off |
| Nov | 21 | 8.5 | Analyst, WSP, WSFC |
| Nov | 22 | 9.5 | Analyst, WSP, WSFC |
| Nov | 23 | 10.5 | Analyst, WSP, WSFC |
| Nov | 24 | 4 | Analyst, WSP, WSFC |
| Nov | 25 | 7 | Analyst, WSP, WSFC |
| Nov | 26 | 0 | Regular Day Off |
| Nov | 27 | 0 | Regular Day Off |
| Nov | 28 | 8 | Analyst, WSP, WSFC |
| Nov | 29 | 8 | Analyst, WSP, WSFC |
| Nov | 30 | 8 | Analyst, WSP, WSFC |
| | | | |
| Total Hours: | | 173 | |

30-Nov-11

Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B LADINES

Local Reviewer Name

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

ST. OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
7 NOV 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 Oct 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Oct 11 | Analytical services for Oct 2011 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
| | | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 7 Nov 11
AGENCY APPROVAL: Rhonda Paul
DATE: 11/10/11

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | 5721 | | | $9342- | October |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL $9342-

WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2011 (mm/dd/yr) - Ending 10/31/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Oct | 1 | 0 | Regular Day Off |
| Oct | 2 | 0 | Regular Day Off |
| Oct | 3 | 0 | Reserve Duty |
| Oct | 4 | 9 | Analyst, WSP, WSFC |
| Oct | 5 | 8 | Analyst, WSP, WSFC |
| Oct | 6 | 9.5 | Analyst, WSP, WSFC |
| Oct | 7 | 8 | Analyst, WSP, WSFC |
| Oct | 8 | 0 | Regular Day Off |
| Oct | 9 | 0 | Regular Day Off |
| Oct | 10 | 8 | Analyst, WSP, WSFC |
| Oct | 11 | 4 | Analyst, WSP, WSFC |
| Oct | 12 | 8 | Analyst, WSP, WSFC |
| Oct | 13 | 8.5 | Analyst, WSP, WSFC |
| Oct | 14 | 8.5 | Analyst, WSP, WSFC |
| Oct | 15 | 0 | Regular Day Off |
| Oct | 16 | 0 | Regular Day Off |
| Oct | 17 | 10 | Analyst, WSP, WSFC |
| Oct | 18 | 8 | Analyst, WSP, WSFC |
| Oct | 19 | 8.5 | Analyst, WSP, WSFC |
| Oct | 20 | 8.5 | Analyst, WSP, WSFC |
| Oct | 21 | 8.5 | Analyst, WSP, WSFC |
| Oct | 22 | 0 | Regular Day Off |
| Oct | 23 | 0 | Regular Day Off |
| Oct | 24 | 9 | Analyst, WSP, WSFC |
| Oct | 25 | 10 | Analyst, WSP, WSFC |
| Oct | 26 | 9 | Analyst, WSP, WSFC |
| Oct | 27 | 9 | Analyst, WSP, WSFC |
| Oct | 28 | 9 | Analyst, WSP, WSFC |
| Oct | 29 | 0 | Regular Day Off |
| Oct | 30 | 0 | Regular Day Off |
| Oct | 31 | 12 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31-Oct-11
Contractor Signature/Date

LANCE B LARTIES
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

31-Oct-11
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 30 SEP 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Cadmas — DATE GOODS/SERVICES RECEIVED 1-30 Sep 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Sep 11 | Analytical services for Sep 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 30 Sep 11 | AGENCY APPROVAL: Tracy Gurley | DATE: 9-30-11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01K | 271 | CE | | | | | | S7C1 | | | $8996- | September |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8996- | WARRANT NUMBER

TO Fiscal 10-3-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2011 (mm/dd/yr) - Ending 9/30/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Sep | 1 | 10 | Analyst, WSP, WSFC |
| Sep | 2 | 8 | Analyst, WSP, WSFC |
| Sep | 3 | 0 | Regular Day Off |
| Sep | 4 | 0 | Regular Day Off |
| Sep | 5 | 8 | Analyst, WSP, WSFC |
| Sep | 6 | 10 | Analyst, WSP, WSFC |
| Sep | 7 | 9 | Analyst, WSP, WSFC |
| Sep | 8 | 12 | Analyst, WSP, WSFC |
| Sep | 9 | 8.5 | Analyst, WSP, WSFC |
| Sep | 10 | 0 | Regular Day Off |
| Sep | 11 | 8 | Analyst, WSP, WSFC |
| Sep | 12 | 8 | Analyst, WSP, WSFC |
| Sep | 13 | 5.5 | Analyst, WSP, WSFC |
| Sep | 14 | 8 | Analyst, WSP, WSFC |
| Sep | 15 | 8 | Analyst, WSP, WSFC |
| Sep | 16 | 0 | Requested Time Off |
| Sep | 17 | 0 | Regular Day Off |
| Sep | 18 | 0 | Regular Day Off |
| Sep | 19 | 8.5 | Analyst, WSP, WSFC |
| Sep | 20 | 9.5 | Analyst, WSP, WSFC |
| Sep | 21 | 8 | Analyst, WSP, WSFC |
| Sep | 22 | 9.5 | Analyst, WSP, WSFC |
| Sep | 23 | 2.5 | Analyst, WSP, WSFC |
| Sep | 24 | 0 | Regular Day Off |
| Sep | 25 | 0 | Regular Day Off |
| Sep | 26 | 8 | Analyst, WSP, WSFC |
| Sep | 27 | 0 | Requested Time Off |
| Sep | 28 | 8 | Analyst, WSP, WSFC |
| Sep | 29 | 8 | Analyst, WSP, WSFC |
| Sep | 30 | 8 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

30-Sep-11

Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B LADENES

Local Reviewer Name

30-Sep-11

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

31 AUG 2011 (DATE)

FEDERAL I.D. NO OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Wendy Ladines

DATE GOODS/SERVICES RECEIVED 1-31 August 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Aug 11 | Analytical services for Aug 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 31 Aug 11
AGENCY APPROVAL:
DATE: 8/30/11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORK CLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MCS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21D | | 001 | 014 | 271 | LE | | | | | | S7C1 | | | $8996 - | August |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL $8996 -

WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2011 (mm/dd/yr) - Ending 8/31/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Aug | 1 | 8 | Analyst, WSP, WSFC |
| Aug | 2 | 8 | Analyst, WSP, WSFC |
| Aug | 3 | 8 | Analyst, WSP, WSFC |
| Aug | 4 | 8 | Analyst, WSP, WSFC |
| Aug | 5 | 8 | Analyst, WSP, WSFC |
| Aug | 6 | 0 | Regular Day Off |
| Aug | 7 | 0 | Regular Day Off |
| Aug | 8 | 0 | Requested Time Off |
| Aug | 9 | 8 | Analyst, WSP, WSFC |
| Aug | 10 | 8 | Analyst, WSP, WSFC |
| Aug | 11 | 9 | Analyst, WSP, WSFC |
| Aug | 12 | 9 | Analyst, WSP, WSFC |
| Aug | 13 | 0 | Regular Day Off |
| Aug | 14 | 0 | Regular Day Off |
| Aug | 15 | 9 | Analyst, WSP, WSFC |
| Aug | 16 | 8.5 | Analyst, WSP, WSFC |
| Aug | 17 | 0 | Requested Time Off |
| Aug | 18 | 7.5 | Analyst, WSP, WSFC |
| Aug | 19 | 8 | Analyst, WSP, WSFC |
| Aug | 20 | 0 | Regular Day Off |
| Aug | 21 | 0 | Regular Day Off |
| Aug | 22 | 8.5 | Analyst, WSP, WSFC |
| Aug | 23 | 8.5 | Analyst, WSP, WSFC |
| Aug | 24 | 8 | Analyst, WSP, WSFC |
| Aug | 25 | 7 | Analyst, WSP, WSFC |
| Aug | 26 | 8 | Analyst, WSP, WSFC |
| Aug | 27 | 0 | Regular Day Off |
| Aug | 28 | 0 | Regular Day Off |
| Aug | 29 | 6 | Analyst, WSP, WSFC |
| Aug | 30 | 10 | Analyst, WSP, WSFC |
| Aug | 31 | 10 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31-Aug-11
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

31-Aug-11
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 1 AUG 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Larmen, SGT Ladines

DATE GOODS/SERVICES RECEIVED: 1-31 July 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jul 11 | Analytical services for July 2011 (Kia Graham) | 118 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 1 Aug11 | AGENCY APPROVAL: Tracy Gurk | DATE: 8-8-11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 014 | 271 | CE | | | | | | 5761 | | | $6136- | $6136- |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $6136- | WARRANT NUMBER

To Accrual 8/9/11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2011 mm/dd/yr - Ending 7/31/2011 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jul | 1 | 9 | Analyst, WSP, WSFC |
| Jul | 2 | 7 | Analyst, WSP, WSFC |
| Jul | 3 | 0 | Regular Day Off |
| Jul | 4 | 11 | Analyst, WSP, WSFC |
| Jul | 5 | 9.5 | Analyst, WSP, WSFC |
| Jul | 6 | 9 | Analyst, WSP, WSFC |
| Jul | 7 | 9 | Analyst, WSP, WSFC |
| Jul | 8 | 9 | Analyst, WSP, WSFC |
| Jul | 9 | 0 | Regular Day Off |
| Jul | 10 | 0 | Regular Day Off |
| Jul | 11 | 0 | Reserve Duty |
| Jul | 12 | 0 | Reserve Duty |
| Jul | 13 | 0 | Reserve Duty |
| Jul | 14 | 0 | Reserve Duty |
| Jul | 15 | 0 | Reserve Duty |
| Jul | 16 | 0 | Regular Day Off |
| Jul | 17 | 0 | Regular Day Off |
| Jul | 18 | 0 | Reserve Duty |
| Jul | 19 | 0 | Reserve Duty |
| Jul | 20 | 0 | Reserve Duty |
| Jul | 21 | 0 | Reserve Duty |
| Jul | 22 | 0 | Reserve Duty |
| Jul | 23 | 0 | Regular Day Off |
| Jul | 24 | 0 | Regular Day Off |
| Jul | 25 | 11 | Analyst, WSP, WSFC |
| Jul | 26 | 11 | Analyst, WSP, WSFC |
| Jul | 27 | 11 | Analyst, WSP, WSFC |
| Jul | 28 | 11 | Analyst, WSP, WSFC |
| Jul | 29 | 10.5 | Analyst, WSP, WSFC |
| Jul | 30 | 0 | Regular Day Off |
| Jul | 31 | 0 | Regular Day Off |
| Total Hours: | | 118 | |

29-Jul-11

Contractor Signature/Date

Local Reviewer Name

8-1-11

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A (Rev. 3/95)

ST. OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

30 JUN 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-30 June 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Jun 11 | Analytical services for June 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 30 Jun 11 | AGENCY APPROVAL | DATE 7/1/11

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21D | | 001 | 01* | 271 | LE | | | | | | 5721 | | | $8996 - | June |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8996 - | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2011 mm/dd/yr - Ending 6/30/2011 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jun | 1 | 9.5 | Analyst, WSP, WSFC |
| Jun | 2 | 12 | Analyst, WSP, WSFC |
| Jun | 3 | 9 | Analyst, WSP, WSFC |
| Jun | 4 | 0 | Regular Day Off |
| Jun | 5 | 0 | Regular Day Off |
| Jun | 6 | 9 | Analyst, WSP, WSFC |
| Jun | 7 | 6.5 | Analyst, WSP, WSFC |
| Jun | 8 | 9 | Analyst, WSP, WSFC |
| Jun | 9 | 6 | Analyst, WSP, WSFC |
| Jun | 10 | 0 | Reserve Duty |
| Jun | 11 | 0 | Regular Day Off |
| Jun | 12 | 0 | Regular Day Off |
| Jun | 13 | 8 | Analyst, WSP, WSFC |
| Jun | 14 | 8.5 | Analyst, WSP, WSFC |
| Jun | 15 | 8.5 | Analyst, WSP, WSFC |
| Jun | 16 | 5.5 | Analyst, WSP, WSFC |
| Jun | 17 | 9 | Analyst, WSP, WSFC |
| Jun | 18 | 0 | Regular Day Off |
| Jun | 19 | 0 | Regular Day Off |
| Jun | 20 | 8.5 | Analyst, WSP, WSFC |
| Jun | 21 | 9.5 | Analyst, WSP, WSFC |
| Jun | 22 | 6.5 | Analyst, WSP, WSFC |
| Jun | 23 | 8 | Analyst, WSP, WSFC |
| Jun | 24 | 8.5 | Analyst, WSP, WSFC |
| Jun | 25 | 0 | Regular Day Off |
| Jun | 26 | 0 | Regular Day Off |
| Jun | 27 | 8 | Analyst, WSP, WSFC |
| Jun | 28 | 8 | Analyst, WSP, WSFC |
| Jun | 29 | 8 | Analyst, WSP, WSFC |
| Jun | 30 | 7.5 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

Contractor Signature/Date 30-Jun-11

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE B LARSEN
Local Reviewer Name

(To ensure reimbursement, this form

Local Reviewer Signature/Date 30 JUN 2011

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE)

1 June 11 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 May 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 May 11 | Analytical services for May 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 1 Jun 11 | AGENCY APPROVAL | DATE 6/2/11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01-K | 271 | CE | | | | | | 5767 | | | $ 8996 - | May |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 8996 - | WARRANT NUMBER

To Accrual 6-2-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 5/1/2011 (mm/dd/yr) - Ending 5/31/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| May | 1 | 0 | Regular Day Off |
| May | 2 | 0 | Requested Time Off |
| May | 3 | 9.5 | Analyst, WSP, WSFC |
| May | 4 | 8.5 | Analyst, WSP, WSFC |
| May | 5 | 8.5 | Analyst, WSP, WSFC |
| May | 6 | 8.5 | Analyst, WSP, WSFC |
| May | 7 | 0 | Regular Day Off |
| May | 8 | 0 | Regular Day Off |
| May | 9 | 9.5 | Analyst, WSP, WSFC |
| May | 10 | 9.5 | Analyst, WSP, WSFC |
| May | 11 | 9 | Analyst, WSP, WSFC |
| May | 12 | 8.5 | Analyst, WSP, WSFC |
| May | 13 | 8 | Analyst, WSP, WSFC |
| May | 14 | 0 | Regular Day Off |
| May | 15 | 0 | Regular Day Off |
| May | 16 | 8 | Analyst, WSP, WSFC |
| May | 17 | 9 | Analyst, WSP, WSFC |
| May | 18 | 8.5 | Analyst, WSP, WSFC |
| May | 19 | 8.5 | Analyst, WSP, WSFC |
| May | 20 | 8 | Analyst, WSP, WSFC |
| May | 21 | 0 | Regular Day Off |
| May | 22 | 0 | Regular Day Off |
| May | 23 | 8.5 | Analyst, WSP, WSFC |
| May | 24 | 8.5 | Analyst, WSP, WSFC |
| May | 25 | 8.5 | Analyst, WSP, WSFC |
| May | 26 | 9 | Analyst, WSP, WSFC |
| May | 27 | 0 | Requested Time Off |
| May | 28 | 0 | Regular Day Off |
| May | 29 | 0 | Regular Day Off |
| May | 30 | 8.5 | Analyst, WSP, WSFC |
| May | 31 | 8.5 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31-May-11
Contractor Signature/Date

LANCE B LADENCS
Local Reviewer Name

6/01/11
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

06/01/2011 WED 14:02 FAX 008/009

FORM A19-1A (Rev. 3/95)

S C. WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

3 MAY 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-30 April 2011 5-2-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Apr 11 | Analytical services for Apr 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 3 May 11
AGENCY APPROVAL:
DATE: 5/4/11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | 5702 | | | $8996 - | April |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8996 - | WARRANT NUMBER

5-4-11 Pd 45241

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2011 mm/dd/yr - Ending 4/30/2011 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Apr | 1 | 0 | Reserve Duty |
| Apr | 2 | 0 | Regular Day Off |
| Apr | 3 | 0 | Regular Day Off |
| Apr | 4 | 10.5 | Analyst, WSP, WSFC |
| Apr | 5 | 11 | Analyst, WSP, WSFC |
| Apr | 6 | 10.5 | Analyst, WSP, WSFC |
| Apr | 7 | 10.5 | Analyst, WSP, WSFC |
| Apr | 8 | 8 | Analyst, WSP, WSFC |
| Apr | 9 | 0 | Regular Day Off |
| Apr | 10 | 0 | Regular Day Off |
| Apr | 11 | 9 | Analyst, WSP, WSFC |
| Apr | 12 | 8.5 | Analyst, WSP, WSFC |
| Apr | 13 | 10 | Analyst, WSP, WSFC |
| Apr | 14 | 10 | Analyst, WSP, WSFC |
| Apr | 15 | 8 | Analyst, WSP, WSFC |
| Apr | 16 | 0 | Regular Day Off |
| Apr | 17 | 0 | Regular Day Off |
| Apr | 18 | 9 | Analyst, WSP, WSFC |
| Apr | 19 | 8.5 | Analyst, WSP, WSFC |
| Apr | 20 | 8.5 | Analyst, WSP, WSFC |
| Apr | 21 | 8 | Analyst, WSP, WSFC |
| Apr | 22 | 9 | Analyst, WSP, WSFC |
| Apr | 23 | 0 | Regular Day Off |
| Apr | 24 | 0 | Regular Day Off |
| Apr | 25 | 9 | Analyst, WSP, WSFC |
| Apr | 26 | 9 | Analyst, WSP, WSFC |
| Apr | 27 | 8 | Analyst, WSP, WSFC |
| Apr | 28 | 8 | Analyst, WSP, WSFC |
| Apr | 29 | 0 | Reserve Duty |
| Apr | 30 | 0 | Regular Day Off |
| Total Hours: | | 173 | |

30-Apr-11

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President Operational Applications Inc (TITLE)
3 APR 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon / SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 March 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Mar 11 | Analytical services for Mar 2011 (Kia Graham) | 143 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 3 Apr 11 | AGENCY APPROVAL: [signature] | DATE: 4/7/11

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01X | 271 | CE | | | | | | S767 | | | $7436- | March |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7436- | WARRANT NUMBER

To Accrual 4-5-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2011 (mm/dd/yr) - Ending 3/31/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Mar | 1 | 0 | Requested Time Off |
| Mar | 2 | 0 | Requested Time Off |
| Mar | 3 | 0 | Requested Time Off |
| Mar | 4 | 0 | Requested Time Off |
| Mar | 5 | 0 | Regular Day Off |
| Mar | 6 | 0 | Regular Day Off |
| Mar | 7 | 0 | Requested Time Off |
| Mar | 8 | 0 | Requested Time Off |
| Mar | 9 | 0 | Requested Time Off |
| Mar | 10 | 0 | Requested Time Off |
| Mar | 11 | 9 | Analyst, WSP, WSFC |
| Mar | 12 | 0 | Regular Day Off |
| Mar | 13 | 0 | Regular Day Off |
| Mar | 14 | 11 5 | Analyst, WSP, WSFC |
| Mar | 15 | 11.5 | Analyst, WSP, WSFC |
| Mar | 16 | 11 5 | Analyst, WSP, WSFC |
| Mar | 17 | 11.5 | Analyst, WSP, WSFC |
| Mar | 18 | 11 | Analyst, WSP, WSFC |
| Mar | 19 | 4 | Analyst, WSP, WSFC |
| Mar | 20 | 0 | Regular Day Off |
| Mar | 21 | 9 | Analyst, WSP, WSFC |
| Mar | 22 | 7 5 | Analyst, WSP, WSFC |
| Mar | 23 | 11.5 | Analyst, WSP, WSFC |
| Mar | 24 | 9 | Analyst, WSP, WSFC |
| Mar | 25 | 11 | Analyst, WSP, WSFC |
| Mar | 26 | 3 | Analyst, WSP, WSFC |
| Mar | 27 | 0 | Regular Day Off |
| Mar | 28 | 0 | Sick Day |
| Mar | 29 | 0 | Sick Day |
| Mar | 30 | 11 | Analyst, WSP, WSFC |
| Mar | 31 | 11 | Analyst, WSP, WSFC |
| Total Hours: | | 143 | |

31-Mar-11

Contractor Signature/Date

LANCE C LADENES

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 2 MAR 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Harmon, SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-28 February 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-28 Feb 11 | Analytical services for Feb 2011 (Kia Graham) | 170 | Hour | 52.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 2 Mar 11 | AGENCY APPROVAL | DATE: 3/3/11

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | STC1 | | | $8840- | February |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8840- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2011 (mm/dd/yr) - Ending 2/28/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Feb | 1 | 11 | Analyst, WSP, WSFC |
| Feb | 2 | 10.5 | Analyst, WSP, WSFC |
| Feb | 3 | 8 | Analyst, WSP, WSFC |
| Feb | 4 | 11 | Analyst, WSP, WSFC |
| Feb | 5 | 0 | Regular Day Off |
| Feb | 6 | 0 | Regular Day Off |
| Feb | 7 | 11 | Analyst, WSP, WSFC |
| Feb | 8 | 10.5 | Analyst, WSP, WSFC |
| Feb | 9 | 8.5 | Analyst, WSP, WSFC |
| Feb | 10 | 11 | Analyst, WSP, WSFC |
| Feb | 11 | 10 | Analyst, WSP, WSFC |
| Feb | 12 | 0 | Regular Day Off |
| Feb | 13 | 0 | Regular Day Off |
| Feb | 14 | 8.5 | Analyst, WSP, WSFC |
| Feb | 15 | 9 | Analyst, WSP, WSFC |
| Feb | 16 | 9 | Analyst, WSP, WSFC |
| Feb | 17 | 9 | Analyst, WSP, WSFC |
| Feb | 18 | 9 | Analyst, WSP, WSFC |
| Feb | 19 | 8 | Analyst, WSP, WSFC |
| Feb | 20 | 0 | Regular Day Off |
| Feb | 21 | 11 | Analyst, WSP, WSFC |
| Feb | 22 | 11 | Analyst, WSP, WSFC |
| Feb | 23 | 4 | Analyst, WSP, WSFC |
| Feb | 24 | 0 | Requested Time Off |
| Feb | 25 | 0 | Requested Time Off |
| Feb | 26 | 0 | Regular Day Off |
| Feb | 27 | 0 | Regular Day Off |
| Feb | 28 | 0 | Requested Time Off |
| Total Hours: | | 170 | |

Kia Graham 28 Feb 2011
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Bruce B Hagues
Local Reviewer Name

(To ensure reimbursement, this

Bruce B Hagues
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 7 Feb 11 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Jarmon/SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-31 January 2011

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jan 11 | Analytical services for Jan 2011 (Kia Graham) | 173 | Hour | 52.00 | | |
| | Services performed under C090551PSC | | | | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 7 Feb 11 | AGENCY APPROVAL | DATE: 2/7/11

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | 5742 | | | $8996 - | January |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $8996 - | WARRANT NUMBER

No 4521 2-7-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2011 (mm/dd/yr) - Ending 1/31/2011 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jan | 1 | 0 | National Holiday |
| Jan | 2 | 0 | Regular Day Off |
| Jan | 3 | 9 | Analyst, WSP, WSFC |
| Jan | 4 | 10 | Analyst, WSP, WSFC |
| Jan | 5 | 10 | Analyst, WSP, WSFC |
| Jan | 6 | 10.5 | Analyst, WSP, WSFC |
| Jan | 7 | 10.5 | Analyst, WSP, WSFC |
| Jan | 8 | 0 | Regular Day Off |
| Jan | 9 | 0 | Regular Day Off |
| Jan | 10 | 8 | Analyst, WSP, WSFC |
| Jan | 11 | 8.5 | Analyst, WSP, WSFC |
| Jan | 12 | 9 | Analyst, WSP, WSFC |
| Jan | 13 | 9 | Analyst, WSP, WSFC |
| Jan | 14 | 10 | Analyst, WSP, WSFC |
| Jan | 15 | 0 | Regular Day Off |
| Jan | 16 | 0 | Regular Day Off |
| Jan | 17 | 10.5 | Analyst, WSP, WSFC |
| Jan | 18 | 11.5 | Analyst, WSP, WSFC |
| Jan | 19 | 10.5 | Analyst, WSP, WSFC |
| Jan | 20 | 11 | Analyst, WSP, WSFC |
| Jan | 21 | 10 | Analyst, WSP, WSFC |
| Jan | 22 | 0 | Regular Day Off |
| Jan | 23 | 0 | Regular Day Off |
| Jan | 24 | 10 | Analyst, WSP, WSFC |
| Jan | 25 | 5 | Analyst, WSP, WSFC |
| Jan | 26 | 5 | Analyst, WSP, WSFC |
| Jan | 27 | 5 | Analyst, WSP, WSFC |
| Jan | 28 | 0 | Requested Time Off |
| Jan | 29 | 0 | Regular Day Off |
| Jan | 30 | 0 | Regular Day Off |
| Jan | 31 | 0 | Requested Time Off |
| Total Hours: | | 173 | |

27-Jan-11

Contractor Signature/Date

LANCE B LADENES

Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
**A19-1A**
(Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

30 SEP 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY W Spencer Burns

DATE GOODS/SERVICES RECEIVED 9/30/12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Sep 12 | Analytical services for September 2012 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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COPY

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 30 Sep 12 | AGENCY APPROVAL | DATE: 10-1-12

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2W | | 001 | 0H* | 271 | CE | | | | | | STC2 | | | $9342- | September |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $9342- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2012 (mm/dd/yr) - Ending 9/30/2012 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Sep | 1 | 0 | Regular Day Off |
| Sep | 2 | 0 | Regular Day Off |
| Sep | 3 | 12 | Analyst, WSP, WSFC |
| Sep | 4 | 11 | Analyst, WSP, WSFC |
| Sep | 5 | 11 | Analyst, WSP, WSFC |
| Sep | 6 | 11 | Analyst, WSP, WSFC |
| Sep | 7 | 0 | Reserve Duty |
| Sep | 8 | 0 | Regular Day Off |
| Sep | 9 | 0 | Regular Day Off |
| Sep | 10 | 0 | Reserve Duty |
| Sep | 11 | 0 | Reserve Duty |
| Sep | 12 | 0 | Reserve Duty |
| Sep | 13 | 0 | Reserve Duty |
| Sep | 14 | 0 | Reserve Duty |
| Sep | 15 | 0 | Regular Day Off |
| Sep | 16 | 6 | Analyst, WSP, WSFC |
| Sep | 17 | 10 | Analyst, WSP, WSFC |
| Sep | 18 | 14 | Analyst, WSP, WSFC |
| Sep | 19 | 11 | Analyst, WSP, WSFC |
| Sep | 20 | 11 | Analyst, WSP, WSFC |
| Sep | 21 | 10 | Analyst, WSP, WSFC |
| Sep | 22 | 0 | Regular Day Off |
| Sep | 23 | 0 | Regular Day Off |
| Sep | 24 | 11.5 | Analyst, WSP, WSFC |
| Sep | 25 | 11.5 | Analyst, WSP, WSFC |
| Sep | 26 | 11 | Analyst, WSP, WSFC |
| Sep | 27 | 11 | Analyst, WSP, WSFC |
| Sep | 28 | 12 | Analyst, WSP, WSFC |
| Sep | 29 | 9 | Analyst, WSP, WSFC |
| Sep | 30 | 0 | Regular Day Off |
| Total Hours: | | 173 | |

29-Sep-12

Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

George R. Mars TIC

Local Reviewer Name

28-Sep-12

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

KIA M. GRAHAM
[redacted]

COPY

(Operational Applications, Inc. – Doug Larm)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

Owner / Sole Proprietor / Employee (TITLE) 9/19/2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 9-20-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/16/12 | Mileage: Seattle to Airway Heights, WA | 290 | mi | 0.51 | 147 90 | |
| 9/16/12 | MI&E (first day of travel – 75% of $61) | 0.75 | day | 61.00 | 45.75 | |
| 9/17/12 | MI&E (full per diem) | 1 | day | 61.00 | 61.00 | |
| 9/18/12 | Lodging: Northern Quest Resort | 2 | night | 90.65 | 181.30 | |
| 9/18/12 | MI&E (last day of travel – 75% of $61) | 0.75 | day | 61.00 | 45.75 | |
| 9/18/12 | Mileage: Airway Heights to Seattle, WA | 290 | mi | 0.51 | 147 90 | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | Total | $629 60 | |

PREPARED BY: Kia M. Graham
TELEPHONE NUMBER: 206-262-2519
DATE: 9/19/2012
AGENCY APPROVAL:
DATE: 9-26-12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX (MASTER INDEX) | PROGRAM INDEX (MASTER INDEX) | SUB OBJ (MASTER INDEX) | SUB SUB OBJECT (MASTER INDEX) | ORG INDEX (MASTER INDEX) | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | GC | | | | | | 5762 | | | 295 80 | mileage |
| | 210 | | 001 | 01* | 271 | GA | | | | | | 5762 | | | 152 50 | per diem |
| | 210 | | 001 | 01* | 271 | GA | | | | | | 5762 | | | 181 30 | lodging |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL $629 60

WARRANT NUMBER

NORTHERN

Guest Name: Kia Graham
Washington State Fusion Center
[redacted]



Room #: 624
Folio #: R2A56B - 1
Group #: 4411
Guests: 1
Clerk: AFINO

CL #:

Arrive: 09/16/12 Time: 05:28 PM Depart: 09/18/12 Time: 03:11 PM Status: HIST

| Date | Description | Reference | Comment | Charges | Credits |
|---|---|---|---|---|---|
| 09/16/2012 | ROOM CHARGE | 624 | | $87.00 | $0.00 |
| 09/16/2012 | TOURISM PROMOTION A | 624t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/16/2012 | LODGING FEE- AIRWAY: | 624t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/17/2012 | ROOM CHARGE | 624 | | $87.00 | $0.00 |
| 09/17/2012 | TOURISM PROMOTION A | 624t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/17/2012 | LODGING FEE- AIRWAY: | 624t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/18/2012 | PAY MASTERCARD | Ck Out 15:11 | **********2213 | $0.00 | ($181.30) |

Folio Balance: $0.00

COPY

FORM
A19-1A

STATE OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Robert John Hollander [redacted]

COPY

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

Intelligence Anaiyst (TITLE) 24September2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY _____

DATE RECEIVED 9-24-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/15/12 | Mileage Silverdale to Spokane via Puyallup for carpool | 360 | mile | .51 | 183 60 | |
| 9/15/12 | Tacoma Narrows Bridge Toll | 1 | pass | 5.00 | 5.00 | |
| 9/15/12 | Travel Per Diem (75% of 61) | 1 | day | 45.75 | 45.75 | |
| 9/15/12 | Northern Quest Hotel Room | 1 | night | 87.00 | 87.00 | |
| 9/15/12 | Northern Quest Hotel Tax | 1 | night | 3.65 | 3.65 | |
| 9/16/12 | Per Diem | 1 | day | 61.00 | 61.00 | |
| 9/16/12 | Northern Quest Hotel Room | 1 | night | 87.00 | 87.00 | |
| 9/16/12 | Northern Quest Hotel Tax | 1 | night | 3.65 | 3.65 | |
| 9/17/12 | Per Diem | 1 | day | 61.00 | 61.00 | |
| 9/17/12 | Northern Quest Hotel Room | 1 | night | 87.00 | 87.00 | |
| 9/17/12 | Northern Quest Hotel Tax | 1 | night | 3.65 | 3.65 | |
| 9/18/12 | Per Diem | 1 | day | 61.00 | 61.00 | |
| 9/18/12 | Northern Quest Hotel Room | 1 | night | 87.00 | 87.00 | |
| 9/18/12 | Northern Quest Hotel Tax | 1 | night | 3.65 | 3.65 | |
| 9/19/12 | Travel Per Diem (75% of 61) | 1 | day | 45.75 | 45.75 | |
| 9/19/12 | Mileage Spokane to Silverdale via Puyallup for carpool | 360 | mile | .51 | 183 60 | |
| Total | | | | | $1009 30 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 9-26-12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | GL | | | | | | 5712 | | | 367 20 | mileage |
| | 210 | | 001 | 01* | 271 | GD | | | | | | 5712 | | | 5 00 | Bridge Toll |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | GA | | | | | | 5762 | | | 274.50 | per diem |
| | 210 | | 001 | 01* | 271 | GA | | | | | | 5762 | | | 362.60 | lodging |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $1009.30 | |

COPY

NORTHERN [redacted]

Guest Name: Robert Hollander

[redacted] USA



Room #: 719
Folio #: R2A563 - 1
Group #: 4411
Guests: 1
Clerk: AFINO

CL #:

Arrive: 09/15/12 Time: 05:42 PM Depart: 09/19/12 Time: 08:24 AM Status: HIST

| Date | Description | Reference | Comment | Charges | Credits |
|---|---|---|---|---|---|
| 09/15/2012 | ROOM CHARGE | 719 | | $87.00 | $0.00 |
| 09/15/2012 | TOURISM PROMOTION A | 719t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/15/2012 | LODGING FEE- AIRWAY! | 719t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/16/2012 | ROOM CHARGE | 719 | | $87.00 | $0.00 |
| 09/16/2012 | TOURISM PROMOTION A | 719t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/16/2012 | LODGING FEE- AIRWAY! | 719t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/17/2012 | ROOM CHARGE | 719 | | $87.00 | $0.00 |
| 09/17/2012 | TOURISM PROMOTION A | 719t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/17/2012 | LODGING FEE- AIRWAY! | 719t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/18/2012 | ROOM CHARGE | 719 | | $87.00 | $0.00 |
| 09/18/2012 | TOURISM PROMOTION A | 719t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 09/18/2012 | LODGING FEE- AIRWAY! | 719t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 09/19/2012 | PAY MASTERCARD | Ck Out 08:24 | **********8467 | $0.00 | ($362.60) |

Folio Balance: $0.00

COPY

TACOMA NARROWS BRIDGE
1701 24th Street NW
GIG HARBOR, WA 98335
1-866-936-8246

LANE: 2 COLLECTOR: 4026

Sat Sep 15, 2012 11:12:24
CLASS 2 TOLL PAID $ 5.00 Cash
RECEIPT # 03883157

Please retain this
receipt for your records.



FORM **A19-1A** (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 4 SEP 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP LT Burns

DATE GOODS/SERVICES RECEIVED 1-31 August 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Aug 12 | Analytical services for August 2012 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 4 Sep 12 | AGENCY APPROVAL: [signature] | DATE: 9-4-12

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 014 | 271 | CE | | | | | | 5742 | | | $9342- | |
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COPY

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $9342- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2012 (mm/dd/yr) - Ending 8/31/2012 (mm/dd/yr)

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Aug | 1 | 10 | Analyst, WSP, WSFC |
| Aug | 2 | 0 | Requested Time Off |
| Aug | 3 | 10 | Analyst, WSP, WSFC |
| Aug | 4 | 0 | Regular Day Off |
| Aug | 5 | 0 | Regular Day Off |
| Aug | 6 | 11 | Analyst, WSP, WSFC |
| Aug | 7 | 11.5 | Analyst, WSP, WSFC |
| Aug | 8 | 13 | Analyst, WSP, WSFC |
| Aug | 9 | 10.5 | Analyst, WSP, WSFC |
| Aug | 10 | 10 | Analyst, WSP, WSFC |
| Aug | 11 | 0 | Regular Day Off |
| Aug | 12 | 0 | Regular Day Off |
| Aug | 13 | 10.5 | Analyst, WSP, WSFC |
| Aug | 14 | 10 | Analyst, WSP, WSFC |
| Aug | 15 | 8 | Analyst, WSP, WSFC |
| Aug | 16 | 0 | Requested Time Off |
| Aug | 17 | 0 | Requested Time Off |
| Aug | 18 | 0 | Regular Day Off |
| Aug | 19 | 0 | Regular Day Off |
| Aug | 20 | 0 | Requested Time Off |
| Aug | 21 | 9 | Analyst, WSP, WSFC |
| Aug | 22 | 8.5 | Analyst, WSP, WSFC |
| Aug | 23 | 9 | Analyst, WSP, WSFC |
| Aug | 24 | 0 | Requested Time Off |
| Aug | 25 | 0 | Regular Day Off |
| Aug | 26 | 0 | Regular Day Off |
| Aug | 27 | 9 | Analyst, WSP, WSFC |
| Aug | 28 | 9 | Analyst, WSP, WSFC |
| Aug | 29 | 7 | Analyst, WSP, WSFC |
| Aug | 30 | 9 | Analyst, WSP, WSFC |
| Aug | 31 | 8 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31-Aug-12
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

STEPHEN R. BURNS
Local Reviewer Name

31-Aug-12
Local Reviewer Signature/Date

FORM
**A19-1A**
(Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

1 AUG 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/LTBurns

DATE GOODS/SERVICES RECEIVED 1-31 July 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jul 12 | Analytical services for July 2012 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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COPY

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 1 Aug 12 | AGENCY APPROVAL: [signature] | DATE: 7-31-12

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | LE | | | | | | SFC2 | | | $9342- | July |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | | |

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2012 mm/dd/yr - Ending 7/31/2012 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jul | 1 | 0 | Regular Day Off |
| Jul | 2 | 9 | Analyst, WSP, WSFC |
| Jul | 3 | 11 | Analyst, WSP, WSFC |
| Jul | 4 | 8 | Analyst, WSP, WSFC |
| Jul | 5 | 9 | Analyst, WSP, WSFC |
| Jul | 6 | 7.5 | Analyst, WSP, WSFC |
| Jul | 7 | 0 | Regular Day Off |
| Jul | 8 | 0 | Regular Day Off |
| Jul | 9 | 9 | Analyst, WSP, WSFC |
| Jul | 10 | 8.5 | Analyst, WSP, WSFC |
| Jul | 11 | 9.5 | Analyst, WSP, WSFC |
| Jul | 12 | 8.5 | Analyst, WSP, WSFC |
| Jul | 13 | 8.5 | Analyst, WSP, WSFC |
| Jul | 14 | 0 | Regular Day Off |
| Jul | 15 | 0 | Regular Day Off |
| Jul | 16 | 9 | Analyst, WSP, WSFC |
| Jul | 17 | 10 | Analyst, WSP, WSFC |
| Jul | 18 | 9.5 | Analyst, WSP, WSFC |
| Jul | 19 | 0 | Requested Time Off |
| Jul | 20 | 10 | Analyst, WSP, WSFC |
| Jul | 21 | 0 | Regular Day Off |
| Jul | 22 | 0 | Regular Day Off |
| Jul | 23 | 9 | Analyst, WSP, WSFC |
| Jul | 24 | 12 | Analyst, WSP, WSFC |
| Jul | 25 | 0 | Requested Time Off |
| Jul | 26 | 8.5 | Analyst, WSP, WSFC |
| Jul | 27 | 8.5 | Analyst, WSP, WSFC |
| Jul | 28 | 0 | Regular Day Off |
| Jul | 29 | 0 | Regular Day Off |
| Jul | 30 | 8 | Analyst, WSP, WSFC |
| Jul | 31 | 0 | Requested Time Off |
| Total Hours: | | 173 | |

Kia Graham 31-Jul-12

Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

STEPHEN R. BURNS

Local Reviewer Name

S R Burns 31-Jul-12

Local Reviewer Signature/Date

FORM **A19-1A** (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

2 Jul 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Wendy Drake

DATE GOODS/SERVICES RECEIVED 1-30 June 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Jun 12 | Analytical services for June 2012 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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COPY

PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 2 Jul 12 | AGENCY APPROVAL | DATE 7-2-12

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | SFC2 | | | $9342- | June |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $9342- | WARRANT NUMBER

T2 FY12 7-2-12

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2012 mm/dd/yr - Ending 6/30/2012 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jun | 1 | 10 | Analyst, WSP, WSFC |
| Jun | 2 | 0 | Regular Day Off |
| Jun | 3 | 0 | Regular Day Off |
| Jun | 4 | 9 | Analyst, WSP, WSFC |
| Jun | 5 | 11 | Analyst, WSP, WSFC |
| Jun | 6 | 10.5 | Analyst, WSP, WSFC |
| Jun | 7 | 9 | Analyst, WSP, WSFC |
| Jun | 8 | 9 | Analyst, WSP, WSFC |
| Jun | 9 | 0 | Regular Day Off |
| Jun | 10 | 0 | Regular Day Off |
| Jun | 11 | 9 | Analyst, WSP, WSFC |
| Jun | 12 | 7 | Analyst, WSP, WSFC |
| Jun | 13 | 8 | Analyst, WSP, WSFC |
| Jun | 14 | 9.5 | Analyst, WSP, WSFC |
| Jun | 15 | 10.5 | Analyst, WSP, WSFC |
| Jun | 16 | 0 | Regular Day Off |
| Jun | 17 | 0 | Regular Day Off |
| Jun | 18 | 7 | Analyst, WSP, WSFC |
| Jun | 19 | 9.5 | Analyst, WSP, WSFC |
| Jun | 20 | 6.5 | Analyst, WSP, WSFC |
| Jun | 21 | 7 | Analyst, WSP, WSFC |
| Jun | 22 | 8.5 | Analyst, WSP, WSFC |
| Jun | 23 | 0 | Regular Day Off |
| Jun | 24 | 0 | Regular Day Off |
| Jun | 25 | 8 | Analyst, WSP, WSFC |
| Jun | 26 | 8 | Analyst, WSP, WSFC |
| Jun | 27 | 8 | Analyst, WSP, WSFC |
| Jun | 28 | 8 | Analyst, WSP, WSFC |
| Jun | 29 | 0 | Requested Time Off |
| Jun | 30 | 0 | Regular Day Off |
| Total Hours: | | 173 | |

COPY

29-Jun-11
Contractor Signature/Date

Tawny Drake
Local Reviewer Name

29-Jun-11
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM **A19-1A** (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

29 Feb 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY WSP/SGT Ladines

DATE GOODS/SERVICES RECEIVED 1-29 Feb 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-29 Feb 12 | Analytical services for Feb 2012 (Kia Graham) | 151 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Larm | TELEPHONE NUMBER (253)226-9564 | DATE 29 Feb 12 | AGENCY APPROVAL [signature] | DATE 3/1/12

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | LE | | | | | | 5762 | | | $8154 - | February |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8154 - | WARRANT NUMBER

**Washington State Patrol**

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2012 mm/dd/yr - Ending 2/29/2012 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Feb | 1 | 10.5 | Analyst, WSP, WSFC |
| Feb | 2 | 9.5 | Analyst, WSP, WSFC |
| Feb | 3 | 7.5 | Analyst, WSP, WSFC |
| Feb | 4 | 0 | Regular Day Off |
| Feb | 5 | 0 | Regular Day Off |
| Feb | 6 | 9 | Analyst, WSP, WSFC |
| Feb | 7 | 9 | Analyst, WSP, WSFC |
| Feb | 8 | 9 | Analyst, WSP, WSFC |
| Feb | 9 | 9 | Analyst, WSP, WSFC |
| Feb | 10 | 8.5 | Analyst, WSP, WSFC |
| Feb | 11 | 0 | Regular Day Off |
| Feb | 12 | 0 | Regular Day Off |
| Feb | 13 | 8 | Analyst, WSP, WSFC |
| Feb | 14 | 9 | Analyst, WSP, WSFC |
| Feb | 15 | 9 | Analyst, WSP, WSFC |
| Feb | 16 | 9 | Analyst, WSP, WSFC |
| Feb | 17 | 0 | Reserve Duty |
| Feb | 18 | 0 | Regular Day Off |
| Feb | 19 | 0 | Regular Day Off |
| Feb | 20 | 9 | Analyst, WSP, WSFC |
| Feb | 21 | 8 | Analyst, WSP, WSFC |
| Feb | 22 | 9 | Analyst, WSP, WSFC |
| Feb | 23 | 9 | Analyst, WSP, WSFC |
| Feb | 24 | 9 | Analyst, WSP, WSFC |
| Feb | 25 | 0 | Regular Day Off |
| Feb | 26 | 0 | Regular Day Off |
| Feb | 27 | 0 | Requested Time Off |
| Feb | 28 | 0 | Reserve Duty (Travel) |
| Feb | 29 | 0 | Reserve Duty (Travel) |
| Total Hours: | | 151 | |

24-Feb-12
Contractor Signature/Date

LANCE B LADTNER
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

29-Feb-12
Local Reviewer Signature/Date

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Lamm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
7 FEB 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Wash/SGT Kadmas

DATE GOODS/SERVICES RECEIVED 1-31 Jan 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-31 Jan 12 | Analytical services for Jan 2012 (Kia Graham) | 173 | Hour | 54.00 | | |
| | | | | | | |
| | | | | | | |
| | Services performed under C090551PSC | | | | | |
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PREPARED BY Doug Lamm
TELEPHONE NUMBER (253)226-9564
DATE 7 Feb 12
AGENCY APPROVAL
DATE 2/9/12

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MCS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2W | | 001 | 01* | 271 | CE | | | | | | SFC1 | | | $9342 00 | January |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $9342 00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2012 mm/dd/yr - Ending 1/31/2012 mm/dd/yr

**Name:** Kia Graham

**Location:** 1110 3rd Avenue, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| Jan | 1 | 0 | Regular Day Off |
| Jan | 2 | 8.5 | Analyst, WSP, WSFC |
| Jan | 3 | 10 | Analyst, WSP, WSFC |
| Jan | 4 | 9 | Analyst, WSP, WSFC |
| Jan | 5 | 10.5 | Analyst, WSP, WSFC |
| Jan | 6 | 9.5 | Analyst, WSP, WSFC |
| Jan | 7 | 0 | Regular Day Off |
| Jan | 8 | 0 | Regular Day Off |
| Jan | 9 | 9 | Analyst, WSP, WSFC |
| Jan | 10 | 11 | Analyst, WSP, WSFC |
| Jan | 11 | 8.5 | Analyst, WSP, WSFC |
| Jan | 12 | 10 | Analyst, WSP, WSFC |
| Jan | 13 | 10 | Analyst, WSP, WSFC |
| Jan | 14 | 9 | Analyst, WSP, WSFC |
| Jan | 15 | 0 | Regular Day Off |
| Jan | 16 | 11 | Analyst, WSP, WSFC |
| Jan | 17 | 8 | Analyst, WSP, WSFC |
| Jan | 18 | 0 | Inclement Weather Conditions |
| Jan | 19 | 11.5 | Analyst, WSP, WSFC |
| Jan | 20 | 8.5 | Analyst, WSP, WSFC |
| Jan | 21 | 0 | Regular Day Off |
| Jan | 22 | 0 | Regular Day Off |
| Jan | 23 | 8.5 | Analyst, WSP, WSFC |
| Jan | 24 | 0 | Reserve Duty |
| Jan | 25 | 0 | Reserve Duty |
| Jan | 26 | 0 | Reserve Duty |
| Jan | 27 | 4 | Analyst, WSP, WSFC |
| Jan | 28 | 0 | Regular Day Off |
| Jan | 29 | 0 | Regular Day Off |
| Jan | 30 | 8.5 | Analyst, WSP, WSFC |
| Jan | 31 | 8 | Analyst, WSP, WSFC |
| Total Hours: | | 173 | |

31-Jan-12

Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

31-Jan-12

Local Reviewer Signature/Date

02/09/2012 13:22 FAX 2062622014 002

# INTER[illegible]CE COMMUNICATION

## WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Divisi

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Task Orders for WSP Contract No. C090433PSC, C090551PSC and C110008PSC

**DATE:** October 6, 2010

RECEIVED
OCT 08 2010
WSP IAD

Attached are fully executed copies of the above-listed task orders between the Washington State Patrol and Operational Applications Inc. for Criminal Intelligence Analysts Bill Evans, Kia Graham and Stephanie Reich. Funding for these contracts will be encumbered under separate task orders.

Please ensure that the WSP employee preparing payment documents for these contracts have a copy of this contract to ensure the payment documents are filled out correctly.

The Budget and Fiscal Services contract tracking numbers are the WSP Contract Numbers noted above; please use these numbers on all correspondence and payment documents associated with this contract. If you need further assistance, please contact Ms. Cindy Haider, Budget and Fiscal Services, at Micro 12, ext. 11071.

for, CLH
JRH:clh
Attachment
cc: Captain Tim Braniff, Investigative Assistance Division ✓
Ms. Tanya Pierce, Accounts Payable Section
Ms. Melissa Stricklett, Budget Section
CC: Ben Wood 10/11/10

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date ___/___/___

TAS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090433PSC (3) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2010 | 9/30/2011 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT RANDY DRAKE | IAD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 3. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $66.00 PLUS TRAVEL EXPENSES.

ANALYST BILL EVANS.

| Contract Amount | |
|---|---|
| Previous Contract Amount | $ 237,000 |
| Amendment Amount | $ 144,000 |
| Revised Total Amount | $ 381,000 |

| Position | Signature and Date |
|---|---|
| Grants and Contracts Manager | 9/14 |
| Budget Manager | 9/14 |
| BFS Administrator | Allot: ☐Yes ☒No<br>Unanticipated Receipt: ☐Yes ☒No |
| Accounting Manager | 9/14/10 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000JFCL | 001 | 01* | 00271 | JFCL | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN BRANIFF

300-365-522 (R 7/09)

## WASHINGTON STATE PATROL
### Task Order

WSP Contract Number: **C090433PSC**
Task Order Number: **3**

Contractor: **Operational Applications Inc.**

Period of Performance for Task Order: Start Date: October 1, 2010 End Date: September 30, 2011

Description of Service: The Contractor's Employee (Bill Evans) shall provide lead criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $66.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C090433PSC.

Maximum Task Order Amount: $144,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

D. J. K 9-29-10
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

23 SEP 2010
Signature Date

DOUG LARM PRESIDENT
Printed Name and Title

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 9/13/10

TAS

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090551PSC (3) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2010 | 9/30/2011 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor FIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT RANDY DRAKE | IAD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 3. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $52.00 PLUS TRAVEL EXPENSES.

ANALYST KIA GRAHAM.

| Contract Amount | |
|---|---|
| Previous Contract Amount | $188,000 |
| Amendment Amount | $114,000 |
| Revised Total Amount | $302,000 |

| Position | Signature and Date |
|---|---|
| Grants and Contracts Manager | 9/14 |
| Budget Manager | 9/14/10 Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☒No |
| BFS Administrator | |
| Accounting Manager | 9/14/10 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000 3FCL | 001 | 01* | 00271 | 3FCL | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☒ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN BRANIFF

300-365-522 (R 7/09)

## WASHINGTON STATE PATROL
### Task Order

WSP Contract Number: **C090551PSC**
Task Order Number: **3**

Contractor: **Operational Applications Inc.**

Period of Performance for Task Order: Start Date: October 1, 2010 End Date: September 30, 2011

Description of Service: The Contractor's Employee (Kia Graham) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $52.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C090551PSC.

Maximum Task Order Amount: $114,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

9-29-10
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

23 SEP 2010
Signature Date

DOUG LARM PRESIDENT
Printed Name and Title

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

9/13/10

TAS 1 1

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C110008PSC (2) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2010 | 9/30/2011 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT RANDY DRAKE | IAD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 2. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 PLUS TRAVEL EXPENSES.

ANALYST STEPHANIE REICH.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ 28,000 | Grants and Contracts Manager | 9/14 |
| Amendment Amount | $109,000 | Budget Manager | 9/14/10 Allot: ☐Yes ☒No |
| Revised Total Amount | $137,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | 9/14/10 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 00005FCL | 001 | 01* | 00271 | FCL | CE | | | | | 100% |
| | | | | | | | | | | |
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**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN BRANIFF

300-365-522 (R 7/09)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C110008PSC**
Task Order Number: **2**

Contractor: **Operational Applications Inc.**

Period of Performance for Task Order: Start Date: October 1, 2010 End Date: September 30, 2011

Description of Service: The Contractor's Employee (Stephanie Reich) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C110008PSC.

Maximum Task Order Amount: $137,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

9.29.10
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

23 SEP 2010
Signature Date

DOUG LARM PRESIDENT
Printed Name and Title

# INTERC FICE COMMUNICATI N

# WASHINGTON STATE PATROL

CRIME
JAN 15 2009
WSP IAD

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** WSP Contract No. C090433PSC and Task Order No. 1

**DATE:** January 14, 2009

---

Attached is a fully executed copy of the above-listed contract and task order between the Washington State Patrol and Operational Applications, Inc. for Lead Criminal Intelligence Analyst Mr. Bill Evans. Funding for this contract will be encumbered under separate task orders.

Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.

The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above; please use this number on all correspondence and payment documents associated with this contract. If you need further assistance, please contact Ms. Cindy Haider, Budget and Fiscal Services, at Micro 12, ext. 11071.

CLH for JRH:clh
Attachment
cc: Ms. Sue Aschenbrenner, Budget Section
Captain Tim Braniff, Investigative Assistance Division
Ms. Tanya Pierce, Accounts Payable Section

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 12/16/08

LDS ---

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C090433PSC (1) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| January 1, 2009 | September 30, 2009 | |
| **Contract Title** | | **CFDA No.** / **QFSR** ☐Yes ☐No |
| Lead Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Operational Applications Inc. | | |
| **Contractor Contact Address** | | |
| 4227 South Meridian Suite C366, Puyallup WA 98373 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| Mr. Doug Larm | 253-226-9564 | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| doug.larm@operationalapplications.com | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| Lt. Randy Drake | IAD | Sue Aschenbrenner |

Remarks: TASK ORDER NO. 1. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY. REIMBURSES CONTRACTOR AT HOURLY RATE OF $60.00 (SFY09).

60.00 X 173 X 9 X 1.05 = $98,091.00

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | |
| Revised Total Amount | **$99,000** | Budget Manager | Allot: ☐Yes ☒No<br>Unanticipated Receipt: ☐Yes ☒No |
| Indirect Costs ____ % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| WA38 | 001 | 01* | 00271 | WA38 | **CE** | | | | | **100%** |
| | | | | | | | | | | |
| | | | | | | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No
Std Mileage Rate: ☐Yes ☐No
Travel Authorized: ☐Yes ☐No
Special Rules: ☐Yes ☐No _____

Mileage Only: ☐Yes ☐No
Special Mileage Rate $_____ per mile
Voluntary O/T: ☐Yes ☐No

Prorate Leave to Contract: ☐Yes ☐No
Overtime Allowed: ☐Yes ☐No
Contract Pays Only O/T Cost: ☐Yes ☐No

AFRS Code Assigned: ☐Yes ☐No
Overtime Only (On Day Off): ☐Yes ☐No
Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☒ Other: **Captain Braniff**

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C090433PSC**
Task Order Number: **1**

Contractor: **Operational Applications Inc.**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | January 1, 2009 | End Date: | September 30, 2009 |

Description of Service: The Contractor's Employee (Bill Evans) shall provide lead criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the WAJAC.

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $60.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C090433PSC.

Maximum Task Order Amount: $99,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

Paul S. Beckler 1-9-09
John R. Batiste, Chief Date

**FOR THE CONTRACTOR:**

29 DEC 2008
Signature Date

DOUG LARM PRESIDENT
Printed Name and Title

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 12/16/08

LDS ____

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C090433PSC | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| January 1, 2009 | September 30, 2012 | |
| **Contract Title** | **CFDA No.** | **QFSR** ☐Yes ☐No |
| Lead Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Operational Applications Inc. | | |
| **Contractor Contact Address** | | |
| 4227 South Meridian Suite C366, Puyallup WA 98373 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor FIN/SSN** |
| Mr. Doug Larm | 253-226-9564 | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| doug.larm@operationalapplications.com | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| Lt. Randy Drake | IAD | Sue Aschenbrenner |

Remarks: Requires separate task orders – do not encumber.

Bill Evans – lead

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | 12/17 |
| Amendment Amount | $ | Business Office Manager | – |
| Revised Total Amount | $532,000 | Budget Manager | 12/18/08 Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ____ % | | Accounting Manager | 12/18/08 |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| WAJ8 | 001 | 01A | 00271 | WAJ8 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☒ Other: Captain Braniff

300-365-522 (R 6/03)

| WASHINGTON STATE PATROL<br>PERSONAL SERVICE CONTRACT<br>**Lead Criminal Intelligence Analyst Services** | WSP Contract No.<br>**C090433PSC**<br>Other Contract No. |
|---|---|

This Contract is between the State of Washington, Washington State Patrol and the Contractor identified below, and is governed by chapter 39.29 RCW.

| **CONTRACTOR NAME**<br>**Operational Applications Inc.** | Contractor Doing Business As (DBA) |
|---|---|
| Contractor Address<br>4227 South Meridian Suite C366<br>Puyallup WA 98373 | Contractor Federal Employer Identification Number<br>[redacted] |
| Contact Name<br>Mr. Doug Larm | Contact Telephone<br>253-226-9564 |
| Contact Fax | Contact E-mail Address<br>doug.larm@operationalapplications.com |

**WSP Contact Information**

| WSP Project Manager Name and Title<br>Lieutenant Randy Drake | | WSP Project Manager Address<br>WSP Investigative Assistance Division<br>PO Box 2347, Olympia WA 98507-2347 |
|---|---|---|
| Telephone<br>(360) 704-2393 | Fax<br>(360) 704-2973 | E-mail Address<br>randy.drake@wsp.wa.gov |
| WSP Administrative Contact Name and Title<br>Mr. Jeff Hugdahl<br>Grants and Contracts Manager | | WSP Administrative Contact Address<br>PO Box 42602<br>Olympia WA 98504-2602 |
| Telephone<br>(360) 753-0602 | Fax<br>(360) 664-0657 | E-mail Address<br>jeff.hugdahl@wsp.wa.gov |

| **Contract Start Date** | **Contract End Date** | **Maximum Contract Amount** |
|---|---|---|
| **January 1, 2009** | **September 30, 2012** | **$532,000** |

ATTACHMENTS. When the boxes below are marked with an X, the following Exhibits are attached to and incorporated into this Contract by reference:

- ☒ Exhibit A, Statement of Work.
- ☒ Exhibit B, General Terms and Conditions
- ☒ Additional Exhibits as specified: Exhibit C, Contractor Employee Nondisclosure Agreement

This Contract, including the attached Terms and Conditions and any other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have the authority to enter into this Contract.

| FOR THE WASHINGTON STATE PATROL: | | FOR THE CONTRACTOR: | |
|---|---|---|---|
| WSP Signature<br>Paul S. Beckley | Date<br>1-9-09 | Contractor Signature<br>[signature] | Date<br>1 JAN 2009 |
| Printed Name and Title<br>John R. Batiste, Chief Paul S. Beckley, Deputy Chief | | Printed Name and Title<br>DOUG LARM PRESIDENT OA INC | |

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL 2/20/02

**Exhibit A**

## STATEMENT OF WORK

1. **Statement of Work.**

   a. General. As assigned by WSP, the Contractor Employee(s) identified below shall provide lead criminal intelligence analyst services at the Location of Work in order to provide the following products:

   - Quality control for intelligence analyst services and provide expert input to the fusion center's investigative, program management and policy decisions.
   - Plan intelligence analytical activities to support WAJAC's mission and work priorities.
   - In coordination with management team, assist in determining goals and objectives; preparing short and long-range work plans and schedules.
   - Identify, prioritize and establish deadlines for intelligence analyst services.
   - Review intelligence reports, daily briefs and periodic assessments for relevance, significance, validity and potential applications to countering terrorism acts and organized crimes against regional jurisdictions, critical infrastructure, services and the community at large.
   - Attend and provide high-level intelligence briefings on current or ongoing projects.
   - Support WAJAC's chain of command in developing policies and procedures to accomplish necessary improvements for enhancing routine or highly specialized intelligence work performance requirements.

| Contractor Employee | Location of Work |
|---|---|
| Bill Evans | WAJAC |

   b. Task Orders. Work shall be assigned by a negotiated Task Order and must be signed by both parties. Each Task Order must identify the Contractor's Employee assigned to do the work ("Contractor Employees"), the Local Worksite to which the Contractor's Employee will be assigned and a start and end date for work at that location.

2. **Contractor Qualifications.** During the period of performance of this Contract, the Contractor Employee must maintain a federal Top Secret level security clearance.

3. **Rules of Conduct.** During the period of performance of this Agreement, the Contractor must follow these basic rules of conduct while providing instruction:

   a. Alcohol and Drug Use. The Contractor shall not consume any alcohol or intoxicating beverage while providing services under this Contract, and will not appear for work while under the influence of alcohol or while having alcohol in their system. The Contractor shall not possess, use, or store alcoholic beverages while at any WSP facility or local worksite. Contractor employees shall not use or possess any

narcotic, dangerous drug, or controlled substance except at the direction of a physician, dentist, or other medical authority for medical purposes. If the Contractor is directed by competent medical authority to use a narcotic, dangerous drug, or controlled substance, he/she shall not use such medication to the extent that their performance is affected while at any WSP facility or local worksite.

b. Courtesy. The Contractor shall be courteous to WSP staff, other law enforcement partners, and the public. The Contractor shall be tactful in the performance of their duties, shall control their tempers and exercise the utmost patience and discretion, and shall not engage in argumentative discussions. In the performance of their duties, the Contractor shall not use coarse, violent, profane, or insolent language or gestures, and shall not express any prejudice concerning race, religion, sex, politics, national origin, lifestyle, or similar personal characteristics.

c. Appearance. WSP expects the Contractor to present a professional image when providing services under this Contract. Clothing shall be neat, clean, and in good condition.

4. **Confidential Information.** The Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information"). Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information. The Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without WSP's express written consent or as provided by law.

The Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information. Immediately upon expiration or termination of this Contract, the Contractor shall, at WSP's option: (i) certify to WSP that the Contractor has destroyed all Confidential Information; or (ii) return all Confidential Information to WSP; or (iii) take whatever other steps WSP requires of the Contractor to protect Confidential Information. WSP reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by the Contractor through this Contract.

Contractor Employees working under this Contract shall complete and sign Exhibit C, Contractor Employee Nondisclosure Agreement, attached hereto and incorporated into the Contract herein. Violation of this section by the Contractor may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties. Furthermore, the Contractor is subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

5. **Fees.** WSP will reimburse the Contractor at the hourly rate identified below for services provided by the Contractor Employee(s) under this Contract.

| Contractor Employee | SFY08 Rate | SFY09 Rate | SFY10 Rate | SFY11 Rate |
|---|---|---|---|---|
| Bill Evans | $60.00 | $63.00 | $66.00 | $69.00 |

When services are required by WSP at locations other than the local worksite, WSP will reimburse the Contractor for authorized lodging, subsistence and business vehicle mileage costs at current State of Washington approved reimbursement rates. These rates are published in the State Accounting and Administrative Manual (SAAM). This manual is available at the Office of Financial Management's SAAM website: http://www.ofm.wa.gov/policy/saamintro.htm

6. **Insurance Requirements.**

a. Worker's Compensation Coverage. The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. WSP will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

b. Business Auto Policy. As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than $500,000 per accident. Such insurance shall cover liability arising out of "Any Auto." Business auto coverage shall be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage. The Contractor shall furnish evidence of Business Auto Policy insurance meeting contract requirements at the request of WSP.

## GENERAL TERMS AND CONDITIONS

1. **Definitions.**

"Contract" means this Personal Service Contract, including all documents attached or incorporated by reference.

"Contractor" means the entity performing services to this Contract and includes the Contractor's owners, members, officers, director, partners, employees and/or agents unless otherwise stated in this Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, director, partners, employees and/or agents.

"General Terms and Conditions" means this Exhibit B.

"Statement of Work" means the Special Terms and Conditions of this Contract, which is attached hereto and incorporated herein as Exhibit A.

"Subcontract" means a separate contract between the Contractor and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.

"RCW" means the Revised Code of Washington. All references in the Contract to RCW chapters or sections shall include any successor, amended or replacement statutes.

"USC" means United States Code. All references in the Contract to USC chapters or sections shall include any successor, amended or replacement statutes.

"WSP" means the State of Washington, Washington State Patrol, and its officers, directors, trustees, employees and/or agents.

2. **Payment.** WSP shall reimburse the Contractor an amount not to exceed the Maximum Contract Amount specified on the Face Sheet of this Contract.

3. **Billing Procedure.** WSP shall reimburse the Contractor according to Exhibit A, Statement of Work, for work performed to the satisfaction of the WSP Project Manager. Compensation for services rendered shall be payable upon receipt of properly completed invoices, which shall be submitted not more often than monthly to the WSP Project Manager. The invoices shall describe and document to WSP's satisfaction a description of the work performed, activities accomplished, the progress of the project, fees and expenses, and WSP's contract number.

4. **Advance Payments Prohibited.** WSP shall not make any payments in advance or anticipation of the delivery of goods or services provided by the Contractor pursuant to this Contract.

5. **Assignment.** The work to be provided under this Contract, and any claim arising thereunder, is not assignable or delegable by the Contractor in whole or in part, without the express written consent of WSP.

6. **Attorneys' Fees and Costs.** If any litigation is brought to enforce any term, clause, provision or section of this Contract or as a result of this Contract in any way, the prevailing party shall be awarded

its reasonable attorney's fees together with expenses and costs incurred with such litigation, including necessary fees, costs and expenses for services rendered at both trial and appellate levels as well as subsequent to judgement in obtaining execution thereof. In the event that parties to this Contract engage in arbitration, mediation or any other alternative dispute resolution forum to resolve a dispute in lieu of litigation, both parties shall share equally in the cost of the alternative dispute resolution, including the cost of mediation or arbitration services. Each party shall be responsible for their own attorney's fees incurred as a result of the alternative dispute resolution method.

7. **Compliance with Civil Rights Laws.** During the period of performance for this Contract, the Contractor shall comply with all federal and state nondiscrimination laws, including, but not limited to, Title VII of the Civil Rights Act, 42 USC 12101 et seq.; the Americans with Disabilities Act (ADA); and Chapter 49.60 RCW.

8. **Confidentiality.** The Contractor shall not use or disclose any information concerning WSP, or information that may be classified as confidential, to any third party without the written permission of WSP. The Contractor shall destroy or return all such information to the WSP Program Manager at the end of this Contract.

9. **Contract Execution and Amendments.** This Contract shall be binding on WSP only upon signature by the Chief of WSP or designee. WSP and the Contractor may mutually amend this Contract. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind WSP and the Contractor.

10. **Contractor Certification Regarding Ethics.** The Contractor certifies that the Contractor is in compliance with Chapter 42.52 RCW, Ethics in Public Service, and will comply with Chapter 42.52 RCW throughout the term of the Contract.

11. **Disputes.** In the event that a dispute arises under this Contract, it shall be resolved by a Dispute Board in the following manner: The Chief of WSP shall appoint a member to the Dispute Board. The Contractor shall appoint a member to the Dispute Board. The Chief of WSP and the Contractor shall jointly appoint a member to the Dispute Board. The Dispute Board shall evaluate the dispute and make a determination of the dispute. The determination of the Dispute Board shall be final and binding to all parties to this Contract.

12. **Governing Law.** This Contract shall be governed in all respects by the laws of the State of Washington. The jurisdiction for any action hereunder shall be the Superior Court for the State of Washington. The venue of any action hereunder shall be in the Superior Court for Thurston County, State of Washington.

13. **Indemnification.** The Contractor shall indemnify, defend and hold harmless WSP from and against all claims arising out of or resulting from the performance of this Contract. The Contractor expressly agrees to indemnify, defend and hold harmless WSP for any claim arising out of or incident to the Contractor's performance or failure to perform this Contract. The Contractor shall be required to indemnify, defend and hold WSP harmless to the extent claim is caused in whole or in part by negligent acts or omissions of the Contractor.

14. **Independent Capacity.** The Contractor acknowledges that the Contractor is an independent contractor, and not an officer, employee or agent of WSP or the State of Washington. The Contractor shall not hold itself out as, nor claim status as, and officer, employee or agent of WSP or the State of Washington. The Contractor shall indemnify and hold WSP harmless from all obligations to pay or withhold federal or state taxes or contributions on behalf of the Contractor or the Contractor's employees unless otherwise specified in this Contract.

15. **Industrial Insurance Coverage.** Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for its employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the period of performance for this Contract. WSP shall not be responsible for payment of industrial insurance premiums or for any other claim or benefit for the Contractor, or any subcontractor or employee of the Contractor, which might arise under the industrial insurance laws during the performance of duties and services under this Agreement.

16. **Insurance.** The Contractor shall provide insurance coverage as set out in Exhibit A, Statement of Work. The intent of the required insurance is to protect the State of Washington should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or any subcontractor, or agents of either, while performing under the terms of this Contract.

17. **Inspection; Maintenance of Records.** During the term of this Contract and for one year following termination or expiration of this Contract, the Contractor shall give reasonable access to the Contractor's place of business and records to WSP and any other employee or agent of the State of Washington or the United States of America for the purpose of inspecting the Contractor's place of business and its records, and monitoring, auditing and evaluating the Contractor's performance and compliance with applicable laws, regulations, rules and this Contract.

    During the term of this Contract and for six years following termination or expiration of this Contract, the Contractor shall maintain records sufficient to document (i) performance of all acts required by statute, regulation, rule, or this Contract; (ii) substantiate the Contractor's statement of its organization's structure, tax status, capabilities and performance; and (iii) demonstrate accounting procedures, practices and records that sufficiently and properly document the Contractor's invoices to WSP and all expenditures made by the Contractor to perform as required by this Contract.

18. **Order of Precedence.** In the event of any inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule the inconsistency shall be resolved by giving precedence in the following order to:

    Applicable federal and state law, regulations and rules;
    Exhibit A, Statement of Work;
    Any other provision of this Contract; and
    Any document incorporated by reference.

19. **Overpayments to Vendors.** Upon notice of an erroneous payment or overpayment to which the Contractor is not entitled pursuant to this Contract, the Contractor shall promptly refund to WSP the full amount of any such payment or overpayment.

20. **Personnel.** WSP employees performing work under the terms of this Contract (if any) shall be under the direct command and control of the Chief of WSP or designee, and shall perform duties required under this Contract in a manner consistent with WSP policy and regulations, and applicable federal, state and local laws. The assignment of WSP personnel under this Contract shall be at the discretion of the Chief of WSP or designee.

21. **Rights in Data.** Unless otherwise provided, data that originates from this Contract shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by WSP. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyrights, patent, register, and the ability to transfer these rights.

    Material delivered by the Contractor under the terms of this Contract, but which does not originate therefrom, shall be transferred with a nonexclusive, royalty-free irrevocable license to publish, translate, reproduce, deliver, performs, dispose of, and to authorize others to do so, provided that such a license shall be limited to the extent which the Contractor has a right to grant such a license. The Contractor shall exert all reasonable efforts to advise WSP at the time of material delivery of all known or potential invasions of privacy contained therein and of any portion of such material which was not produce in performance of this Contract. WSP shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any material delivered under this Contract. WSP shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

22. **Savings.** In the event that funds WSP relied upon to establish this Contract are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, WSP may immediately terminate this Contract by providing written notice to the Contractor. This termination shall be effective on the date specified in the notice of termination.

23. **Severability.** If any provision of this Contract or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Contract, and to this end the provisions of this Contract are declared to be severable.

24. **Site Security.** While on WSP's premises, the Contractor shall conform in all respects with physical, fire or other security regulations communicated to the Contractor by WSP.

25. **Subcontracting.** Except as otherwise provided in this Contract, the Contractor may subcontract for any of the services provided under this Contract with the prior, written approval of WSP. The Contractor shall be responsible for the acts and omissions of any subcontractor.

26. **Survivorship of Provisions.** Any terms, conditions and warranties contained in this Contract that by their sense and context are intended to survive performance by the parties to this Contract shall so survive the completion of the period of performance or termination of this Contract.

27. **Taxes.** WSP shall pay sales and use taxes imposed on services provided by the Contractor under this Contract if required by state law. The Contractor shall pay all other taxes, including, but not limited to, Washington State Business and Occupation Tax, taxes based on the Contractor's income, or personal property taxes levied or assessed on the Contractor's personal property to which WSP does not own title.

28. **Termination for Convenience.** Except as otherwise provided in this Contract, either party may terminate this Contract upon thirty (30) calendar days written notification. If this Contract is so terminated, the terminating party shall be liable only for performance in accordance with the terms of this Contract for performance rendered prior to the effective date of termination.

29. **Termination for Default.** WSP may terminate the Contract for default, in whole or in part, if WSP has a reasonable basis to believe that the Contractor failed to perform under any provision of this Contract; violated any applicable law, regulation, rule or ordinance; or otherwise breached any provision or condition of this Contract.

WSP shall notify the Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) calendar days, the Contract may be terminated. WSP reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of the alleged breach and pending corrective action by the Contractor or a decision by WSP to terminate the Contract.

In the event of termination for default, the Contractor shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract, and all administrative costs directly related to procuring the replacement contract. If it is determined that the Contractor was not in default the termination shall be deemed a termination for convenience. The rights and remedies of WSP provided under this Contract are not exclusive and are in addition to any other rights and remedies provided by law.

30. **Termination Procedure.** The following provisions shall survive and be binding on the parties to this Contract in the event this Contract is terminated.

a. The Contractor shall stop work under this Contract on the date specified in the notice of termination, and shall comply with all instructions contained in the notice of termination.

b. The Contractor shall deliver to the WSP Project Manager identified on the Face Sheet of this Contract, all WSP property in the Contractor's possession and any WSP property produced under this Contract. The Contractor grants WSP the right to enter upon the Contractor's premises for the sole purpose of recovering any WSP property that the Contractor fails to return within ten (10) calendar days of termination of the Contract. Upon failure to return WSP property within ten (10) calendar days of the Contract termination, the Contractor shall be charged with all reasonable costs of recovery, including transportation and attorney's fees. The Contractor shall protect and preserve any property of WSP that is in the possession of the Contractor pending return to WSP. The Contractor shall provide written certification to WSP that the Contractor has returned all WSP property in the Contractor's possession.

c. WSP may direct assignment of the Contractor's rights to and interest in any subcontract or orders placed to WSP. WSP may terminate any subcontract or orders, and settle or pay any or all claims arising out of the termination of such orders and subcontracts.

d. WSP shall be liable for and shall pay for only those services authorized and provided through the date of termination. WSP may pay an amount agreed to by the parties for partially completed work and services, if work products are useful to WSP.

e. In the event of termination for default, WSP may withhold a sum from the final payment to the Contractor that WSP determines necessary to protect WSP against loss or additional liability.

31. **Treatment of Assets.** Title to all property furnished by WSP to the Contractor under the terms of this Contract shall remain with WSP. Any property furnished by WSP to the Contractor under the terms of this Contract shall be used only for the performance of this Contract. The Contractor shall be responsible for any loss or damage of property provided to the Contractor by WSP resulting from the failure on the part of the Contractor to maintain and administer that property in accordance with sound management practices. Upon the discovery of loss or damage of WSP property, the Contractor shall

notify WSP and take all reasonable steps to prevent any further loss or damage. upon the termination or completion of this Contract the Contractor shall surrender all WSP property to the WSP Project Manager indicated on the Face Sheet of this Contract .

32. **Waiver.** A failure by WSP to exercise its rights under this Contract shall not preclude WSP from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Contract unless stated to be such in writing and signed by an authorized representative of WSP and attached to the original Contract.

**Exhibit C**

## CONTRACTOR EMPLOYEE NONDISCLOSURE AGREEMENT

I acknowledge that some of the material and information that may come into my possession or knowledge in connection with Washington State Patrol Contract Number C080065PSC or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information").

Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information.

I agree to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without the Washington State Patrol's express written consent or as provided by law.

I also agree to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information.

Immediately upon expiration or termination of this Contract or my employment with the Contractor, I shall surrender any and all Confidential Information in my possession to the Vendor for its disposition according to the terms of the Contract.

I understand that I am subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

William E Evans

Signature of Contractor Employee

WILLIAM E. EVANS, LEAD ANALYST

Printed Name and Title

12-29-08

Date

FORM
**A19-1A**
(Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| **AGENCY NO** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| | | C120861GSC |

**AGENCY NAME**

Washington State Patrol
1519 Alaskan Way S. Building #4
Seattle, WA 98134

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Washington State Fusion Center
1110 Third Avenue
Seattle, WA 98101

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
CLAIMANT (TITLE)
20 JUN 2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY
LT Steve Burns

DATE GOODS/SERVICES RECEIVED
11-12 June 2012

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 6/11/12 | Mileage WSFC to Northern Quest | 276 | miles | .51 | 140.76 | |
| 6/11/12 | Meal per diem (lunch) | 1 | day | 18.00 | 18.00 | |
| 6/11/12 | Meal per diem (dinner) | 1 | day | 28.00 | 28.00 | |
| 6/11/12 | Northern Quest lodging | 1 | night | 87.00 | 87.00 | |
| 6/11/12 | Hotel tax | 1 | night | 3.65 | 3.65 | |
| 6/12/12 | Meal per diem (breakfast) | 1 | day | 15.00 | 15.00 | |
| 6/12/12 | Meal per diem (lunch) | 1 | day | 18.00 | 18.00 | |
| 6/12/12 | Mileage Northern Quest to WSFC | 276 | miles | .51 | 140.76 | |
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COPY

PREPARED BY: Douglas Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 6/20/12
AGENCY APPROVAL:
DATE: 6-25-12

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | GC | | | | | | SFC2 | | | 281.52 | mileage |
| | 210 | | 001 | 01* | 271 | GA | | | | | | SFC2 | | | 169.65 | meals, lodging |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: 841.17 | WARRANT NUMBER

NORTHERN

Guest Name: Douglas Larm

[redacted]

USA



Room #: 931
Folio #: R269B8 - 1
Group #:
Guests: 1
Clerk: AMURRA

CL #:

Arrive: 06/11/12 Time: 04:57 PM Depart: 06/12/12 Time: 09:23 AM Status: HIST

| Date | Description | Reference | Comment | Charges | Credits |
|---|---|---|---|---|---|
| 05/31/2012 | DEP VISA | 05318030 | **********2042 | $0.00 | ($90.65) |
| 06/11/2012 | ROOM CHARGE | 931 | | $87.00 | $0.00 |
| 06/11/2012 | TOURISM PROMOTION A | 931t | TOURISM PROMOTION AREA FEE | $2.00 | $0.00 |
| 06/11/2012 | LODGING FEE- AIRWAY | 931t | LODGING FEE, AIRWAY HEIGHTS | $1.65 | $0.00 |
| 06/12/2012 | DEP VISA | 05318030 | **********2042 | $90.65 | $0.00 |
| 06/12/2012 | PAY VISA | Ck Out 09:22 | **********2913 | $0.00 | ($90.65) |

Folio Balance: $0.00

CHRISTINE O. GREGOIRE
Governor

JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL
General Administration Building • PO Box 42602 • Olympia, WA 98504-2602 • (360) 596-4043 • www.wsp.wa.gov

June 11, 2012

Mr. Doug Larm
Washington State Fusion Center
1110 – 3rd Avenue
Seattle WA 98101

Dear Mr. Larm:

Subject: Travel Reimbursement Notification

The purpose of this letter is to inform you that the Washington State Patrol will reimburse you for your allowable travel costs associated with the activity noted below:

Project: Washington Crime and Intelligence Analyst Training Conference

Location: Northern Quest Resort, 100 N. Hayford Road, Airway Heights WA 99001

Dates: Pre-conference planning: June 11-12, 2012
Conference: September 16-19, 2012

The following travel costs can be reimbursed for this project *(checked blocks apply)*:

☒ Meals purchased at commercial establishments while you are in travel status.
☒ Lodging costs for each night you are in travel status.
☒ Mileage for your personally owned vehicle used to travel for business during this project.
☒ Other travel costs noted below:

WSP shall reimburse you for actual parking costs.

Please use the enclosed Form A19-1A Invoice Voucher to request reimbursement; instructions on filling out this form are included with this letter. Once you complete this form, please forward it and all required receipts to the following individual for approval and payment:

Ms. Beverly Wood
WSP Homeland Security Division
1519 Alaskan Way S., Building #4
Seattle WA 98134

COPY

# A19-1A Invoice Voucher Instructions

Please complete the following sections:

VENDOR OR CLAIMANT
- Your name or business name
- Address
- Phone Number
- Statewide Vendor Number

VENDOR'S CERTIFICATE
- Sign your name, title, and date

FEDERAL ID NO OR SOCIAL SECURITY NO
- Your Social Security Number or Federal ID Number

QUANTITY, UNIT PRICE, and AMOUNT
- Enter the number of meals/lodging claimed, cost and total amount of the requested reimbursement

Please send this form to the local WSP office listed on front of form.

FORM
**A 19-1A**
(Rev. 5/91)

STATE OF WASHINGTON

# INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | C120861GSC |

**AGENCY NAME**

WSP Homeland Security Division
1519 Alaskan Way S., Building #4
Seattle WA 98134

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

*INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.*

**Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.**

BY _____
(SIGN IN INK)

(TITLE) (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S. | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | | |

| DATE | DESCRIPTION | QUANTITY | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|
| | Subsistence at Spokane County rates ($15 breakfast, $18 lunch and $28 dinner) | | | | |
| | Lodging at Spokane County rate of $87 per night plus applicable taxes | | | | |
| | POV mileage at $.51 per mile | | | | |
| | Parking costs (attach receipts) | | | | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
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| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. | VENDOR NUMBER | VENDOR MESSAGE | UBI NUMBER |
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| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
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COPY

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | | |

By attending this activity and requesting travel reimbursement for this attendance, you are acknowledging that:

- You and your employer agree to defend and hold harmless the State of Washington and the Washington State Patrol, their officers, agents, employees, against any and all damages or claims from damages resulting from your performance while attending this activity;
- Your employer is providing industrial insurance coverage for you while you are attending this activity;
- You will follow WSP rules, policies and direction while attending this activity; and
- You are not seeking travel reimbursement from any other source for this activity.

Your travel reimbursement is governed by current State of Washington travel reimbursement rules published by the Office of Financial Management; you can access these rules at the State Accounting and Administrative Manual webpage located at http://www.ofm.wa.gov/policy/10.htm.

You are required to be registered in Washington State's Statewide Vendor Payment System prior to submitting a request for payment. The Washington State Office of Financial Management (OFM) maintains the Statewide Vendor Payment System; to obtain registration materials please go to http://www.ofm.wa.gov/isd/vendors.asp.

If you need further assistance on travel reimbursement policies and regulations, please contact me at (360) 596-4052.

Sincerely,

Mr. Jeffrey R. Huddahl, Contracts Manager
Budget and Fiscal Services

jh
Enclosure
cc: Ms. Beverly Wood, Homeland Security Division

FORM A19-1A (Rev. 3/95)

STATE WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc. (TITLE)

2 NOV 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY LT Randy Drake/WSP

DATE GOODS/SERVICES RECEIVED 26-30 Sep 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 26 Sep 10 | Lodging in Omak, WA | 1 | | $76.79 | | |
| 26 Sep 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 27 Sep 10 | Lodging in Omak, WA | 1 | | 76.79 | | |
| 27 Sep 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 28 Sep 10 | Lodging in Omak, WA | 1 | | 76.79 | | |
| 28 Sep 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 29 Sep 10 | Lodging in Omak, WA | 1 | | 76.79 | | |
| 29 Sep 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 30 Sep 10 | Per diem lunch | 1 | | 14.00 | | |
| | Total | | | $461.16 | | |
| | | | | | | |
| | | | | | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 2 Nov 10 | AGENCY APPROVAL: [signature] | DATE: 11-4-10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GA | | | | | | 5721 | | | $461.16 | meals + lodging |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $461.16 | WARRANT NUMBER

TO Fiscal 11-5-10

# BES WESTERN PLUS Peppert e Inn at Omak

820 Koala Drive

Omak, WA 98841

Telephone: (509)422-2088 Fax: (509)422-2118

Sep 30, 2010
6:17 am

Each Best Western hotel is independently owned and operated.

DOUGLAS LARM
13405 159TH st ct E
PUYALLUP, WA 98374

Folio #: 42284
Room Number: 218
Rate: $70.00
Pay Method: VI3220

Arrival Date: Sunday, September 26, 2010
Departure Date: Thursday, September 30, 2010

Member #:

Information:

| Date | Department | Reference | Voucher | Room | Debit | Credit |
|---|---|---|---|---|---|---|
| 9/26/2010 | Room postings | Auto Posted | | 218 | $70.00 | |
| 9/26/2010 | State Tax | Auto Posted | | 218 | $6.79 | |
| 9/27/2010 | Room postings | Auto Posted | | 218 | $70.00 | |
| 9/27/2010 | State Tax | Auto Posted | | 218 | $6.79 | |
| 9/28/2010 | Room postings | Auto Posted | | 218 | $70.00 | |
| 9/28/2010 | State Tax | Auto Posted | | 218 | $6.79 | |
| 9/29/2010 | Room postings | Auto Posted | | 218 | $70.00 | |
| 9/29/2010 | State Tax | Auto Posted | | 218 | $6.79 | |
| 9/30/2010 | Visa | CHECKED-OUTVI3220 | | 218 | | $307.16 |

Balance: $0.00

I agree that my liability for all charges is not waived.

Please tell us how we are doing. Visit us a www.peppertreeomak.com and click on SURVEY!!

Signature _____

FORM A19-1A (Rev. 3/95)

STATE WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

2 NOV 2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: LT Randy Drake/WSP

DATE GOODS/SERVICES RECEIVED: 18-21October 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 18 Oct 10 | Lodging in Omak, WA | 1 | | $84.47 | | |
| 18 Oct 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 19 Oct 10 | Lodging in Omak, WA | 1 | | 84.47 | | |
| 19 Oct 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 20 Oct 10 | Lodging in Omak, WA | 1 | | 84.47 | | |
| 20 Oct 10 | Per diem lunch and dinner | 1 | | 35.00 | | |
| 21 Oct 10 | Per diem lunch | 1 | | 14.00 | | |
| | Total | | | $372.41 | | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| Doug Larm | (253)226-9564 | 2 Nov 10 | | 11-4-10 |

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GA | | | | | | 5721 | | | $372.41 | meals + lodging |

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $372.41 | |

TO Fiscal 11-5-10

# BES WESTERN PLUS Pepper e Inn at Omak

820 Koala Drive

Omak, WA 98841

Telephone: (509)422-2088 Fax: (509)422-2118

Oct 21, 2010
6:26 am

Each Best Western hotel is independently owned and operated.

DOUGLAS LARM
[redacted]

Folio #: 43474
Room Number: 218
Rate: $77.00
Pay Method: VI3220

Arrival Date: Monday, October 18, 2010
Departure Date: Thursday, October 21, 2010

Member #:

Information:

| Date | Department | Reference | Voucher | Room | Debit | Credit |
|---|---|---|---|---|---|---|
| 10/18/2010 | Room postings | Auto Posted | | 218 | $77.00 | |
| 10/18/2010 | State Tax | Auto Posted | | 218 | $7.47 | |
| 10/19/2010 | Room postings | Auto Posted | | 218 | $77.00 | |
| 10/19/2010 | State Tax | Auto Posted | | 218 | $7.47 | |
| 10/20/2010 | Room postings | Auto Posted | | 218 | $77.00 | |
| 10/20/2010 | State Tax | Auto Posted | | 218 | $7.47 | |
| 10/21/2010 | Visa | CHECKED-OUTVI3220 | | 218 | | $253.41 |

Balance: $0.00

I agree that my liability for all charges is not waived.

Please tell us how we are doing. Visit us a www.peppertreeomak.com and click on SURVEY!!

Signature _____

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE)

2NOV2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY LT Randy Drake/WSP

DATE GOODS/SERVICES RECEIVED 29-30 July 2010

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 29 Jul 10 | Lodging in Omak, WA | 1 | | $76.79 | | |
| 29 Jul 10 | Per diem Omak, WA | 1 | | 46.00 | | |
| | | | | | | |
| | Total | | | $122.79 | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 2 Nov 10 | AGENCY APPROVAL: [signature] | DATE: 11-4-10

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OJECT | SUB SUB OJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GA | | | | | | 5767 | | | $122.79 | meals + lodging |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $122.79 | WARRANT NUMBER

TO FSRU 11-5-10

# Best Western Peppertree I at Omak

820 Koala Drive

Omak, WA 98841

Telephone: (509)422-2088 Fax: (509)422-2118

Jul 30, 2010
8:28 am

Each Best Western hotel is independently owned and operated.

DOUGLAS LARM
[redacted]

Folio #: 39363
Room Number: 409
Rate: $70.00
Pay Method: VI3709

Arrival Date: Thursday, July 29, 2010
Departure Date: Friday, July 30, 2010

Member #:

Information:

| Date | Department | Reference | Voucher | Room | Debit | Credit |
|---|---|---|---|---|---|---|
| 7/29/2010 | Room postings | Auto Posted | | 409 | $70.00 | |
| 7/29/2010 | State Tax | Auto Posted | | 409 | $6.79 | |
| 7/30/2010 | Visa | CHECKED-OUTVI3709 | | 409 | | $76.79 |

Balance: $0.00

I agree that my liability for all charges is not waived. In-room bottled water charges will be posted to your account after check out.

Please tell us how we are doing. Visit us a www.peppertreeomak.com and click on SURVEY!!

Signature _____

# CERTIFICATE OF TRAINING

PRESENTED TO

Doug Larm

FOR COMPLETION OF

## Nationwide SAR Initiative
## Line Officer Training

PRESENTED ON
05/09/2011

Todd Bobe
Supervisory Special Agent
Guardian Management Unit
FBI Counterterrorism Division

# Operational Applications

Vision. Innovation. Solutions.

RECEIVED
APR 20 2006
BUDGET & FISCAL
WSP

RECEIVED
APR 28 2006
BUDGET & FISCAL
WSP

**A PROPOSAL:**

Submitted In Response to State of Washington/Washington State Patrol Request for Qualifications/Quotations (RFQQ) No. C061066PSC

**PROJECT TITLE:**

Criminal Intelligence Analyst Services for Washington State

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# LETTER OF SUBMITTAL

Mr. Jeff Hugdahl, RFQQ Coordinator
Budget and Fiscal Services
PO Box 42602
Olympia WA 98504-2602

Operational Applications is pleased to submit this proposal in response to the State of Washington/Washington State Patrol Request for Qualifications/Quotations (RFQQ) No. C061066PSC soliciting a consultant that can provide criminal intelligence analyst services at regional criminal intelligence centers serving federal, state and local law enforcement organizations within Washington State.

As an emerging consulting enterprise established in 2006, Operational Applications focuses on effects-based planning and operations bringing vision, innovation and solutions to contemporary intelligence and analytical challenges. My approach to providing Washington State with criminal intelligence analyst services extends from my extensive military background, training, professional education and defense contracting intelligence and project management services performed for the US Army's First Corps intelligence staff in Fort Lewis, Washington.

For this RFQQ solicitation, I propose myself as the Operational Applications consultant:

| | |
|---|---|
| Name | Mr. Doug Larm |
| Mailing Address | 13405 159th Street Court East<br>Puyallup, Washington 98374 |
| Business Address | Same as mailing address |
| Telephone Number | (253) 226-9564 |
| E-Mail Address | doug.larm@us.army.mil |
| SSN | [redacted] |
| UBI | 602556875 |
| Consultant Status | Sole Proprietorship; est. 2006 |

Submitted this day by Doug Larm, Operational Applications:

*Signature* [signature]

*Title* SOLE PROPRIETOR *Date (DD/MM/YY)* 24/04/06

# CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the proposal are true and correct.

2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.

3. The attached proposal is a firm offer for a period of 90 days following receipt, and it may be accepted by WSP without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 90-day period.

4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)

5. I/we understand that WSP will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of WSP, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.

6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Proposer or to any competitor.

7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached Personal Service Contract General Terms and Conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.

8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

*Signature* 

*Title* SOLE PROPRIETOR *Date (DD/MM/YY)* 2/04/06

Washington State Patrol (Exhibit A to RFQQ No. C061066PSC)

# RESPONSE TO QUESTIONNAIRE

## 3.1 – Qualifications and Experience

Our consultant possesses special qualifications, unique personal attributes and measurable knowledge, skills and abilities required to provide regionally-focused intelligence analysis products as well as performing as a conduit for information and coordination with the Washington Joint Analytical Center.

## 3.2 – Resume



*Doug Larm*

Background - Doug Larm is a professional intelligence analyst with over 20 years of US Army military intelligence experience and training and over four years as a defense contractor supporting the US Army's First Corps' intelligence staff at Fort Lewis, Washington. He is a Distinguished Military Graduate with a BA in Political Science and holds an AA in Criminal Justice as a Distinguished Military Student. He is a graduate of the US Army War College's Defense Strategy Course analyzing national security challenges. At Fort Lewis, he is a senior intelligence analyst responsible for providing continuity on First Corps' responsibilities for responding to potential or actual threats and is a corporate force protection and anti-terrorism program manager and quality control task monitor responsible for maintaining information relevance in terrorism, counterterrorism, force protection, and criminal activities.

### Meets or Exceeds Consultant Team Member Requirements

| RFQQ Consultant Requirements | Mr. Doug Larm's Qualifications |
|---|---|
| Two year college degree in criminal justice, law enforcement or statistical analysis | **EXCEEDS Requirement.** AA in Criminal Justice, BA in Political Science, US Army War College Defense Strategy certificate, high honors US Army post-graduate level imagery/technical intelligence course and advanced US Army intelligence, force protection, surveillance and security training |
| Two years work experience in national security or criminal intelligence analysis | **EXCEEDS Requirement.** Over twenty years distinguished military intelligence service with four years as Defense Intelligence Agency strategic analyst and operations officer and four years as US Army military police battalion security and intelligence officer |
| Proficient in the use of Microsoft Office Suite applications | **MEETS Requirement.** Over eight years of daily proficiency in substance, organization, style and correctness in all forms of written communication developed through Microsoft Office Suite applications |
| Be able to obtain a federal Top Secret level security clearance | **EXCEEDS Requirement.** Possesses Defense Department Top Secret/Special Background Investigation-level security clearance 1985-2001; re-indoctrinated 2003 based on successful periodic re-investigation completed in 2002. |
| May be required to pass polygraph examination as part of background check | **EXCEEDS Requirement.** Passed US Army counterintelligence polygraph in 1999; FBI administered background check polygraph in 2004 |

### Education

- Master Certificate, IS/IT Project Management, Villanova University, March 2004
- Master Certificate, Applied Project Management, Villanova University, July 2003
- BA Political Science, University of Hawaii, Distinguished Military Graduate, 1980
- AA Criminal Justice, New Mexico Military Institute, High Honors/Distinguished Military Student, 1977

Washington State Patrol (Exhibit C to RFQQ No. C061066PSC)

## Military Education and Special Qualifications

- Certificate, Defense Strategy Course, US Army War College, 1997
- Diploma, Command and General Staff College, US Army, 1995
- Certificate/MI identifier 6A, Defense Sensor Interpretation and Training Program, US Air Force, Honor Graduate, 1990
- Certificate/MI identifier 5M, Electronic Warfare Staff Officer Course, US Army, 1987
- Certificate, Combined Arms Staff Service School, US Army, 1987
- Certificate/MI identifier 35C, Military Intelligence Officer Advance Course and Imagery Exploitation Course, US Army, Honors Graduate, 1985
- Certificate/MI identifier 35A/D, Military Intelligence Officer Basic Course and Tactical Surveillance Course, US Army, 1981

## Summary of Qualifications

Doug Larm is a professional intelligence analyst. He is a former US Army Military Intelligence Officer with over 20 years of military experience in applying art and science of reconnaissance and surveillance missions, human and electronic intelligence operations, security and force protection planning across a spectrum of peacetime conditions tied to potential conflict situations.

As a former strategic intelligence officer for the Defense Intelligence Agency, he has contributed organizational, analytical and specialized technical skills in supporting US defense strategy promoting military-to-military cooperation and intelligence sharing in a joint, combined national intelligence and analysis center.

A defense contractor since 2002, he has demonstrated specialized knowledge of joint and combined intelligence applications across entire spectrum of conflict and contingency situations challenging First Corps by designing comprehensive solutions in training environments to mirror real-world intelligence capabilities or developing processes to mitigate shortfalls.

## Relevant Professional Experience

***Senior Intelligence Analyst, Science Applications International Corporation, 2002-Present***

Primary responsibility as a senior intelligence analyst is to monitor, assess, evaluate and prioritize contemporary conditions and emerging threat developments for relevance, significance, validity and potential applications to First Corps' intelligence operations and to transform operational and contingency plans data into useful information for staff planners and commanders. Facilitate a coherent, relevant and shared-knowledge environment framing Corps' understanding of potential threats within the Pacific Theater using a system of systems approach or operational net assessment as the catalyst for decision superiority. Support with products and processes (example: interpretative graphics, descriptive summaries and collaborative analyses using Falcon View, C2PC, IWS) intended to enhance both deliberate and crisis-action effects-based planning.

Support as an exercise planner and as a functional expert on US intelligence sensors, intelligence systems architecture and combat simulations. Primary responsibility as an exercise planner is to develop a competitive training strategy supporting exercises and mission rehearsals linked to a Corps/Joint Task Force-level intelligence readiness in conventional, joint and combined contingency situations. Provide timely and appropriate generation, collection, dissemination, storage and disposition of intelligence information; identify who needs what information, when and in what format. Write senior-level staff memorandums, executive-level fact sheets and analytic studies. Determine research methodology and use analytic tools for collecting,

processing, measuring and testing of intelligence reporting capabilities of the Stryker Brigade in a simulation exercise.

As a program manager for SAIC, provide management and quality control oversight for corporate First Corps staff task orders: ACofS/G2 Exercise, ACofS/G3 Readiness, ACofS/G3 Information Management, 201st MI Brigade Intelligence Operations and 42nd MP Brigade Force Protection.

***Intelligence Officer, US Army/ Military Intelligence, Fort Lewis, WA 1997-2001***

Served as an Army-designated functional expert on combat and intelligence simulations. Performed as a G2/G3 and contingency Joint Task Force J2/J3 intelligence and operations officer. In G3, supervised a combined team of 4 military and 21 contractors; oversaw an annual $1.5 million contract task order process, accountable for operational readiness of technology equipment in excess of $4 million and conducted monthly contractor performance evaluations.

Created a coherent operational training environment across broad spectrum of war from high intensity to peacekeeping operations realistic in context of specific training objectives. Planned, prepared, supervised and executed simulation-supported training for seven major exercises; developed training schedules, wrote master simulation training plans, site support orders and briefed operations updates. Designed, directed and implemented applicable information and physical security guidelines before, during and immediately following all exercises; no accountability losses nor security breaches experienced.

Demonstrated a highly effective application of substance, organization, style and correctness in all forms of communication (verbal, written, visual); delivered information in clear, concise format to senior staff officers and commanders. Briefed complex issues in easily understandable language regardless the medium (desk-side, formal slide or informal stand-up) or whomever the audience (senior officers, commanders or small through large groups of soldiers in classrooms or in the field). Developed and wrote training plans, exercise briefings, status reports, information papers and after action reviews. Demonstrated expert proficiency in plans, resource decisions and management oversight in applications involving Army's training doctrine, security guidelines and property accountability policies and procedures.

In G2, researched and analyzed a G2 initiative to employ in an exercise an emerging operational concept called intelligence reach--small forward operating base linked to a home station or sanctuary knowledge center. Designed, planned and demonstrated First Corps' first intelligence reach architecture in Japan and Thailand exercises; achieved proof-of-concept for First Corps' reach transformation efforts to respond faster, use smaller deployed intelligence element and leverage near real time collaborative information from home station, theater or national-level intelligence agencies. Proved this concept enhanced First Corps and Headquarters/Joint Task Force-level mission readiness; served as basis for designation of First Corps as Army's reach test-bed center. Translated First Corps' wartime and contingency Joint Task Force J2 operations requirements into simulation-supported training; documented, tracked, projected intelligence training requirements for active, reserve and National Guard intelligence components. Demonstrated full-range of military exercise planning tools, techniques, best practices and procedures; provided immediate information and operational relevancy for First Corps intelligence support to Pacific-theater military exercises. Wrote mission training plans, intelligence synchronization plans and intelligence sensors and systems capabilities reports. Provided direct planning and operational experience with all First Corps supported exercises; enhanced in-depth understanding of the missions, capabilities and cultures within the Pacific-theater.

***Senior Intelligence Officer, US Army/ Military Intelligence, Germany, 1994-1997***

Supervised a joint staff of 20 intelligence analysts, communication technicians and aerospace control specialists in the Warrior Preparation Center or WPC (Defense Department's largest, distributed computer wargaming center facilitating relevant and responsive training of US and NATO battle staffs). Responsible for planning, preparing, instructing and defining a realistic enemy force to test US and NATO battle staff readiness and for researching intelligence issues, supervising data collection, evaluating staff interpretations and disseminating intelligence reports to WPC and senior-level US and NATO commanders and battle staffs.

Portrayed potential enemy operations in a broad spectrum of conflict situations for simulation supported exercises. Developed training strategies in over 20 contingency exercises linked to real-world mission rehearsals. Researched and wrote analytic reports of emerging threats and contemporary conditions effecting US and NATO forces' mission readiness that served as basis for scenario and enemy battle plans in 25 theater-level exercises. Augmented NATO planning staff and a US joint task force intelligence staff. Contributed intelligence solutions in planning the rehearsal for extracting forces from Bosnia, for conducting the evacuation of non-combatants from Liberia and for rehearsing the evacuation of US citizens from Zaire. Supported unique Partnership-for-Peace program; planned and led first-ever joint contact intelligence seminar with Croatia, Poland, Macedonia and Romania. Shaped direction and focus for partnership nations military training strategy performing as liaison officer to Turkey's largest General Staff exercise, liaison officer to US Forces Korea during world's largest command post exercise, intelligence liaison to Swedish Defense Academy planning for Sweden's first simulation exercise, and intelligence planner to NATO staff preparing to assume peacekeeping mission in Bosnia.

***Strategic Intelligence Officer, US Army/ Military Intelligence, DIA Liaison Japan, 1990-1994***

Served as strategic intelligence analyst in Japan for the Defense Intelligence Agency (a US Army nominated intelligence position). Contributed organizational, analytical, technical and specialized intelligence skills supporting US defense strategy promoting military-to-military cooperation and intelligence sharing on contemporary conditions and emerging threats effecting security in the Pacific theater. Supervised 13 Japanese air, maritime and ground intelligence analysts in a joint, combined, multiple agency, national-level intelligence and analysis center; responsible for daily training management, analytical development and intelligence process improvement. Confronted daily with analytic challenges on gathering, interpreting, processing, evaluating, and reporting specialized intelligence used in defining military aspects of Japan's defense strategy and foreign policy agenda. Developed operational program and taught technical instruction on identifying unique threat systems and analyzing force development trends within the Pacific theater. Planned and coordinated intelligence requirements with US agencies for national-level systems support. Served as liaison for translating US and Japan's operational goals and objectives into intelligence themes and work threads for Japanese analysts. Supervised preparation and presentation of oral scripts, visual aids and written reports for eight intelligence briefings to Japan's equivalent Defense Secretary and Joint Chiefs of Staff officials. Performed center-wide responsibility for production management, quality control, operations security, logistics and personnel administration; reported directly to multiple US agencies' senior military and civilian executives. Developed concept, planned and implemented office automation upgrades greatly reducing time required for data retrieval, document production and inventory control of sensitive classified material.

## 3.3 – Availability

| Region | RIG Location |
|---|---|
| 3 | Olympia |
| 5 | Tacoma |
| 6 | Seattle |

## 3.4 – References

The contractor grants unrestricted permission for WSP to contact references.

### LTC Roger Fortier, Chief of G2 Plans and Exercise

First (US) Army Corps
Assistant Chief of Staff for Intelligence (ACofS/G2)
Fort Lewis, Washington 98433

Business: (253) 967-0357
Email: roger.fortier@us.army.mil

Service provided: provided expert application of project management knowledge, skills, tools and techniques. Provided planning continuity on Corps' responsibilities for responding to potential or actual threats. Provided timely and appropriate generation, collection, dissemination, storage and disposition of intelligence information. Designed comprehensive solutions in training environments to mirror real-world intelligence capabilities or developed and implemented processes to mitigate shortfalls effecting First Corps operational responsibilities within the Pacific theater.

### LTC Stephen Gomillion, Battalion Commander

Commander
502nd Military Intelligence Battalion
Fort Lewis, Washington 98433

Business: (253) 967-4497
Email: stephen.gomillion@us.army.mil

Service provided: coordinated exercise and training issues within I Corps staff, with training support agencies, intelligence agencies and throughout the U.S. Army force structure of active, reserve and National Guard components. Provided operational experience and expertise in battalion through corps and higher combat and intelligence simulations.

### COL Cindy Connally, Assistant Chief of Staff for Intelligence/G2

First (US) Army Corps
Assistant Chief of Staff for Intelligence (ACofS/G2)
Fort Lewis, Washington 98433

Business: (253) 967-0741
Email: cindy.connally@us.army.mil

Service provided: developed, portrayed and instructed process-oriented, training objectives-based realistic opposing forces' operational art for exercises and mission rehearsals linked to I Corps and to a Headquarters/Joint Task Force-level mission readiness in conventional, joint and combined contingency situations. Monitored, assessed, evaluated and prioritized contemporary conditions and emerging threat developments for relevance, significance, validity and potential applications to First Corps' intelligence operations and overall impact on mission readiness.

## 3.5 – Related Information

Neither Operational Applications nor Doug Larm has contracted with or ever been an employee of the State of Washington. Further, neither Operational Applications nor Doug Larm has had a contract terminated for default.

# QUOTATION

Proposed hourly rate for consultant for services through June 30, 2007:
$44.00 $84,480 bid quotation (hourly rate multiplied by 1920 billable hours)

Basis of cost estimate:

- 40 hours work week (maximum)
- 40 hours times 52 weeks for 2080 possible labor hours in one man-year:
  - 80 hours (10 days) Federal holiday
  - 80 hours (10 days) annual leave/sick leave
- 1920 billable hours (2080 possible hours reduced by 160 hours) in one man-year
- hourly rate includes all costs associated with providing services, including consultant's salary and benefits, industrial insurance, and federal and state taxes
- costs associated with worksite, office supplies, personal computer, communications and any such goods and/or services shall be provided to the consultant and shall remain the property of WSP
- consultant assumes all costs associated with training for i2's Analyst Notebook application, Penlink and Microsoft Office Suite
- consultant shall seek reimbursement for authorized lodging, subsistence and business vehicle mileage costs at current State of Washington approved reimbursement rates if services are required by WSP at locations other than the consultant's worksite

Proposed hourly rate for consultant for services option year one ending June 30, 2008:
$44.00

Proposed hourly rate for consultant for services option year two ending June 30, 2009:
$44.00

Washington State Patrol (Exhibit D to RFQQ No. C061066PSC)

# WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I authorize you to furnish the Washington State Patrol with any and all information that you have concerning me, my work, my reputation, my driving record, my criminal history record, including any arrest records, any information contained in investigatory files, any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed, my medical records, my psychological testing analysis and recommendation, my military service records, and my financial status. Information of a confidential or privileged nature may be included.

Your reply will be used to assist the Washington State Patrol in determining my qualifications. I understand my rights under Title 5, United States Code, Section 552a (The Privacy Act of 1974), and waive these rights with the understanding that information furnished will be used by the Washington State Patrol.

I hereby release to you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

*To be completed by the applicant:*

| | | | |
|---|---|---|---|
| **Douglas - Larm** | | | |
| Applicant Name (First, Middle, Last) | | | |
| **Doug** | | | |
| Other names you have been know by, including prior marriage(s) or nickname(s) | | | |
| **13405 159th Street Court East** | **Puyallup** | **Washington** | **98433** |
| Address | City | State | Zip Code |
| [redacted] | [redacted] | | |
| Social Security Number | Date of Birth | | |
|  | 24 APR 2006 | | |
| Applicant Signature | Date | | |

Washington State Patrol (Exhibit E to RFQQ No. C061066PSC)

# INTEROFFICE COMMUNICATION

## WASHINGTON STATE PATROL

**TO:** Lieutenant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeffrey R. Hugdahl, Budget and Fiscal Services

**SUBJECT:** WSP Contract No. C070061PSC and Task Order 1

**DATE:** July 24, 2006

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Mr. Douglas Larm/Operational Applications. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH
jh

Attachment

cc: Ms. Eileen Nashleanas, Budget and Fiscal Services
Ms. Tanya G. Pierce, Budget and Fiscal Services

RECEIVED
JUL 24 2006

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 6/21/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C070061PSC (1) | | |
| Contract Start Date ~~DOE~~ 7/12/06 | Contract End Date September 30, 2006 | AFRS End Date |
| Contract Title: Criminal Intelligence Analyst Services | CFDA No. | QFSR ☐Yes ☐No |
| Contractor Name: Douglas Larm dba: Operational Applications | | |
| Contractor Contact Address | | |
| Contractor Contact Name | Contractor Contact Phone | Contractor EIN/SSN |
| Contractor E-Mail Address | Contractor Contact Fax | BFS Accountant Name: Tanya Pierce |
| WSP Project Manager: LT Huntley | WSP Section/Division/Bureau: IAD | BFS Budget Analyst Name: Eileen Nashleanas |

Remarks: Period of performance and amount is for this Task Order only. Reimburses Contractor at hourly rate of $44.00, and for travel costs at state rates when approved by WSP.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | |
| Revised Total Amount | $24,600 | Budget Manager | Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ___ % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS4 | 001 | 020 | 00270 | SIS4 | CE | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Billable Contracts Only

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C070061PSC**
Task Order Number: **1**

Contractor: **Douglas Larm/Operational Applications**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | Date of Execution | End Date: | September 30, 2006 |

Description of Service: The Contractor's Employee (Doug Larm) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Region 6 Regional Intelligence Group (King County/Seattle Police Department).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $44.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C070061PSC.

Maximum Task Order Amount: $24,600

WSP Contact Name and Telephone Number: Lieutenant Keith Huntley, (360) 704-2422

Contractor Contact Name and Telephone Number: Mr. Doug Larm,

**FOR THE WASHINGTON STATE PATROL:**

Paul S. Beckley 7-12-06
John R. Batiste, Chief — Date

**FOR THE CONTRACTOR:**

4 July 2006
Signature — Date

DOUGLAS LARM SOLE-PROPRIETOR
Printed Name and Title

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 6/21/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C070061PSC | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| ~~DOE~~ 7/12/06 | June 30, 2009 | |
| **Contract Title** | | **CFDA No.** / **QFSR** ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Douglas Larm dba: Operational Applications | | |
| **Contractor Contact Address** | | |
| 13405 - 159th Street Ct E, Puyallup WA 98374 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor FEIN/SSN** |
| Doug Larm | | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Huntley | IAD | Eileen Nashleanas |

Remarks: Requires separate task orders – do not encumber.

| Contract Amount | |
|---|---|
| Previous Contract Amount | $ |
| Amendment Amount | $ |
| Revised Total Amount | $295,000 |
| Indirect Costs ____ % | |

| Position | Signature and Date |
|---|---|
| Grants and Contracts Manager | |
| Business Office Manager | |
| Budget Manager | Allot: ☐Yes ☐No<br>Unanticipated Receipt: ☐Yes ☐No |
| Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS4 | 001 | 020 | 00270 | SIS4 | CE | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

| **WASHINGTON STATE PATROL**<br>**PERSONAL SERVICE CONTRACT**<br>**Criminal Intelligence Analyst Services** | WSP Contract No.<br>C070061PSC<br>Other Contract No. |
|---|---|

This Contract is between the State of Washington, Washington State Patrol and the Contractor identified below, and is governed by chapter 39.29 RCW.

| **CONTRACTOR NAME**<br>**Douglas Larm** | Contractor Doing Business As (DBA)<br>Operational Applications |
|---|---|
| Contractor Address<br>13405 - 159th Street Ct E<br>Puyallup WA 98374 | Contractor Federal Employer Identification Number<br>[redacted] |
| Contact Name<br>Mr. Doug Larm | Contact Telephone<br>(253) 226-9564 |
| Contact Fax | Contact E-mail Address<br>DOUG.LARM@US.ARMY.MIL |

**WSP Contact Information**

| WSP Project Manager Name and Title<br>Lieutenant Keith Huntley | | WSP Project Manager Address<br>WSP Investigative Assistance Division<br>PO Box 2347, Olympia WA 98507-2347 |
|---|---|---|
| Telephone<br>(360) 704-2422 | Fax<br>(360) 704-2973 | E-mail Address<br>keith.huntley@wsp.wa.gov |
| WSP Administrative Contact Name and Title<br>Mr. Jeff Hugdahl<br>Grants and Contracts Manager | | WSP Administrative Contact Address<br>PO Box 42602<br>Olympia WA 98504-2602 |
| Telephone<br>(360) 753-0602 | Fax<br>(360) 664-0657 | E-mail Address<br>jeff.hugdahl@wsp.wa.gov |

| **Contract Start Date**<br>**Date of Final Signature** | **Contract End Date**<br>**June 30, 2009** | **Maximum Contract Amount**<br>**$295,000** |
|---|---|---|

ATTACHMENTS. When the boxes below are marked with an X, the following Exhibits are attached to and incorporated into this Contract by reference:

- ☒ Exhibit A, Statement of Work.
- ☒ Exhibit B, General Terms and Conditions
- ☒ Additional Exhibits as specified: Exhibit C, Contractor Employee Nondisclosure Agreement

This Contract, including the attached Terms and Conditions and any other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have the authority to enter into this Contract.

| FOR THE WASHINGTON STATE PATROL: | | FOR THE CONTRACTOR: | |
|---|---|---|---|
| WSP Signature<br>Paul S. Beckley | Date<br>7-12-06 | Contractor Signature<br>[signature] | Date<br>4 July 2006 |
| Printed Name and Title<br>John R. Batiste, Chief | | Printed Name and Title<br>DOUGLAS LARM SOLE-PROPRIETOR | |

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL 2/20/02

**Exhibit A**

## STATEMENT OF WORK

1. **Statement of Work.**

   a. General. As assigned by WSP, the Contractor Employee(s) identified below shall provide criminal intelligence analyst services at the Location of Work in order to provide the following products:
   - Raw intelligence classification and analysis
   - Daily intelligence briefings
   - Weekly and monthly written Intelligence bulletins
   - Periodic intelligence assessments
   - Information dissemination to local law enforcement agencies

| Contractor Employee | Location of Work |
|---|---|
| Doug Larm | Region 6 Regional Intelligence Group (King County/Seattle Police Department) |

   b. Task Orders. Work shall be assigned by a negotiated Task Order and must be signed by both parties. Each Task Order must identify the Contractor's Employee assigned to do the work ("Contractor Employees"), the Local Worksite to which the Contractor's Employee will be assigned and a start and end date for work at that location.

2. **Contractor Qualifications.** During the period of performance of this Contract, the Contractor Employee must be able to obtain a federal Top Secret level security clearance; and must provide proof to the WSP Project Manager of formal training in i2's Analyst Notebook application and Penlink no later than one hundred and twenty (120) days from the date of contract execution.

3. **Rules of Conduct.** During the period of performance of this Agreement, the Contractor must follow these basic rules of conduct while providing instruction:

   a. Alcohol and Drug Use. The Contractor shall not consume any alcohol or intoxicating beverage while providing services under this Contract, and will not appear for work while under the influence of alcohol or while having alcohol in their system. The Contractor shall not possess, use, or store alcoholic beverages while at any WSP facility or local worksite. Contractor employees shall not use or possess any narcotic, dangerous drug, or controlled substance except at the direction of a physician, dentist, or other medical authority for medical purposes. If the Contractor is directed by competent medical authority to use a narcotic, dangerous drug, or controlled substance, he/she shall not use such medication to the extent that their performance is affected while at any WSP facility or local worksite.

   b. Courtesy. The Contractor shall be courteous to WSP staff, other law enforcement partners, and the public. The Contractor shall be tactful in the performance of their duties, shall control their tempers and exercise the utmost patience and discretion, and shall not engage in argumentative discussions. In the performance of their duties, the Contractor shall not use coarse, violent, profane, or insolent language or

gestures, and shall not express any prejudice concerning race, religion, sex, politics, national origin, lifestyle, or similar personal characteristics.

c. Appearance. WSP expects the Contractor to present a professional image when providing services under this Contract. Clothing shall be neat, clean, and in good condition.

4. **Confidential Information.** The Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information"). Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information. The Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without WSP's express written consent or as provided by law.

The Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information. Immediately upon expiration or termination of this Contract, the Contractor shall, at WSP's option: (i) certify to WSP that the Contractor has destroyed all Confidential Information; or (ii) return all Confidential Information to WSP; or (iii) take whatever other steps WSP requires of the Contractor to protect Confidential Information. WSP reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by the Contractor through this Contract.

Contractor Employees working under this Contract shall complete and sign Exhibit C, Contractor Employee Nondisclosure Agreement, attached hereto and incorporated into the Contract herein. Violation of this section by the Contractor may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties. Furthermore, the Contractor is subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

6. **Fees.** WSP will reimburse the Contractor at the hourly rate identified below for services provided by the Contractor Employee(s) under this Contract.

| Contractor Employee | Year 1 Rate | Year 2 Rate | Year 3 Rate |
|---|---|---|---|
| Doug Larm | $44.00 | $44.00 | $44.00 |

When services are required by WSP at locations other than the local worksite, WSP will reimburse the Contractor for authorized lodging, subsistence and business vehicle mileage costs at current State of Washington approved reimbursement rates. These rates are published in the State Accounting and Administrative Manual (SAAM). This manual is available at the Office of Financial Management's SAAM website: http://www.ofm.wa.gov/policy/saamintro.htm

**7. Insurance Requirements.**

a. Worker's Compensation Coverage. The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. WSP will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

b. Business Auto Policy. As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than $500,000 per accident. Such insurance shall cover liability arising out of "Any Auto." Business auto coverage shall be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage. The Contractor shall furnish evidence of Business Auto Policy insurance meeting contract requirements at the request of WSP.

## GENERAL TERMS AND CONDITIONS

1. **Definitions.**

"Contract" means this Personal Service Contract, including all documents attached or incorporated by reference.

"Contractor" means the entity performing services to this Contract and includes the Contractor's owners, members, officers, director, partners, employees and/or agents unless otherwise stated in this Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, director, partners, employees and/or agents.

"General Terms and Conditions" means this Exhibit B.

"Statement of Work" means the Special Terms and Conditions of this Contract, which is attached hereto and incorporated herein as Exhibit A.

"Subcontract" means a separate contract between the Contractor and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.

"RCW" means the Revised Code of Washington. All references in the Contract to RCW chapters or sections shall include any successor, amended or replacement statutes.

"USC" means United States Code. All references in the Contract to USC chapters or sections shall include any successor, amended or replacement statutes.

"WSP" means the State of Washington, Washington State Patrol, and its officers, directors, trustees, employees and/or agents.

2. **Payment.** WSP shall reimburse the Contractor an amount not to exceed the Maximum Contract Amount specified on the Face Sheet of this Contract.

3. **Billing Procedure.** WSP shall reimburse the Contractor according to Exhibit A, Statement of Work, for work performed to the satisfaction of the WSP Project Manager. Compensation for services rendered shall be payable upon receipt of properly completed invoices, which shall be submitted not more often than monthly to the WSP Project Manager. The invoices shall describe and document to WSP's satisfaction a description of the work performed, activities accomplished, the progress of the project, fees and expenses, and WSP's contract number.

4. **Advance Payments Prohibited.** WSP shall not make any payments in advance or anticipation of the delivery of goods or services provided by the Contractor pursuant to this Contract.

5. **Assignment.** The work to be provided under this Contract, and any claim arising thereunder, is not assignable or delegable by the Contractor in whole or in part, without the express written consent of WSP.

6. **Attorneys' Fees and Costs.** If any litigation is brought to enforce any term, clause, provision or section of this Contract or as a result of this Contract in any way, the prevailing party shall be awarded

its reasonable attorney's fees together with expenses and costs incurred with such litigation, including necessary fees, costs and expenses for services rendered at both trial and appellate levels as well as subsequent to judgement in obtaining execution thereof. In the event that parties to this Contract engage in arbitration, mediation or any other alternative dispute resolution forum to resolve a dispute in lieu of litigation, both parties shall share equally in the cost of the alternative dispute resolution, including the cost of mediation or arbitration services. Each party shall be responsible for their own attorney's fees incurred as a result of the alternative dispute resolution method.

7. **Compliance with Civil Rights Laws.** During the period of performance for this Contract, the Contractor shall comply with all federal and state nondiscrimination laws, including, but not limited to, Title VII of the Civil Rights Act, 42 USC 12101 et seq.; the Americans with Disabilities Act (ADA); and Chapter 49.60 RCW.

8. **Confidentiality.** The Contractor shall not use or disclose any information concerning WSP, or information that may be classified as confidential, to any third party without the written permission of WSP. The Contractor shall destroy or return all such information to the WSP Program Manager at the end of this Contract.

9. **Contract Execution and Amendments.** This Contract shall be binding on WSP only upon signature by the Chief of WSP or designee. WSP and the Contractor may mutually amend this Contract. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind WSP and the Contractor.

10. **Contractor Certification Regarding Ethics.** The Contractor certifies that the Contractor is in compliance with Chapter 42.52 RCW, Ethics in Public Service, and will comply with Chapter 42.52 RCW throughout the term of the Contract.

11. **Disputes.** In the event that a dispute arises under this Contract, it shall be resolved by a Dispute Board in the following manner: The Chief of WSP shall appoint a member to the Dispute Board. The Contractor shall appoint a member to the Dispute Board. The Chief of WSP and the Contractor shall jointly appoint a member to the Dispute Board. The Dispute Board shall evaluate the dispute and make a determination of the dispute. The determination of the Dispute Board shall be final and binding to all parties to this Contract.

12. **Governing Law.** This Contract shall be governed in all respects by the laws of the State of Washington. The jurisdiction for any action hereunder shall be the Superior Court for the State of Washington. The venue of any action hereunder shall be in the Superior Court for Thurston County, State of Washington.

13. **Indemnification.** The Contractor shall indemnify, defend and hold harmless WSP from and against all claims arising out of or resulting from the performance of this Contract. The Contractor expressly agrees to indemnify, defend and hold harmless WSP for any claim arising out of or incident to the Contractor's performance or failure to perform this Contract. The Contractor shall be required to indemnify, defend and hold WSP harmless to the extent claim is caused in whole or in part by negligent acts or omissions of the Contractor.

14. **Independent Capacity.** The Contractor acknowledges that the Contractor is an independent contractor, and not an officer, employee or agent of WSP or the State of Washington. The Contractor shall not hold itself out as, nor claim status as, and officer, employee or agent of WSP or the State of Washington. The Contractor shall indemnify and hold WSP harmless from all obligations to pay or withhold federal or state taxes or contributions on behalf of the Contractor or the Contractor's employees unless otherwise specified in this Contract.

15. **Industrial Insurance Coverage.** Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for its employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the period of performance for this Contract. WSP shall not be responsible for payment of industrial insurance premiums or for any other claim or benefit for the Contractor, or any subcontractor or employee of the Contractor, which might arise under the industrial insurance laws during the performance of duties and services under this Agreement.

16. **Insurance.** The Contractor shall provide insurance coverage as set out in Exhibit A, Statement of Work. The intent of the required insurance is to protect the State of Washington should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or any subcontractor, or agents of either, while performing under the terms of this Contract.

17. **Inspection; Maintenance of Records.** During the term of this Contract and for one year following termination or expiration of this Contract, the Contractor shall give reasonable access to the Contractor's place of business and records to WSP and any other employee or agent of the State of Washington or the United States of America for the purpose of inspecting the Contractor's place of business and its records, and monitoring, auditing and evaluating the Contractor's performance and compliance with applicable laws, regulations, rules and this Contract.

    During the term of this Contract and for six years following termination or expiration of this Contract, the Contractor shall maintain records sufficient to document (i) performance of all acts required by statute, regulation, rule, or this Contract; (ii) substantiate the Contractor's statement of its organization's structure, tax status, capabilities and performance; and (iii) demonstrate accounting procedures, practices and records that sufficiently and properly document the Contractor's invoices to WSP and all expenditures made by the Contractor to perform as required by this Contract.

18. **Order of Precedence.** In the event of any inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule the inconsistency shall be resolved by giving precedence in the following order to:

    Applicable federal and state law, regulations and rules;
    Exhibit A, Statement of Work;
    Any other provision of this Contract; and
    Any document incorporated by reference.

19. **Overpayments to Vendors.** Upon notice of an erroneous payment or overpayment to which the Contractor is not entitled pursuant to this Contract, the Contractor shall promptly refund to WSP the full amount of any such payment or overpayment.

20. **Personnel.** WSP employees performing work under the terms of this Contract (if any) shall be under the direct command and control of the Chief of WSP or designee, and shall perform duties required under this Contract in a manner consistent with WSP policy and regulations, and applicable federal, state and local laws. The assignment of WSP personnel under this Contract shall be at the discretion of the Chief of WSP or designee.

21. **Rights in Data.** Unless otherwise provided, data that originates from this Contract shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by WSP. Data shall include, but not be limited to , reports, documents, pamphlets, advertisements, books, magazines, surveys,

studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyrights, patent, register, and the ability to transfer these rights.

Material delivered by the Contractor under the terms of this Contract, but which does not originate therefrom, shall be transferred with a nonexclusive, royalty-free irrevocable license to publish, translate, reproduce, deliver, performs, dispose of, and to authorize others to do so, provided that such a license shall be limited to the extent which the Contractor has a right to grant such a license. The Contractor shall exert all reasonable efforts to advise WSP at the time of material delivery of all known or potential invasions of privacy contained therein and of any portion of such material which was not produce in performance of this Contract. WSP shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any material delivered under this Contract. WSP shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

22. **Savings.** In the event that funds WSP relied upon to establish this Contract are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, WSP may immediately terminate this Contract by providing written notice to the Contractor. This termination shall be effective on the date specified in the notice of termination.

23. **Severability.** If any provision of this Contract or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Contract, and to this end the provisions of this Contract are declared to be severable.

24. **Site Security.** While on WSP's premises, the Contractor shall conform in all respects with physical, fire or other security regulations communicated to the Contractor by WSP.

25. **Subcontracting.** Except as otherwise provided in this Contract, the Contractor may subcontract for any of the services provided under this Contract with the prior, written approval of WSP. The Contractor shall be responsible for the acts and omissions of any subcontractor.

26. **Survivorship of Provisions.** Any terms, conditions and warranties contained in this Contract that by their sense and context are intended to survive performance by the parties to this Contract shall so survive the completion of the period of performance or termination of this Contract.

27. **Taxes.** WSP shall pay sales and use taxes imposed on services provided by the Contractor under this Contract if required by state law. The Contractor shall pay all other taxes, including, but not limited to, Washington State Business and Occupation Tax, taxes based on the Contractor's income, or personal property taxes levied or assessed on the Contractor's personal property to which WSP does not own title.

28. **Termination for Convenience.** Except as otherwise provided in this Contract, either party may terminate this Contract upon thirty (30) calendar days written notification. If this Contract is so terminated, the terminating party shall be liable only for performance in accordance with the terms of this Contract for performance rendered prior to the effective date of termination.

29. **Termination for Default.** WSP may terminate the Contract for default, in whole or in part, if WSP has a reasonable basis to believe that the Contractor failed to perform under any provision of this Contract; violated any applicable law, regulation, rule or ordinance; or otherwise breached any provision or condition of this Contract.

WSP shall notify the Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) calendar days, the Contract may be terminated. WSP reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of the alleged breach and pending corrective action by the Contractor or a decision by WSP to terminate the Contract.

In the event of termination for default, the Contractor shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract, and all administrative costs directly related to procuring the replacement contract. If it is determined that the Contractor was not in default the termination shall be deemed a termination for convenience. The rights and remedies of WSP provided under this Contract are not exclusive and are in addition to any other rights and remedies provided by law.

30. **Termination Procedure.** The following provisions shall survive and be binding on the parties to this Contract in the event this Contract is terminated.

    a. The Contractor shall stop work under this Contract on the date specified in the notice of termination, and shall comply with all instructions contained in the notice of termination.

    b. The Contractor shall deliver to the WSP Project Manager identified on the Face Sheet of this Contract, all WSP property in the Contractor's possession and any WSP property produced under this Contract. The Contractor grants WSP the right to enter upon the Contractor's premises for the sole purpose of recovering any WSP property that the Contractor fails to return within ten (10) calendar days of termination of the Contract. Upon failure to return WSP property within ten (10) calendar days of the Contract termination, the Contractor shall be charged with all reasonable costs of recovery, including transportation and attorney's fees. The Contractor shall protect and preserve any property of WSP that is in the possession of the Contractor pending return to WSP. The Contractor shall provide written certification to WSP that the Contractor has returned all WSP property in the Contractor's possession.

    c. WSP may direct assignment of the Contractor's rights to and interest in any subcontract or orders placed to WSP. WSP may terminate any subcontract or orders, and settle or pay any or all claims arising out of the termination of such orders and subcontracts.

    d. WSP shall be liable for and shall pay for only those services authorized and provided through the date of termination. WSP may pay an amount agreed to by the parties for partially completed work and services, if work products are useful to WSP.

    e. In the event of termination for default, WSP may withhold a sum from the final payment to the Contractor that WSP determines necessary to protect WSP against loss or additional liability.

31. **Treatment of Assets.** Title to all property furnished by WSP to the Contractor under the terms of this Contract shall remain with WSP. Any property furnished by WSP to the Contractor under the terms of this Contract shall be used only for the performance of this Contract. The Contractor shall be responsible for any loss or damage of property provided to the Contractor by WSP resulting from the failure on the part of the Contractor to maintain and administer that property in accordance with sound management practices. Upon the discovery of loss or damage of WSP property, the Contractor shall notify WSP and take all reasonable steps to prevent any further loss or damage. upon the termination or completion of this Contract the Contractor shall surrender all WSP property to the WSP Project Manager indicated on the Face Sheet of this Contract .

32. **Waiver.** A failure by WSP to exercise its rights under this Contract shall not preclude WSP from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Contract unless stated to be such in writing and signed by an authorized representative of WSP and attached to the original Contract.

**Exhibit C**

## CONTRACTOR EMPLOYEE NONDISCLOSURE AGREEMENT

I acknowledge that some of the material and information that may come into my possession or knowledge in connection with Washington State Patrol Contract Number 5 (Contract) or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information").

Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information.

I agree to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without the Washington State Patrol's express written consent or as provided by law.

I also agree to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information.

Immediately upon expiration or termination of this Contract or my employment with the Contractor, I shall surrender any and all Confidential Information in my possession to the Vendor for its disposition according to the terms of the Contract.

I understand that I am subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

Signature of Contractor Employee

DOUGLAS CAHM SOLE-PROPRIETOR
Printed Name and Title

4 JULY 2006
Date

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| 1. NAME (Last, First, Middle) | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NO. |
|---|---|---|
| LARM, DOUGLAS | ARMY/RA/MI | [redacted] |

| 4.a GRADE, RATE, OR RANK | 4.b PAY GRADE | 5. DATE OF BIRTH (YYYYMMDD) | 6. RESERVE OBLIG. TERM. DATE |
|---|---|---|---|
| MAJ | O4 | [redacted] | Year 0000 Month 00 Day 00 |

| 7.a PLACE OF ENTRY INTO ACTIVE DUTY | 7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) |
|---|---|
| HONOLULU, HI | [redacted] |

| 8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 8.b STATION WHERE SEPARATED |
|---|---|
| USAG FT LEWIS NG | FORT LEWIS, WA 98433 |

| 9. COMMAND TO WHICH TRANSFERRED | 10. SGLI COVERAGE |
|---|---|
| NA | ☐ None Amount: $ 250,000.00 |

**11. PRIMARY SPECIALTY** *(List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)*

35C 6A IMAGERY INTEL--20 YRS-1 MOS//57A 00 SIMULATIONS OFFICER--3 YRS-2 MOS//NOTHING FOLLOWS

| 12. RECORD OF SERVICE | Year(s) | Month(s) | Day(s) |
|---|---|---|---|
| a. Date entered AD This Period | 1981 | 08 | 24 |
| b. Separation Date This Period | 2001 | 09 | 30 |
| c. Net Active Service This Period | 0020 | 01 | 07 |
| d. Total Prior Active Service | 0000 | 00 | 00 |
| e. Total Prior Inactive Service | 0001 | 03 | 06 |
| f. Foreign Service | 0010 | 02 | 03 |
| g. Sea Service | 0000 | 00 | 00 |
| h. Effective Date of Pay Grade | 1993 | 08 | 01 |

**13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED** *(All periods of service)*

DEFENSE MERITORIOUS SERVICE MEDAL//MERITORIOUS SERVICE MEDAL (2ND AWARD)//ARMY COMMENDATION MEDAL (4TH AWARD)//ARMY ACHIEVEMENT MEDAL (4TH AWARD)//AIR FORCE ACHIEVEMENT MEDAL (4TH AWARD)//JOINT MERITORIOUS UNIT AWARD//NATIONAL DEFENSE SERVICE MEDAL//OVERSEAS SERVICE RIBBON (3RD AWARD)//NOTHING FOLLOWS

**14. MILITARY EDUCATION** *(Course title, number of weeks and month and year completed)*

MILITARY INTELLIGENCE OFFICER BASIC COURSE, 1981//TACTICAL SURVEILLANCE OFFICER COURSE, 1981//MILITARY INTELLIGENCE OFFICER ADVANCED COURSE, 1985//IMAGERY EXPLOITATION OFFICER COURSE, 1985//COMBINED ARMS STAFF SERVICE SCHOOL, 9 WEEKS, 1987//DEFENSE SENOR INTERPRETOR & TRAINING COURSE, 1990//COMMAND & GENERAL STAFF COLLEGE, 44 WEEKS, 1995//DEFENSE//CONT IN BLOCK 18.

| 15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM | Yes | No | 15.b HIGH SCHOOL GRADUATE OR EQUIVALENT | Yes | No | 16. DAYS ACCRUED LEAVE PAID |
|---|---|---|---|---|---|---|
| | X | | | X | | 6 |

| 17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | Yes | X | No |
|---|---|---|---|---|

**18. REMARKS**

DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//U.S. FLAG ISSUED//CONT FROM BLOCK 14: STRATEGY COURSE, 1997//NOTHING FOLLOWS

| 19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | 19.b NEAREST RELATIVE (Name and address - include Zip Code) |
|---|---|
| 13405 159TH ST CT EAST<br>PUYALLUP, WA 98374 | LYNNE TERESE MURPHY<br>13405 159TH ST CT EAST<br>PUYALLUP, WA 98374 |

| 20. MEMBER REQUESTS COPY 6 BE SENT TO WA DIR OF VET. AFFAIRS | X | Yes | | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) |
|---|---|---|---|---|---|
| 21. SIGNATURE OF MEMBER BEING SEPARATED | | | | | LARRY H. CLAY, GS9, CHIEF, TRANSITION CENTER |
| SOLDIER NOT AVAILABLE TO SIGN | | | | | |

**SPECIAL ADDITIONAL INFORMATION** *(For use by authorized agencies only)*

| 23. TYPE OF SEPARATION | 24. CHARACTER OF SERVICE (Include upgrades) | |
|---|---|---|
| RETIREMENT | HONORABLE | |
| **25. SEPARATION AUTHORITY** | **26. SEPARATION CODE** | **27. REENTRY CODE** |
| AR 600-8-24, PARA 6-14C(1) | RBD | NA |

**28. NARRATIVE REASON FOR SEPARATION**

SUFFICIENT SERVICE FOR RETIREMENT

| 29. DATES OF TIME LOST DURING THIS PERIOD | 30. MEMBER REQUESTS COPY 4 |
|---|---|
| NONE | _____ Initials |

DUP

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| 1. NAME (Last, First, Middle) | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NO. |
|---|---|---|
| LARM, DOUGLAS | ARMY/RA/MI | [redacted] |

| 4.a GRADE, RATE, OR RANK | 4.b PAY GRADE | 5. DATE OF BIRTH (YYYYMMDD) | 6. RESERVE OBLIG. TERM. DATE |
|---|---|---|---|
| MAJ | 04 | [redacted] | Year 0000 Month 00 Day 00 |

| 7.a PLACE OF ENTRY INTO ACTIVE DUTY | 7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) |
|---|---|
| HONOLULU, HI | [redacted] |

| 8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 8.b STATION WHERE SEPARATED |
|---|---|
| USAG FT LEWIS NG | FORT LEWIS, WA 98433 |

| 9. COMMAND TO WHICH TRANSFERRED | 10. SGLI COVERAGE |
|---|---|
| NA | ☐ None Amount: $ 250,000.00 |

**11. PRIMARY SPECIALTY** (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

35C 6A IMAGERY INTEL--20 YRS-1 MOS//57A 00 SIMULATIONS OFFICER--3 YRS-2 MOS//NOTHING FOLLOWS

| 12. RECORD OF SERVICE | Year(s) | Month(s) | Day(s) |
|---|---|---|---|
| a. Date entered AD This Period | 1981 | 08 | 24 |
| b. Separation Date This Period | 2001 | 09 | 30 |
| c. Net Active Service This Period | 0020 | 01 | 07 |
| d. Total Prior Active Service | 0000 | 00 | 00 |
| e. Total Prior Inactive Service | 0001 | 03 | 06 |
| f. Foreign Service | 0010 | 02 | 03 |
| g. Sea Service | 0000 | 00 | 00 |
| h. Effective Date of Pay Grade | 1993 | 08 | 01 |

**13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED** (All periods of service)

DEFENSE MERITORIOUS SERVICE MEDAL//MERITORIOUS SERVICE MEDAL (2ND AWARD)//ARMY COMMENDATION MEDAL (4TH AWARD)//ARMY ACHIEVEMENT MEDAL (4TH AWARD)//AIR FORCE ACHIEVEMENT MEDAL (4TH AWARD)//JOINT MERITORIOUS UNIT AWARD//NATIONAL DEFENSE SERVICE MEDAL//OVERSEAS SERVICE RIBBON (3RD AWARD)//NOTHING FOLLOWS

**14. MILITARY EDUCATION** (Course title, number of weeks and month and year completed)

MILITARY INTELLIGENCE OFFICER BASIC COURSE, 1981//TACTICAL SURVEILLANCE OFFICER COURSE, 1981//MILITARY INTELLIGENCE OFFICER ADVANCED COURSE, 1985//IMAGERY EXPLOITATION OFFICER COURSE, 1985//COMBINED ARMS STAFF SERVICE SCHOOL, 9 WEEKS, 1987//DEFENSE SENOR INTERPRETOR & TRAINING COURSE, 1990//COMMAND & GENERAL STAFF COLLEGE, 44 WEEKS, 1995//DEFENSE//CONT IN BLOCK 18.

| 15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM | Yes | No | 15.b HIGH SCHOOL GRADUATE OR EQUIVALENT | Yes | No | 16. DAYS ACCRUED LEAVE PAID |
|---|---|---|---|---|---|---|
| | X | | | X | | 6 |

17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ☐ Yes ☒ No

**18. REMARKS**

DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//U.S. FLAG ISSUED//CONT FROM BLOCK 14: STRATEGY COURSE, 1997//NOTHING FOLLOWS

| 19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | 19.b NEAREST RELATIVE (Name and address - Include Zip Code) |
|---|---|
| 13405 159TH ST CT EAST<br>PUYALLUP, WA 98374 | LYNNE TERESE MURPHY<br>13405 159TH ST CT EAST<br>PUYALLUP, WA 98374 |

| 20. MEMBER REQUESTS COPY 6 BE SENT TO NA DIR OF VET. AFFAIRS | Yes | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) |
|---|---|---|---|
| 21. SIGNATURE OF MEMBER BEING SEPARATED<br>SOLDIER NOT AVAILABLE TO SIGN | X | ☐ | LARRY H. [illegible] GS9 / CHIEF, TRANSITION CENTER |

**SPECIAL ADDITIONAL INFORMATION** (For use by authorized agencies only)

| 23. TYPE OF SEPARATION | 24. CHARACTER OF SERVICE (Include upgrades) | |
|---|---|---|
| RETIREMENT | HONORABLE | |
| **25. SEPARATION AUTHORITY** | **26. SEPARATION CODE** | **27. REENTRY CODE** |
| AR 600-8-24, PARA 6-14C(1) | RBD | NA |

**28. NARRATIVE REASON FOR SEPARATION**

SUFFICIENT SERVICE FOR RETIREMENT

| 29. DATES OF TIME LOST DURING THIS PERIOD | 30. MEMBER REQUESTS COPY 4 |
|---|---|
| NONE | _____ Initials |

DD Form 214-AUTOMATED, NOV 88 *Previous editions are obsolete.* MEMBER - 4

# INTEROF CE COMMUNICATIO

# WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Task Order 3 to WSP Contract No. C070061PSC

**DATE:** October 26, 2007

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Douglas Larm. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH

jh

Attachment

cc: Mr. Shawn Eckhart, Budget and Fiscal Services
Ms. Tanya G. Pierce, Budget and Fiscal Services

Date 9/20/07

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C070061PSC (3) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| October 1, 2007 | September 30, 2008 | |
| **Contract Title** | | **CFDA No.** / **QFSR** ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Douglas Larm dba: Operational Applications | | |
| **Contractor Contact Address** | | |
| | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Zeller | IAD | Shawn Eckhart |

Remarks: Period of performance and amount is for this Task Order only. Reimburses Contractor at hourly rate of $44.00, and for travel costs at state rates when approved by WSP.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | 10/10/07 |
| Revised Total Amount | $97,000 | Budget Manager | 10/9/07 Allot: ☐Yes ☒No |
| Indirect Costs ____ % | | Accounting Manager | Unanticipated Receipt: ☐Yes ☒No |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS6 | 001 | 020 | 00272 | SIS6 | CE | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other: _____

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C070061PSC**
Task Order Number: **3**

Contractor: **Douglas Larm/Operational Applications**

Period of Performance for Task Order: Start Date: October 1, 2007 End Date: September 30, 2008

Description of Service: The Contractor's Employee (Doug Larm) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Region 6 Regional Intelligence Group (King County/Seattle Police Department).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $44.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C070061PSC.

Maximum Task Order Amount: $97,000

WSP Contact Name and Telephone Number: Lieutenant Kevin Zeller, (360) 704-2422

Contractor Contact Name and Telephone Number: Mr. Doug Larm

**FOR THE WASHINGTON STATE PATROL:**

Diane Perry 9/30/07
John R. Batiste, Chief Date

**FOR THE CONTRACTOR:**

24 Sept 2007
Signature Date

DOUG LARM PRESIDENT OA INC.
Printed Name and Title

# IN :ROFFICE COMMUNI ATION

# WASHINGTON STATE PATROL

**TO:** Lieutenant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Task Order 2 to WSP Contract No. C070061PSC

**DATE:** November 3, 2006

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Douglas Larm. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH

jh

Attachment

cc: Ms. Eileen Nashleanas, Budget and Fiscal Services
Ms. Tanya G. Pierce, Budget and Fiscal Services

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 10/27/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C070061PSC (2) | | | |
| Contract Start Date | Contract End Date | AFRS End Date | |
| October 1, 2006 | September 30, 2007 | | |
| Contract Title | | CFDA No. | QFSR ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | | |
| Contractor Name | | | |
| Douglas Larm dba: Operational Applications | | | |
| Contractor Contact Address | | | |
| | | | |
| Contractor Contact Name | Contractor Contact Phone | Contractor EIN/SSN | |
| | | | |
| Contractor E-Mail Address | Contractor Contact Fax | BFS Accountant Name | |
| | | Tanya Pierce | |
| WSP Project Manager | WSP Section/Division/Bureau | BFS Budget Analyst Name | |
| LT Huntley | IAD | Eileen Nashleanas | |

Remarks: Period of performance and amount is for this Task Order only. Reimburses Contractor at hourly rate of $44.00, and for travel costs at state rates when approved by WSP.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | |
| Revised Total Amount | $97,000 | Budget Manager | Allot: ☐Yes ☐No<br>Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ____ % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code | | | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Major Group | Major Source | Sub Source | | |
| SIS6 | 001 | 020 | 00270 | SIS6 | CE | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Billable Contracts Only

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

# WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C070061PSC**
Task Order Number: **2**

Contractor: **Douglas Larm**

Period of Performance for Task Order: Start Date: October 1, 2006 End Date: September 30, 2007

Description of Service: The Contractor's Employee (Doug Larm) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Region 6 Regional Intelligence Group (King County/Seattle Police Department).

Fees:

Service Cost: WSP shall reimburse the Contractor at following hourly rate (s):
October 1, 2006 – June 30, 2007: $44.00
July 1, 2007 – September 30, 2007: $44.00

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C070061PSC.

Maximum Task Order Amount: $97,000

WSP Contact Name and Telephone Number: Lieutenant Keith Huntley, (360) 704-2422

Contractor Contact Name and Telephone Number: Mr. Doug Larm

**FOR THE WASHINGTON STATE PATROL:**

Diane C Perry 9/30/06
John R. Batiste, Chief Date

**FOR THE CONTRACTOR:**

26 SEP 06
Signature Date

DOUG LARM PRESIDENT
Printed Name and Title

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE) 1/4/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY ~~SPD/LT Leavell~~

DATE GOODS/SERVICES RECEIVED 1-31 March 08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1April08 | Analytical Services for March 2008 | 188 | Hour | 44.00 | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 1Apr08 | AGENCY APPROVAL | DATE: 4-3-08

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PRO. | RC HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 272 | CE | | | | | | SIS7 | | | $8,272.00 | Mar |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $8,272.00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2008 mm/dd/yr - Ending 3/31/2008 mm/dd/yr

**Name:** Douglas Larm **Location:** Seattle Police Department, Seattle, WA

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| 3 | 1 | 0 | Day of No Scheduled Activity |
| 3 | 2 | 0 | Day of No Scheduled Activity |
| 3 | 3 | 10 | Analytical |
| 3 | 4 | 10 | Analytical |
| 3 | 5 | 10 | Analytical |
| 3 | 6 | 10 | Analytical |
| 3 | 7 | 8 | Analytical |
| 3 | 8 | 0 | Day of No Scheduled Activity |
| 3 | 9 | 0 | Day of No Scheduled Activity |
| 3 | 10 | 10 | Analytical |
| 3 | 11 | 8 | Analytical |
| 3 | 12 | 6 | Analytical |
| 3 | 13 | 12 | Analytical |
| 3 | 14 | 14 | Analytical |
| 3 | 15 | 10 | Analytical |
| 3 | 16 | 10 | Analytical |
| 3 | 17 | 8 | Analytical |
| 3 | 18 | 4 | Analytical |
| 3 | 19 | 6 | Analytical |
| 3 | 20 | 10 | Analytical |
| 3 | 21 | 0 | Personal Time |
| 3 | 22 | 0 | Day of No Scheduled Activity |
| 3 | 23 | 0 | Day of No Scheduled Activity |
| 3 | 24 | 8 | Analytical |
| 3 | 25 | 8 | Analytical |
| 3 | 26 | 10 | Analytical |
| 3 | 27 | 8 | Analytical |
| 3 | 28 | 0 | Personal Time |
| 3 | 29 | 0 | Day of No Scheduled Activity |
| 3 | 30 | 0 | Day of No Scheduled Activity |
| 3 | 31 | 8 | Analytical |
| Total Hours: | | 188 | |

Contractor Signature/Date 1/4/2008

Local Reviewer Name

Local Reviewer Signature/Date 04-01-08

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

04/02/2008 WED 4:24 FAX 003/004

# Regional Intelligence Group Data

**RIG: REGION 6/Seattle PD**

**Analyst: Doug Larm**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Agency Contacts** | | | | | | | | | | | | | |
| Meetings | | | | | | | | | | | | | |
| Investigator meetings | | | | | | | | | | | | | |
| Executive level meetings | | | 1 | | | | | | | | | | |
| Intelligence officer meetings | | | 16 | | | | | | | | | | |
| **Agency Assists** | | | | | | | | | | | | | |
| Case Investigations | | | | | | | | | | | | | |
| Case investigations | | | | | | | | | | | | | |
| Leads developed | | | | | | | | | | | | | |
| Other assistance | | | 2 | | | | | | | | | | |
| Threat assessments | | | | | | | | | | | | | |
| Warrant Service | | | | | | | | | | | | | |
| Demonstration | | | | | | | | | | | | | |
| Criminal group gatherings | | | | | | | | | | | | | |
| Other | | | 1 | | | | | | | | | | |
| **Intelligence Sharing** | | | | | | | | | | | | | |
| Referrals | | | | | | | | | | | | | |
| To WAJAC | | | | | | | | | | | | | |
| To other group | | | 3 | | | | | | | | | | |
| Bulletins | | | | | | | | | | | | | |
| Statewide interest | | | | | | | | | | | | | |
| Local interest | | | | | | | | | | | | | |
| Regional interest | | | 1 | | | | | | | | | | |

**Significant Event (s):**

*Developed visual-impact method for risk assessment and threat warning using matrices, bulletized vulnerability factors and dialogue boxes and authored WSP proposal outlining WISE environment*

# SEATTLE POLICE DEPARTMENT

# CRIMINAL INTELLIGENCE SECTION

610 Fifth Avenue, Unit 348, P.O. Box 34986
Seattle, Washington 98124-4986

## FACSIMILE COVER SHEET

Date Sent:

*TO:* WSP
WATAC

Facsimile number: (360) 704-2973
Telephone number: (360) 704-2422

*FROM:*

Criminal Intelligence Section
610 5th Avenue, Unit 348
P.O. Box 34986
Seattle, WA 98124-4986

Facsimile telephone number: **(206) 684 8014**
Office telephone number: **(206) 684 8770**

This is page 1 of 4 pages

**Message:** - CONTRACTOR SERVICE HOURS: MARCH 2008
- REGIONAL INTELLIGENCE DATA: MARCH 2008
- A19-1A 1-31 MAR 2008

DOUG LARA
VENDOR

CONFIDENTIALITY - This facsimile transmission and accompanying documents may contain confidential information. This facsimile transmission and all accompanying attachments are intended solely for the above named recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this facsimile in error, please contact the sender at the voice phone number listed above to arrange for the return of the documents.

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 3 MAR 2008 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED 1-29 Feb 08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 3Mar08 | Analytical Services for Feb 2008 | 151 | Hour | 44.00 | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 3Mar08 | AGENCY APPROVAL | DATE: 3-6-08

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PRO. | RO HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 080 | 272 | CE | | | | | | 5157 | | | $6,644.00 | 1-Feb |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $6,644.00 | WARRANT NUMBER

# Regional Intelligence Group Data

**RIG: REGION 6/Seattle PD**

**Analyst: Doug Larm**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Agency Contacts** | | | | | | | | | | | | | |
| Meetings | | | | | | | | | | | | | |
| Investigator meetings | | 1 | | | | | | | | | | | |
| Executive level meetings | | 1 | | | | | | | | | | | |
| Intelligence officer meetings | | 10 | | | | | | | | | | | |
| **Agency Assists** | | | | | | | | | | | | | |
| Case Investigations | | | | | | | | | | | | | |
| Case investigations | | 2 | | | | | | | | | | | |
| Leads developed | | | | | | | | | | | | | |
| Other assistance | | 1 | | | | | | | | | | | |
| Threat assessments | | | | | | | | | | | | | |
| Warrant Service | | | | | | | | | | | | | |
| Demonstration | | | | | | | | | | | | | |
| Criminal group gatherings | | | | | | | | | | | | | |
| Other | | 1 | | | | | | | | | | | |
| **Intelligence Sharing** | | | | | | | | | | | | | |
| Referrals | | | | | | | | | | | | | |
| To WAJAC | | | | | | | | | | | | | |
| To other group | | 1 | | | | | | | | | | | |
| Bulletins | | | | | | | | | | | | | |
| Statewide interest | | | | | | | | | | | | | |
| Local interest | | | | | | | | | | | | | |
| Regional interest | | 5 | | | | | | | | | | | |

**Significant Event (s):**

*Developed new bulletin/process for disseminating information outside law enforcement channels (**in-FOCUS** which stands for intelligence FYI on contemporary UASI subjects) to UASI component members*

03/04/2008 TUE 11:09 FAX 003/004

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 2/1/2008 mm/dd/yr - Ending 2/29/2008 mm/dd/yr

Name: Douglas Larm

Location: Seattle Police Department, Seattle, WA

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| 2 | 1 | 0 | Day of No Scheduled Activity |
| 2 | 2 | 0 | Day of No Scheduled Activity |
| 2 | 3 | 0 | Day of No Scheduled Activity |
| 2 | 4 | 0 | Day of No Scheduled Activity |
| 2 | 5 | 0 | Day of No Scheduled Activity |
| 2 | 6 | 10 | Analytical |
| 2 | 7 | 10 | Analytical |
| 2 | 8 | 10 | Analytical |
| 2 | 9 | 0 | Day of No Scheduled Activity |
| 2 | 10 | 0 | Day of No Scheduled Activity |
| 2 | 11 | 9 | Analytical |
| 2 | 12 | 9 | Analytical |
| 2 | 13 | 13 | Analytical |
| 2 | 14 | 9 | Analytical |
| 2 | 15 | 9 | Analytical |
| 2 | 16 | 0 | Day of No Scheduled Activity |
| 2 | 17 | 0 | Day of No Scheduled Activity |
| 2 | 18 | 0 | President's Day |
| 2 | 19 | 10 | Analytical |
| 2 | 20 | 0 | Personal Time |
| 2 | 21 | 0 | Personal Time |
| 2 | 22 | 12 | Analytical |
| 2 | 23 | 0 | Day of No Scheduled Activity |
| 2 | 24 | 0 | Day of No Scheduled Activity |
| 2 | 25 | 10 | Analytical |
| 2 | 26 | 10 | Analytical |
| 2 | 27 | 10 | Analytical |
| 2 | 28 | 12 | Analytical |
| 2 | 29 | 8 | Analytical |
| | | | |
| | | | |
| Total Hours: | | 151 | |

3 MAR 2008
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

ERIK D ALLEN
Local Reviewer Name

3/3/08
Local Reviewer Signature/Date

# SEATTLE POLICE DEPARTMENT

# CRIMINAL INTELLIGENCE SECTION

610 Fifth Avenue, Unit 348, P.O. Box 34986
Seattle, Washington 98124-4986

## FACSIMILE COVER SHEET

Date Sent: 4 MAR 2008

*TO:* WSP
WAYNE

Facsimile number: (360) 704-2973
Telephone number: (360) 704-2422

*FROM:*

Criminal Intelligence Section
610 5th Avenue, Unit 348
P.O. Box 34986
Seattle, WA 98124-4986

Facsimile telephone number: **(206) 684 8014**
Office telephone number: **(206) 684 8770**

This is page 1 of 4 pages

**Message:** - CONTRACTOR SERVICE HOURS: FEB 2008
- REGIONAL INTELLIGENCE DATA: FEB 2008
- AIG-IA 1-29 FEB 2008
DOUG LAMM
VENDOR

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FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) — 6 FEB 2008 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED 1-31 Jan 08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 6Feb08 | Analytical Services for Jan 2008 | 156 | Hour | 44.00 | | |

PREPARED BY: Doug Larm | TELEPHONE NUMBER: (253)226-9564 | DATE: 6Feb08 | AGENCY APPROVAL | DATE: 2-7-08

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PRO. | RC HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 272 | | | | | | | S157 | | | 6864.00 | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: 6864.00 | WARRANT NUMBER

# SEATTLE POLICE DEPARTMENT

# CRIMINAL INTELLIGENCE SECTION

610 Fifth Avenue, Unit 348, P.O. Box 34986
Seattle, Washington 98124-4986

## FACSIMILE COVER SHEET

Date Sent: 6 FEB 2008

*TO:* WSP
WARAC

Facsimile number: (360) 704-2973
Telephone number: (360) 704-2422

*FROM:*

Criminal Intelligence Section
610 5th Avenue, Unit 348
P.O. Box 34986
Seattle, WA 98124-4986

Facsimile telephone number: **(206) 684 8014**
Office telephone number: **(206) 684 8770**

This is page 1 of 4 pages

**Message:**

- CONTRACTOR SERVICE HOURS - JAN 2008
- REGIONAL INTELLIGENCE DATA - JAN 2008
- A19-1A 1-31 JAN 2008 DOUG LARM VENDOR

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Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 1/1/2008 mm/dd/yr - Ending 1/31/2008 mm/dd/yr

**Name:** Douglas Larm **Location:** Seattle Police Department, Seattle, WA

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| 1 | 1 | 4 | Analytical |
| 1 | 2 | 16 | Analytical |
| 1 | 3 | 7 | Analytical |
| 1 | 4 | 12 | Analytical |
| 1 | 5 | 0 | Day of No Scheduled Activity |
| 1 | 6 | 0 | Day of No Scheduled Activity |
| 1 | 7 | 10 | Analytical |
| 1 | 8 | 9 | Analytical |
| 1 | 9 | 12 | Analytical |
| 1 | 10 | 8 | Analytical |
| 1 | 11 | 6 | Analytical |
| 1 | 12 | 0 | Day of No Scheduled Activity |
| 1 | 13 | 0 | Day of No Scheduled Activity |
| 1 | 14 | 9 | Analytical |
| 1 | 15 | 9 | Analytical |
| 1 | 16 | 9 | Analytical |
| 1 | 17 | 9 | Analytical |
| 1 | 18 | 9 | Analytical |
| 1 | 19 | 0 | Day of No Scheduled Activity |
| 1 | 20 | 0 | Day of No Scheduled Activity |
| 1 | 21 | 8 | Analytical |
| 1 | 22 | 9 | Analytical |
| 1 | 23 | 0 | Day of No Scheduled Activity |
| 1 | 24 | 0 | Day of No Scheduled Activity |
| 1 | 25 | 10 | Analytical |
| 1 | 26 | 0 | Day of No Scheduled Activity |
| 1 | 27 | 0 | Day of No Scheduled Activity |
| 1 | 28 | 0 | Day of No Scheduled Activity |
| 1 | 29 | 0 | Day of No Scheduled Activity |
| 1 | 30 | 0 | Day of No Scheduled Activity |
| 1 | 31 | 0 | Day of No Scheduled Activity |
| Total Hours: | | 156 | |

6 FEB 2008
Contractor Signature/Date

ERIK ALLEN
Local Reviewer Name

2-6-08
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A).

003/004

# Regional Intelligence Group Data

**RIG: REGION 6/Seattle PD**

**Analyst: Doug Larm**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Agency Contacts** | | | | | | | | | | | | | |
| Meetings | | | | | | | | | | | | | |
| Investigator meetings | 1 | | | | | | | | | | | | |
| Executive level meetings | | | | | | | | | | | | | |
| Intelligence officer meetings | 9 | | | | | | | | | | | | |
| **Agency Assists** | | | | | | | | | | | | | |
| Case Investigations | | | | | | | | | | | | | |
| Case investigations | | | | | | | | | | | | | |
| Leads developed | | | | | | | | | | | | | |
| Other assistance | | | | | | | | | | | | | |
| Threat assessments | | | | | | | | | | | | | |
| Warrant Service | | | | | | | | | | | | | |
| Demonstration | | | | | | | | | | | | | |
| Criminal group gatherings | | | | | | | | | | | | | |
| Other | 1 | | | | | | | | | | | | |
| **Intelligence Sharing** | | | | | | | | | | | | | |
| Referrals | | | | | | | | | | | | | |
| To WAJAC | | | | | | | | | | | | | |
| To other group | | | | | | | | | | | | | |
| Bulletins | | | | | | | | | | | | | |
| Statewide interest | | | | | | | | | | | | | |
| Local interest | 1 | | | | | | | | | | | | |

**Significant Event (s):**

*completed Dashboard version beta; presented to KCRIG, SPU*

02/06/2008 WED 12:54 FAX

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc. (TITLE) — 1 SEP 06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED: 2-31 Aug 2006

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1 Sep 06 | Analytical Services for August 2006 | 205 | Hour | 44.00 | 9020.00 | |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 1 Sep 06
AGENCY APPROVAL: LT
DATE: 9/7/06

DOC. DATE: 9/6/06
PMT DUE DATE:
CURRENT DOC. NO.:
REF. DOC. NO.:
VENDOR NUMBER:
VENDOR MESSAGE:
USE TAX:
UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PRO. | RC HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 910 | | 001 | 020 | 270 | | | | | | | 954 | | | $9,020.00 | |

ACCOUNTING APPROVAL FOR PAYMENT:
DATE:
WARRANT TOTAL: $7,020.00
WARRANT NUMBER:

FORM A19-1A (Rev. 3/95)

# STATE OF WASHINGTON INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
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BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) 29 SEP 2006 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED: 1-29 Sep 06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 29Sep06 | Analytical Services for Sep 2006 | 160 | Hour | 44.00 | | $7,040.00 |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 29 Sep 06
AGENCY APPROVAL: for LT Hewitt
DATE: 10-05-06

DOC. DATE: 10/5/06
PMT DUE DATE:
CURRENT DOC. NO.:
REF. DOC. NO.:
VENDOR NUMBER:
VENDOR MESSAGE:
USE TAX:
UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PRO. | RO HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CB | | | | | | 854 | | | $7,040.00 | |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $7,040.00

WARRANT NUMBER

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

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BY _____ (SIGN IN INK)

President, Operational Applications Inc (TITLE) 6 NOV 06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED: 1-31 Oct 06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 9Oct06 | Mileage to Spokane DT Conf (from Puyallup) | 250 | Mile | .445 | 111.25 | |
| 9Oct06 | Domestic Terrorism Conference fee-Late | 1 | Ea | 150.00 | | |
| 9-13Oct06 | Hotel lodging SAAM/GSA rate allow | 4 | Day | 70.00 | | |
| 9-13Oct06 | Hotel lodging tax SAAM/GSA rate allow | 4 | Day | 1.70 | | |
| 9-13Oct06 | Hotel state sales tax SAAM/GSA rate allow | 4 | Day | 7.31 | | |
| 10-13Oct06 | Breakfast daily 10-13 Oct 06- Spokane | 4 | Ea | 12.00 | | |
| 10-13Oct06 | Lunch daily 10-13 Oct 06- Spokane | 4 | Ea | 15.00 | | |
| 9-12Oct06 | Dinner daily 9- 12 Oct 06- Spokane | 4 | Ea | 22.00 | | |
| 13Oct06 | Mileage from Spokane DT Conf (to Puyallup) | 250 | Mile | .445 | 111.25 | |
| 31Oct06 | Analytical Services for Oct 2006 | 178 | Hour | 44.00 | $7832.00 | |
| | | | | | $8332.51 | |

SGS 11/09/06 SD

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 6 Nov 06
AGENCY APPROVAL: [signature]
DATE: 11-03-06

DOC. DATE: 11/9/06
PMT DUE DATE:
CURRENT DOC. NO.:
REF. DOC. NO.:
VENDOR NUMBER:
VENDOR MESSAGE:
USE TAX:
UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PRO. | RC HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 810 | | 001 | 020 | 270 | CE | | | | | | 5184 | | | $7,832.00 | |
| | 810 | | 001 | 020 | 270 | GA | | | | | | | | | 500.51 | |
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ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $8,332.51

WARRANT NUMBER

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | C07006PSC |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)
President, Operational Applications Inc (TITLE)
1 DEC 2006 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED 12/19/06 1-30 Nov 06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 1-30 Nov06 | Analytical services for Nov 2006 | 148 | Hour | 44.00 | | $6,512.00 |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 1 Dec 06
AGENCY APPROVAL:
DATE: 12-19-06

DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER: 602632122

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJECT | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PRO. | RO HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | SISH | | | $6,512.00 | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL: $6,512.00 | WARRANT NUMBER

12/19/06

FORM A19-1A (Rev. 3/95)

STATE OF WASHINGTON
**INVOICE VOUCHER**

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 341009/34107 | C07006IPSC |

**AGENCY NAME**

Washington State Patrol
Investigative Assistance Division
PO Box 2347
Olympia, WA 98507-2347

**VENDOR OR CLAIMANT** (Warrant is to be payable to)

Douglas Larm
Operational Applications Inc.
13405 159th Street Court East
Puyallup, Washington 98374

*INSTRUCTIONS TO VENDOR OR CLAIMANT:* Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (SIGN IN INK)

President Operational Applications Inc (TITLE) — 2 JAN 2007 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Jennifer Nashheim SPD/LT Leavell

DATE GOODS/SERVICES RECEIVED 1/4/07 ~~1-31 Dec 06~~

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE ONLY |
|---|---|---|---|---|---|---|
| 31Dec06 | Analytical Services for Dec 2006 | 172 | Hour | 44.00 | | 7,568.00 |

PREPARED BY: Doug Larm
TELEPHONE NUMBER: (253)226-9564
DATE: 2Jan07
AGENCY APPROVAL: [signature]
DATE: 01/04/07

| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE TAX | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 1/4/07 | | | | | | | 602632122 |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJEC | SUB SUB OJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PRO. | RO HA | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | S156 | | | $7,568.00 | |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $7,568.00

WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 12/1/2006 mm/dd/yr - Ending 12/31/2006 mm/dd/yr

Name: Douglas Larm

Location: Seattle Police Department, Seattle, WA

| Mo. | Day | Hrs. | Description of Services Provided |
|---|---|---|---|
| 12 | 1 | 9 | Analytical |
| 12 | 2 | 0 | Day of No Scheduled Activity |
| 12 | 3 | 0 | Day of No Scheduled Activity |
| 12 | 4 | 12 | Analytical |
| 12 | 5 | 12 | Analytical |
| 12 | 6 | 13 | Analytical |
| 12 | 7 | 8 | Analytical |
| 12 | 8 | 13 | Analytical |
| 12 | 9 | 12 | Analytical |
| 12 | 10 | 15 | Analytical |
| 12 | 11 | 10 | Analytical |
| 12 | 12 | 8 | Analytical |
| 12 | 13 | 8 | Analytical |
| 12 | 14 | 0 | Personal time |
| 12 | 15 | 0 | Personal time |
| 12 | 16 | 0 | Day of No Scheduled Activity |
| 12 | 17 | 0 | Day of No Scheduled Activity |
| 12 | 18 | 10 | Analytical |
| 12 | 19 | 8 | Analytical |
| 12 | 20 | 10 | Analytical |
| 12 | 21 | 0 | Personal time |
| 12 | 22 | 0 | Personal time |
| 12 | 23 | 0 | Day of No Scheduled Activity |
| 12 | 24 | 0 | Day of No Scheduled Activity |
| 12 | 25 | 0 | Christmas - personal time |
| 12 | 26 | 8 | Analytical |
| 12 | 27 | 8 | Analytical |
| 12 | 28 | 0 | Personal time |
| 12 | 29 | 0 | Personal time |
| 12 | 30 | 0 | Day of No Scheduled Activity |
| 12 | 31 | 8 | Analytical |
| Total Hours: | | 172 | |

31 DEC 2006
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

ERIK D. ALLEN
Local Reviewer Name

Local Reviewer Signature/Date

# Certificate of Training

This certifies that

## *Chad Melton*

has successfully completed
the Northwest HIDTA
Course on

## i2 Analyst's Notebook Level 1

March 26 - 29, 2012
Seattle, Washington

William Snyder
Certified I2 Instructor
Northwest HIDTA

# *Certificate of Completion*

## Introduction to Risk Analysis Training Course

## February 27– March 2, 2012

# Chad Melton

Argonne National Laboratory

Argonne NATIONAL LABORATORY

# INTER FFICE COMMUNICA' ON

# WASHINGTON STATE PATROL

**TO:** Lieutenant Steve Burns, Homeland Security Division

**FROM:** Ms. Cindy Haider, Budget and Fiscal Services

**SUBJECT:** Task Orders and Amendments to WSP Contract No's: C090433PSC, C090551PSC, C090623PSC and C110169PSC

**DATE:** September 6, 2012

Attached are fully executed copies of task orders and amendments of the above-listed contracts between the Washington State Patrol, Operational Applications Inc. and Mr. Chad Melton. Funding for these contracts will be encumbered under separate task orders.

Please ensure that the WSP employee preparing payment documents for these contracts have copies of these contracts to ensure the payment documents are filled out correctly.

The Budget and Fiscal Services contract tracking numbers are the WSP Contract Numbers noted above; please use these numbers on all correspondence and payment documents associated with this contract. If you need further assistance, please contact Budget and Fiscal Services, at Micro 12, ext. 11071.

clh

clh
Attachment
cc: Captain Randy Drake, Homeland Security Division
Ms. Tanya Pierce, Accounts Payable Section
Ms. Melissa Stricklett, Budget Section

SLB 09
9-21-12

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 8/9/12

TAS ___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090623PSC (6) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| JANUARY 26, 2009 | SEPTEMBER 30, 2014 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| CHAD MELTON | |

**Contractor Contact Address**
16119 35TH DR SE, BOTHELL WA 98012

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| CHAD MELTON | 206-661-7851 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| chd.melton@gmail.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: AMENDMENT NO. 1 EXTENDS END DATE 2 YEARS.

REQUIRES SEPARATE TASK ORDERS.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $402,000 | Grants and Contracts Manager | 8/10 |
| Amendment Amount | $218,000 | Budget Manager | 8/10 Allot: ☐Yes ☐No |
| Revised Total Amount | $620,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | for Brian Wright 8/8/12 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

WSP Contract No. C090623PSC
Amendment 1

WASHINGTON STATE PATROL
CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol and Chad R. Melton is hereby amended as follows:

a. The period of performance of this Agreement shall be extended to remain in effect until September 30, 2014 unless terminated sooner as provided in the Agreement.

b. The maximum contract amount is revised from $402,000 to $620,000.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

John R. Batiste, Chief
David S. Karnitz, Deputy Chief

8-27-12
Date

CHAD R. MELTON

Chad Melton
Signature

8/14/2012
Date

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 8/9/12

TAS ___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090623PSC (5) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2012 | 9/30/2013 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| CHAD MELTON | |

**Contractor Contact Address**
16119 35TH DR SE, BOTHELL , WA 98012

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| CHAD MELTON | 206-661-7851 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| chd.melton@gmail.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 5. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 PLUS TRAVEL EXPENSES.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $402,000 | Grants and Contracts Manager | |
| Amendment Amount | $109,000 | Budget Manager | Allot: ☐Yes ☒No<br>Unanticipated Receipt: ☐Yes ☒No |
| Revised Total Amount | $511,000 | BFS Administrator | |
| | | Accounting Manager | |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C090623PSC**
Task Order Number: **5**

Contractor: **Chad R. Melton**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | October 1, 2012 | End Date: | September 30, 2013 |

Description of Service: The Contractor shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor during this Task Order is the WSFC.

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for travel costs approved in advance by WSP according to the terms of WSP Contract No. C090623PSC.

Maximum Task Order Amount: $109,000.00

WSP Contact Name and Telephone Number: Lieutenant Steve Burns, (360) 262-2418

Contractor Contact Name and Telephone Number: Mr. Chad Melton, (206) 661-7851

**FOR THE WASHINGTON STATE PATROL:**

8.27.12
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

8/14/2012
Signature Date

CHAD MELTON
Printed Name

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 8/10/12

TAS 1

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090433PSC (6) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 12/15/2008 | 9/30/2014 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | |

**Contractor Contact Address**
13405 159th ST COURT EAST, PUYALLUP WA 98374

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: AMENDMENT 2 EXTENDS END DATE 2 YEARS. REQUIRES SEPARATE TASK ORDERS – DO NOT ENCUMBER.

ANALYST BILL EVANS.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ 532,000 | Grants and Contracts Manager | 8/10 |
| Amendment Amount | $ 302,000 | Budget Manager | 8/13 Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☒No |
| Revised Total Amount | $ 834,000 | BFS Administrator | |
| | | Accounting Manager | for Brian Wright 8/13 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

WSP Contract No. C090433PSC
Amendment 2

# WASHINGTON STATE PATROL
# CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol and Operational Applications, Inc. is hereby amended as follows:

a. The period of performance of this Agreement shall be extended to remain in effect until September 30, 2014 unless terminated sooner as provided in the Agreement.

b. The maximum contract amount is revised from $532,000 to $834,000.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

John R. Batiste, Chief
David J. Karnitz, Deputy Chief

9-5-12
Date

OPERATIONAL APPLICATIONS, INC.

Signature

16 AUG 2012
Date

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 8/10/12

TAS 1 1

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090433PSC (7) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2012 | 9/30/2013 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | |

**Contractor Contact Address**
13405 159th ST COURT EAST, PUYALLUP WA 98374

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 5. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $69.00 PLUS TRAVEL EXPENSES.

ANALYST BILL EVANS.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ 532,000 | Grants and Contracts Manager | 8/10 |
| Amendment Amount | $ 151,000 | Budget Manager | 8/13 Allot: ☐Yes ☒No Unanticipated Receipt: ☐Yes ☒No |
| Revised Total Amount | $ 683,000 | BFS Administrator | |
| | | Accounting Manager | for Brian Wright 8/16 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code | | | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Major Group | Major Source | Sub Source | | |
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

| | | | | |
|---|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: | |
| Overtime | ☐ Yes | ☐ No | | |
| Voluntary Overtime | ☐ Yes | ☐ No | | |
| Mileage | ☐ Yes | ☐ No | | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No | |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: | |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: | |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: | |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

**WASHINGTON STATE PATROL**
**Task Order**

WSP Contract Number: **C090433PSC**
Task Order Number: **5**

Contractor: **Operational Applications Inc.**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | October 1, 2012 | End Date: | September 30, 2013 |

Description of Service: The Contractor's Employee (Bill Evans) shall provide lead criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $69.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C090433PSC.

Maximum Task Order Amount: $151,000.00

WSP Contact Name and Telephone Number: Lieutenant Steve Burns, (360) 262-2418

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

9-5-12
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

17 AUG 2012
Signature Date

DOUGLAS LARM PRESIDENT
Printed Name and Title

Washington State Patrol

Date 8/10/12

# Budget and Fiscal Services Contract Notification Form

TAS 1 1

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090551PSC (7) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 1/15/2009 | 9/30/2014 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor FIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. (DOUG LARM) | [redacted] |

**Contractor Contact Address**
13405 159th ST COURT EAST, PUYALLUP WA 98374

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: AMENDMENT 2 EXTENDS END DATE 2 YEARS. Still requires separate task orders.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $54.00 PLUS TRAVEL EXPENSES.

ANALYST KIA GRAHAM

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $416,000 | Grants and Contracts Manager | 7/6 |
| Amendment Amount | $236,000 | Budget Manager | 8/13 Allot: ☐Yes ☐No |
| Revised Total Amount | $652,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | Jan Wilkes for Bria Wright 8/16/12 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | SFC2 | 100% |
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**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

WSP Contract No. C090551PSC
Amendment 2

# WASHINGTON STATE PATROL
# CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol and Operational Applications, Inc. is hereby amended as follows:

a. The period of performance of this Agreement shall be extended to remain in effect until September 30, 2014 unless terminated sooner as provided in the Agreement.

b. The maximum contract amount is revised from $416,000 to $652,000.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

John R. Batiste, Chief
David J. Karnitz, Deputy Chief

9-5-12
Date

OPERATIONAL APPLICATIONS, INC.

Signature

17 AUG 2012
Date

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 8/10/12

TAS ---

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090551PSC (6) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2012 | 9/30/2013 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor FIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 5. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $54.00 PLUS TRAVEL EXPENSES.

ANALYST KIA GRAHAM.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $416,000 | Grants and Contracts Manager | 8/10 |
| Amendment Amount | $118,000 | Budget Manager | 8/13 — Allot: ☐Yes ☒No |
| Revised Total Amount | $534,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | Jan Hyles for Brian Hughes 8/13/12 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
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**Billable Contracts Only**

| | | | | |
|---|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: | |
| Overtime | ☐ Yes | ☐ No | | |
| Voluntary Overtime | ☐ Yes | ☐ No | | |
| Mileage | ☐ Yes | ☐ No | | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No | |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: | |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: | |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: | |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

**WASHINGTON STATE PATROL**
**Task Order**

WSP Contract Number: **C090551PSC**
Task Order Number: **5**

Contractor: **Operational Applications Inc.**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | October 1, 2012 | End Date: | September 30, 2013 |

Description of Service: The Contractor's Employee (Kia Graham) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $54.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C090551PSC.

Maximum Task Order Amount: $118,000.00

WSP Contact Name and Telephone Number: Lieutenant Steve Burns, (360) 262-2418

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

9-5-12
John R. Batiste, Chief Date
DJ Kornitz Dep. Chief

**FOR THE CONTRACTOR:**

17 AUG 2012
Signature Date

DOUGLAS LARM PRESIDENT
Printed Name and Title

Washington State Patrol

Date 8/10/12

# Budget and Fiscal Services Contract Notification Form

TAS ____

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C110169PSC (4) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| OCTOBER 1, 2010 | SEPTEMBER 30, 2014 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor FIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. (DOUG LARM) | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: AMENDMENT 1 EXTENDS END DATE 2 YEARS.

REQUIRES SEPARATE TASK ORDERS – DO NOT ENCUMBER.

ANALYST ROBERT HOLLANDER

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $218,000 | Grants and Contracts Manager | |
| Amendment Amount | $218,000 | Budget Manager | Allot: ☐Yes ☒No<br>Unanticipated Receipt: ☐Yes ☒No |
| Revised Total Amount | $436,000 | BFS Administrator | |
| | | Accounting Manager | for Brian Wright 8/13/12 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC1 | 001 | 01* | 00271 | SFC1 | CE | | | | | 100% |
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**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

WSP Contract No. C110169PSC
Amendment 1

WASHINGTON STATE PATROL
CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol and Operational Applications, Inc. is hereby amended as follows:

a. The period of performance of this Agreement shall be extended to remain in effect until September 30, 2014 unless terminated sooner as provided in the Agreement.

b. The maximum contract amount is revised from $218,000 to $436,000.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

John R. Batiste, Chief
David J. Harnitz, Deputy Chief

9-5-12
Date

OPERATIONAL APPLICATIONS, INC.

Signature

17 Aug 2012
Date

Washington State Patrol

Date 8/10/12

# Budget and Fiscal Services Contract Notification Form

TAS 1T

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C110169PSC (3) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2012 | 9/30/2013 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor FIN/SSN |
|---|---|
| OPERATIONAL APPLICATIONS INC. | [redacted] |

**Contractor Contact Address**
4227 SOUTH MERIDIAN SUITE C366, PUYALLUP WA 98373

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| DOUG LARM | 253-226-9564 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| doug.larm@operationalapplications.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT STEVE BURNS | HSD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 3. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 PLUS TRAVEL EXPENSES.

ANALYST ROBERT HOLLANDER.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ 218,000 | Grants and Contracts Manager | |
| Amendment Amount | $ 109,000 | Budget Manager | 8/13 — Allot: ☐Yes ☒No |
| Revised Total Amount | $ 327,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | for Brian Wirdt 8/13/12 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN DRAKE

300-365-522 (R 7/09)

**WASHINGTON STATE PATROL**
**Task Order**

WSP Contract Number: **C110169PSC**
Task Order Number: **3**

Contractor: **Operational Applications Inc.**

Period of Performance for Task Order: Start Date: October 1, 2012 End Date: September 30, 2013

Description of Service: The Contractor's Employee (Robert J. Hollander) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor's Employee during this Task Order is the Washington State Fusion Center (WSFC).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C110169PSC.

Maximum Task Order Amount: $109,000.00

WSP Contact Name and Telephone Number: Lieutenant Steve Burns, (360) 262-2418

Contractor Contact Name and Telephone Number: Mr. Doug Larm, (253) 226-9564

**FOR THE WASHINGTON STATE PATROL:**

9-5-12
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

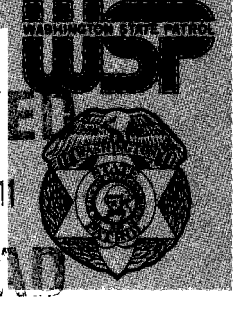
**FOR THE CONTRACTOR:**

17 AUG 2012
Signature Date

DOUGLAS LARM PRESIDENT
Printed Name and Title

**INTERO :ICE COMMUNICATI( N**

# WASHINGTON STATE PATROL



**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Ms. Cindy Haider, Budget and Fiscal Services

**SUBJECT:** Task Order No. 4 for WSP Contract No. C090623PSC

**DATE:** October 6, 2011

RECEIVED
OCT 07 2011
WSP HQ

Attached is one fully executed copy of the above-listed task order between the Washington State Patrol and Mr. Chad Melton. Funding for this contract will be encumbered under separate task orders.

Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.

The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above; please use this number on all correspondence and payment documents associated with this contract. If you need further assistance, please contact Ms. Cindy Haider, Budget and Fiscal Services, at Micro 12, ext. 11071.

clh

clh

Attachment

cc: Ms. Tanya Pierce, Accounts Payable Section
Ms. Melissa Stricklett, Budget Section
Captain Steve Sutton, Investigative Assistance Division

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 9/29/11

TAS T

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090623PSC (4) | | | |
| **Contract Start Date** | **Contract End Date** | **CFDA No.** | **QFSR** |
| 10/1/2011 | 9/30/2012 | | ☐Yes ☐No |

**Contract Title**
CRIMINAL INTELLIGENCE ANALYST SERVICES

| Contractor Name | Contractor EIN/SSN |
|---|---|
| CHAD MELTON | |

**Contractor Contact Address**
16119 35TH DR SE, BOTHELL , WA 98012

| Contractor Contact Name | Contractor Contact Phone | BFS Contracts Specialist Name |
|---|---|---|
| CHAD MELTON | 206-661-7851 | CINDY HAIDER |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Fiscal Analyst Name** |
| chd.melton@gmail.com | | TANYA PIERCE |
| **WSP Project Manager/Position No.** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LIEUTENANT RANDY DRAKE | IAD | MELISSA STRICKLETT |

Remarks: TASK ORDER NO. 4. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY.

REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 PLUS TRAVEL EXPENSES.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $293,000 | Grants and Contracts Manager | 9/30 |
| Amendment Amount | $109,000 | Budget Manager | 10/3/11 Allot: ☐Yes ☒No |
| Revised Total Amount | $402,000 | BFS Administrator | Unanticipated Receipt: ☐Yes ☒No |
| | | Accounting Manager | 10/3/11 |

| Master Index | Account Code | EA | PI | Project | Sub/ subsub Object | Revenue Code | | | Billable Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Major Group | Major Source | Sub Source | | |
| 0000SFC2 | 001 | 01* | 00271 | SFC2 | CE | | | | | 100% |
| | | | | | | | | | | |
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**Billable Contracts Only**

| | | | |
|---|---|---|---|
| Regular Time | ☐ Yes | ☐ No | Special Rules: |
| Overtime | ☐ Yes | ☐ No | |
| Voluntary Overtime | ☐ Yes | ☐ No | |
| Mileage | ☐ Yes | ☐ No | |
| Allow Leave | ☐ Yes | ☐ No | Positions hard-coded to contract: ☐ Yes ☐ No |
| Captain Overtime | ☐ Yes | ☐ No | Indirect Costs ☐ Yes ☐ No Rate: |
| Limit By Org Code | ☐ Yes | ☐ No | Primary Org Code: |
| External Contract | ☐ Yes | ☐ No | Other Org Codes: |

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Fiscal Analyst ☒Budget Analyst ☒ Other: CAPTAIN SUTTON

## WASHINGTON STATE PATROL
### Task Order

WSP Contract Number: **C090623PSC**
Task Order Number: **4**

Contractor: **Chad R. Melton**

Period of Performance for Task Order: Start Date: October 1, 2011 End Date: September 30, 2012

Description of Service: The Contractor shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor during this Task Order is the WSFC.

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for travel costs approved in advance by WSP according to the terms of WSP Contract No. C090623PSC.

Maximum Task Order Amount: $109,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Chad Melton, (206) 661-7851

**FOR THE WASHINGTON STATE PATROL:**

12-4-11
John R. Batiste, Chief Date
David J. Karnitz, Deputy Chief

**FOR THE CONTRACTOR:**

Chad Melton 9/29/2011
Signature Date

CHAD R MELTON
Printed Name

# INTE..OFFICE COMMUNICA ION

# WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Task Order 2 to WSP Contract No. C090623PSC

**DATE:** November 20, 2009

RECEIVED
WSP IAD

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact Ms. Cindy Haider at Micro 12, ext. 11071 if you have any questions or concerns regarding this contract.

CL4
for, JRH:clh
Attachment
cc: Captain Tim Braniff, Investigative Services Division
Ms. Tanya Pierce, Budget and Fiscal Services
Ms. Melissa Stricklett, Budget and Fiscal Services

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 11/2/09

LDS 7

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C090623PSC (2) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| OCTOBER 1, 2009 | SEPTEMBER 30, 2010 | |
| **Contract Title** | **CFDA No.** | **QFSR** |
| Criminal Intelligence Analyst Services | | ☐Yes ☐No |
| **Contractor Name** | | |
| Chad Melton | | |
| **Contractor Contact Address** | | |
| 16119 35th Dr SE, Bothell WA 98012 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor FIN/SSN** |
| Chad Melton | 206-661-7851 | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| chd.melton@gmail.com | | TANYA PIERCE |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT RANDY DRAKE | IAD | Shawn |

Remarks: TASK ORDER NO. 2. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY. REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 (SFY10).

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ 75,000 | Grants and Contracts Manager | |
| Amendment Amount | $109,000 | ~~Business Office Manager~~ | |
| Revised Total Amount | **$184,000** | Budget Manager | 11/4/09 Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ____ % | | Accounting Manager | 11/5/09 |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| **WAJ8** | **001** | **01*** | **00271** | **WAJ8** | **CE** | | | | | **100%** |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☒ Other: **Captain Braniff**

300-365-522 (R 6/03)

**WASHINGTON STATE PATROL**
**Task Order**

WSP Contract Number: **C090623PSC**
Task Order Number: **2**

Contractor: **Chad R. Melton**

Period of Performance for Task Order: Start Date: October 1, 2009 End Date: September 30, 2010

Description of Service: The Contractor shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor during this Task Order is the WAJAC.

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for travel costs approved in advance by WSP according to the terms of WSP Contract No. C090623PSC.

Maximum Task Order Amount: $109,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Chad Melton, (206) 661-7851

**FOR THE WASHINGTON STATE PATROL:**

John R. Batiste, Chief — Date 11-18-09

**FOR THE CONTRACTOR:**

Signature — Date 11/8/09

CHAD MELTON
Printed Name

# INTERC FICE COMMUNICATI N

# WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** WSP Contract No. C090623PSC and Task Order No. 1

**DATE:** February 3, 2009

---

Attached is a fully executed copy of the above-listed contract and task order between the Washington State Patrol and Mr. Chad Melton. Funding for this contract will be encumbered under separate task orders.

Please ensure that the WSP employee preparing payment documents for this contract has a copy of this contract to ensure the payment documents are filled out correctly.

The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above; please use this number on all correspondence and payment documents associated with this contract. If you need further assistance, please contact Ms. Cindy Haider, Budget and Fiscal Services, at Micro 12, ext. 11071.

clh for, JRH:clh
Attachment
cc: Ms. Sue Aschenbrenner, Budget Section
Captain Tim Braniff, Investigative Assistance Division
Ms. Tanya Pierce, Accounts Payable Section

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 1/21/09

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C090623PSC (1) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| JANUARY 26, 2009 | SEPTEMBER 30, 2009 | |
| **Contract Title** | **CFDA No.** | **QFSR** |
| Criminal Intelligence Analyst Services | | ☐Yes ☐No |
| **Contractor Name** | | |
| Chad Melton | | |
| **Contractor Contact Address** | | |
| 16119 35th Dr SE, Bothell WA 98012 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| Chad Melton | 206-661-7851 | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| chd.melton@gmail.com | | TANYA PIERCE |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT RANDY DRAKE | IAD | SUE ASCHENBRENNER |

Remarks: TASK ORDER NO. 1. PERIOD OF PERFORMANCE AND AMOUNT IS FOR THIS TASK ORDER ONLY. REIMBURSES CONTRACTOR AT HOURLY RATE OF $50.00 (SFY09).

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | 1/23 |
| Revised Total Amount | $75,000 | Budget Manager | 1/23/09 Allot: ☐Yes ☒No Unanticipated Receipt: ☐Yes ☒No |
| Indirect Costs ____ % | | Accounting Manager | 1/16/09 |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| **WAJ8** | **001** | **01*** | **00271** | **WAJ8** | **CE** | | | | | **100%** |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☒ Other: **Captain Braniff**

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C090623PSC**
Task Order Number: **1**

Contractor: **Chad R. Melton**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | January 26, 2009 | End Date: | September 30, 2009 |

Description of Service: The Contractor shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor during this Task Order is the WAJAC.

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $50.00.

Other Costs: WSP shall reimburse the Contractor for travel costs approved in advance by WSP according to the terms of WSP Contract No. C090623PSC.

Maximum Task Order Amount: $75,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (360) 704-2393

Contractor Contact Name and Telephone Number: Mr. Chad Melton, (206) 661-7851

**FOR THE WASHINGTON STATE PATROL:**

Paul S. Beckh 1-30-09
John R. Batiste, Chief — Date

**FOR THE CONTRACTOR:**

Chad Melton 1/25/09
Signature — Date

CHAD MELTON
Printed Name

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 1/21/09

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number | |
|---|---|---|---|
| C090623PSC | | | |
| Contract Start Date | Contract End Date | AFRS End Date | |
| January 26, 2009 | September 30, 2012 | | |
| Contract Title | | CFDA No. | QFSR ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | | |
| Contractor Name | | | |
| Chad Melton | | | |
| Contractor Contact Address | | | |
| 16119 35th Dr SE, Bothell WA 98012 | | | |
| Contractor Contact Name | Contractor Contact Phone | Contractor FIN/SSN | |
| Mr. Chad Melton | 206-661-7851 | [redacted] | |
| Contractor E-Mail Address | Contractor Contact Fax | BFS Accountant Name | |
| chd.melton@gmail.com | | Tanya Pierce | |
| WSP Project Manager | WSP Section/Division/Bureau | BFS Budget Analyst Name | |
| Lt. Randy Drake | IAD | Sue Aschenbrenner | |

Remarks: Requires separate task orders – do not encumber.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | 1/23 |
| Revised Total Amount | $402,000 | Budget Manager | 1/23/09 Allot: ☐Yes ☒No Unanticipated Receipt: ☐Yes ☒No |
| Indirect Costs ____ % | | Accounting Manager | 1/28/09 |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| WAJ8 | 001 | 01* | 00271 | WAJ8 | CE | | | | | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Billable Contracts Only

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☒ Other: Captain Braniff

300-365-522 (R 6/03)

| WASHINGTON STATE PATROL<br>PERSONAL SERVICE CONTRACT<br>Criminal Intelligence Analyst Services | WSP Contract No.<br>**C090623PSC**<br>Other Contract No. |
|---|---|

This Contract is between the State of Washington, Washington State Patrol and the Contractor identified below, and is governed by chapter 39.29 RCW.

| **CONTRACTOR NAME**<br>**Chad R. Melton** | Contractor Doing Business As (DBA) |
|---|---|
| Contractor Address<br>16119 35th Dr SE<br>Bothell WA 98012 | Contractor Federal Employer Identification Number<br>[redacted] |
| Contact Name<br>Mr. Chad Melton | Contact Telephone<br>206-661-7851 |
| Contact Fax<br>206-262-2014 | Contact E-mail Address<br>chd.melton@gmail.com |

**WSP Contact Information**

| WSP Project Manager Name and Title<br>Lieutenant Randy Drake | | WSP Project Manager Address<br>WSP Investigative Assistance Division<br>PO Box 2347, Olympia WA 98507-2347 |
|---|---|---|
| Telephone<br>(360) 704-2393 | Fax<br>(360) 704-2973 | E-mail Address<br>randy.drake@wsp.wa.gov |
| WSP Administrative Contact Name and Title<br>Mr. Jeff Hugdahl<br>Grants and Contracts Manager | | WSP Administrative Contact Address<br>PO Box 42602<br>Olympia WA 98504-2602 |
| Telephone<br>(360) 596-4052 | Fax<br>(360) 596-4077 | E-mail Address<br>jeff.hugdahl@wsp.wa.gov |

| **Contract Start Date** | **Contract End Date** | **Maximum Contract Amount** |
|---|---|---|
| **January 26, 2009** | **September 30, 2012** | **$402,000** |

ATTACHMENTS. When the boxes below are marked with an X, the following Exhibits are attached to and incorporated into this Contract by reference:

- ☒ Exhibit A, Statement of Work.
- ☒ Exhibit B, General Terms and Conditions
- ☒ Additional Exhibits as specified: Exhibit C, Contractor Employee Nondisclosure Agreement

This Contract, including the attached Terms and Conditions and any other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have the authority to enter into this Contract.

| FOR THE WASHINGTON STATE PATROL: | | FOR THE CONTRACTOR: | |
|---|---|---|---|
| WSP Signature<br>Paul S. Beckley | Date<br>1-30-09 | Contractor Signature<br>Chad Melton | Date<br>1/25/09 |
| Printed Name and Title<br>John R. Batiste, Chief Paul S. Beckley, Deputy Chief | | Printed Name and Title<br>CHAD MELTON, CRIMINAL INTELLIGENCE ANALYST | |

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL 2/20/02

**Exhibit A**

## STATEMENT OF WORK

1. **Statement of Work.**

   a. General. As assigned by WSP, the Contractor Employee(s) identified below shall provide criminal intelligence analyst services at the Location of Work in order to provide the following products:

   - Raw intelligence classification and analysis
   - Daily intelligence briefings
   - Weekly and monthly written intelligence bulletins
   - Periodic intelligence assessments
   - Information dissemination to local law enforcement agencies
   - Effective communication to help others learn, understand and apply specific criminal intelligence analysis principles, techniques or information.
   - Effective identification, collection, organization and documentation of criminal intelligence data and information in ways that make the information most useful for subsequent assessment, analysis and investigation.

| Contractor Employee | Location of Work |
|---|---|
| Chad Melton | WAJAC |

   b. Task Orders. Work shall be assigned by a negotiated Task Order and must be signed by both parties. Each Task Order must identify the Contractor's Employee assigned to do the work ("Contractor Employees"), the Local Worksite to which the Contractor's Employee will be assigned and a start and end date for work at that location.

2. **Contractor Qualifications.** During the period of performance of this Contract, the Contractor Employee must maintain a federal Top Secret level security clearance.

3. **Rules of Conduct.** During the period of performance of this Agreement, the Contractor must follow these basic rules of conduct while providing instruction:

   a. Alcohol and Drug Use. The Contractor shall not consume any alcohol or intoxicating beverage while providing services under this Contract, and will not appear for work while under the influence of alcohol or while having alcohol in their system. The Contractor shall not possess, use, or store alcoholic beverages while at any WSP facility or local worksite. Contractor employees shall not use or possess any narcotic, dangerous drug, or controlled substance except at the direction of a physician, dentist, or other medical authority for medical purposes. If the Contractor is directed by competent medical authority to use a narcotic, dangerous drug, or controlled substance, he/she shall not use such medication to the extent that their performance is affected while at any WSP facility or local worksite.

b. Courtesy. The Contractor shall be courteous to WSP staff, other law enforcement partners, and the public. The Contractor shall be tactful in the performance of their duties, shall control their tempers and exercise the utmost patience and discretion, and shall not engage in argumentative discussions. In the performance of their duties, the Contractor shall not use coarse, violent, profane, or insolent language or gestures, and shall not express any prejudice concerning race, religion, sex, politics, national origin, lifestyle, or similar personal characteristics.

c. Appearance. WSP expects the Contractor to present a professional image when providing services under this Contract. Clothing shall be neat, clean, and in good condition.

4. **Confidential Information.** The Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information"). Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information. The Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without WSP's express written consent or as provided by law.

The Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information. Immediately upon expiration or termination of this Contract, the Contractor shall, at WSP's option: (i) certify to WSP that the Contractor has destroyed all Confidential Information; or (ii) return all Confidential Information to WSP; or (iii) take whatever other steps WSP requires of the Contractor to protect Confidential Information. WSP reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by the Contractor through this Contract.

Contractor Employees working under this Contract shall complete and sign Exhibit C, Contractor Employee Nondisclosure Agreement, attached hereto and incorporated into the Contract herein. Violation of this section by the Contractor may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties. Furthermore, the Contractor is subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

5. **Fees.** WSP will reimburse the Contractor at the hourly rate identified below for services provided by the Contractor Employee(s) under this Contract.

| Contractor Employee | Initial – 9/30/09 | 10/1/09 – 9/30/10 | 10/1/10 – 9/30/11 | 10/1/11 – 9/30/12 |
|---|---|---|---|---|
| Chad Melton | $50.00 | $50.00 | $50.00 | $50.00 |

When services are required by WSP at locations other than the local worksite, WSP will reimburse the Contractor for authorized lodging, subsistence and business vehicle mileage costs at current State of Washington approved reimbursement rates. These rates are published in the State Accounting and Administrative Manual (SAAM). This manual is available at the Office of Financial Management's SAAM website: http://www.ofm.wa.gov/policy/saamintro.htm

**6. Insurance Requirements.**

a. Worker's Compensation Coverage. The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. WSP will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

b. Business Auto Policy. As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than $500,000 per accident. Such insurance shall cover liability arising out of "Any Auto." Business auto coverage shall be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage. The Contractor shall furnish evidence of Business Auto Policy insurance meeting contract requirements at the request of WSP.

## GENERAL TERMS AND CONDITIONS

1. **Definitions.**

"Contract" means this Personal Service Contract, including all documents attached or incorporated by reference.

"Contractor" means the entity performing services to this Contract and includes the Contractor's owners, members, officers, director, partners, employees and/or agents unless otherwise stated in this Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, director, partners, employees and/or agents.

"General Terms and Conditions" means this Exhibit B.

"Statement of Work" means the Special Terms and Conditions of this Contract, which is attached hereto and incorporated herein as Exhibit A.

"Subcontract" means a separate contract between the Contractor and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.

"RCW" means the Revised Code of Washington. All references in the Contract to RCW chapters or sections shall include any successor, amended or replacement statutes.

"USC" means United States Code. All references in the Contract to USC chapters or sections shall include any successor, amended or replacement statutes.

"WSP" means the State of Washington, Washington State Patrol, and its officers, directors, trustees, employees and/or agents.

2. **Payment.** WSP shall reimburse the Contractor an amount not to exceed the Maximum Contract Amount specified on the Face Sheet of this Contract.

3. **Billing Procedure.** WSP shall reimburse the Contractor according to Exhibit A, Statement of Work, for work performed to the satisfaction of the WSP Project Manager. Compensation for services rendered shall be payable upon receipt of properly completed invoices, which shall be submitted not more often than monthly to the WSP Project Manager. The invoices shall describe and document to WSP's satisfaction a description of the work performed, activities accomplished, the progress of the project, fees and expenses, and WSP's contract number.

4. **Advance Payments Prohibited.** WSP shall not make any payments in advance or anticipation of the delivery of goods or services provided by the Contractor pursuant to this Contract.

5. **Assignment.** The work to be provided under this Contract, and any claim arising thereunder, is not assignable or delegable by the Contractor in whole or in part, without the express written consent of WSP.

6. **Attorneys' Fees and Costs.** If any litigation is brought to enforce any term, clause, provision or section of this Contract or as a result of this Contract in any way, the prevailing party shall be awarded

its reasonable attorney's fees together with expenses and costs incurred with such litigation, including necessary fees, costs and expenses for services rendered at both trial and appellate levels as well as subsequent to judgement in obtaining execution thereof. In the event that parties to this Contract engage in arbitration, mediation or any other alternative dispute resolution forum to resolve a dispute in lieu of litigation, both parties shall share equally in the cost of the alternative dispute resolution, including the cost of mediation or arbitration services. Each party shall be responsible for their own attorney's fees incurred as a result of the alternative dispute resolution method.

7. **Compliance with Civil Rights Laws.** During the period of performance for this Contract, the Contractor shall comply with all federal and state nondiscrimination laws, including, but not limited to, Title VII of the Civil Rights Act, 42 USC 12101 et seq.; the Americans with Disabilities Act (ADA); and Chapter 49.60 RCW.

8. **Confidentiality.** The Contractor shall not use or disclose any information concerning WSP, or information that may be classified as confidential, to any third party without the written permission of WSP. The Contractor shall destroy or return all such information to the WSP Program Manager at the end of this Contract.

9. **Contract Execution and Amendments.** This Contract shall be binding on WSP only upon signature by the Chief of WSP or designee. WSP and the Contractor may mutually amend this Contract. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind WSP and the Contractor.

10. **Contractor Certification Regarding Ethics.** The Contractor certifies that the Contractor is in compliance with Chapter 42.52 RCW, Ethics in Public Service, and will comply with Chapter 42.52 RCW throughout the term of the Contract.

11. **Disputes.** In the event that a dispute arises under this Contract, it shall be resolved by a Dispute Board in the following manner: The Chief of WSP shall appoint a member to the Dispute Board. The Contractor shall appoint a member to the Dispute Board. The Chief of WSP and the Contractor shall jointly appoint a member to the Dispute Board. The Dispute Board shall evaluate the dispute and make a determination of the dispute. The determination of the Dispute Board shall be final and binding to all parties to this Contract.

12. **Governing Law.** This Contract shall be governed in all respects by the laws of the State of Washington. The jurisdiction for any action hereunder shall be the Superior Court for the State of Washington. The venue of any action hereunder shall be in the Superior Court for Thurston County, State of Washington.

13. **Indemnification.** The Contractor shall indemnify, defend and hold harmless WSP from and against all claims arising out of or resulting from the performance of this Contract. The Contractor expressly agrees to indemnify, defend and hold harmless WSP for any claim arising out of or incident to the Contractor's performance or failure to perform this Contract. The Contractor shall be required to indemnify, defend and hold WSP harmless to the extent claim is caused in whole or in part by negligent acts or omissions of the Contractor.

14. **Independent Capacity.** The Contractor acknowledges that the Contractor is an independent contractor, and not an officer, employee or agent of WSP or the State of Washington. The Contractor shall not hold itself out as, nor claim status as, and officer, employee or agent of WSP or the State of Washington. The Contractor shall indemnify and hold WSP harmless from all obligations to pay or withhold federal or state taxes or contributions on behalf of the Contractor or the Contractor's employees unless otherwise specified in this Contract.

15. **Industrial Insurance Coverage.** Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for its employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the period of performance for this Contract. WSP shall not be responsible for payment of industrial insurance premiums or for any other claim or benefit for the Contractor, or any subcontractor or employee of the Contractor, which might arise under the industrial insurance laws during the performance of duties and services under this Agreement.

16. **Insurance.** The Contractor shall provide insurance coverage as set out in Exhibit A, Statement of Work. The intent of the required insurance is to protect the State of Washington should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or any subcontractor, or agents of either, while performing under the terms of this Contract.

17. **Inspection; Maintenance of Records.** During the term of this Contract and for one year following termination or expiration of this Contract, the Contractor shall give reasonable access to the Contractor's place of business and records to WSP and any other employee or agent of the State of Washington or the United States of America for the purpose of inspecting the Contractor's place of business and its records, and monitoring, auditing and evaluating the Contractor's performance and compliance with applicable laws, regulations, rules and this Contract.

    During the term of this Contract and for six years following termination or expiration of this Contract, the Contractor shall maintain records sufficient to document (i) performance of all acts required by statute, regulation, rule, or this Contract; (ii) substantiate the Contractor's statement of its organization's structure, tax status, capabilities and performance; and (iii) demonstrate accounting procedures, practices and records that sufficiently and properly document the Contractor's invoices to WSP and all expenditures made by the Contractor to perform as required by this Contract.

18. **Order of Precedence.** In the event of any inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule the inconsistency shall be resolved by giving precedence in the following order to:

    Applicable federal and state law, regulations and rules;
    Exhibit A, Statement of Work;
    Any other provision of this Contract; and
    Any document incorporated by reference.

19. **Overpayments to Vendors.** Upon notice of an erroneous payment or overpayment to which the Contractor is not entitled pursuant to this Contract, the Contractor shall promptly refund to WSP the full amount of any such payment or overpayment.

20. **Personnel.** WSP employees performing work under the terms of this Contract (if any) shall be under the direct command and control of the Chief of WSP or designee, and shall perform duties required under this Contract in a manner consistent with WSP policy and regulations, and applicable federal, state and local laws. The assignment of WSP personnel under this Contract shall be at the discretion of the Chief of WSP or designee.

21. **Rights in Data.** Unless otherwise provided, data that originates from this Contract shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by WSP. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyrights, patent, register, and the ability to transfer these rights.

    Material delivered by the Contractor under the terms of this Contract, but which does not originate therefrom, shall be transferred with a nonexclusive, royalty-free irrevocable license to publish, translate, reproduce, deliver, performs, dispose of, and to authorize others to do so, provided that such a license shall be limited to the extent which the Contractor has a right to grant such a license. The Contractor shall exert all reasonable efforts to advise WSP at the time of material delivery of all known or potential invasions of privacy contained therein and of any portion of such material which was not produce in performance of this Contract. WSP shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any material delivered under this Contract. WSP shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

22. **Savings.** In the event that funds WSP relied upon to establish this Contract are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, WSP may immediately terminate this Contract by providing written notice to the Contractor. This termination shall be effective on the date specified in the notice of termination.

23. **Severability.** If any provision of this Contract or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Contract, and to this end the provisions of this Contract are declared to be severable.

24. **Site Security.** While on WSP's premises, the Contractor shall conform in all respects with physical, fire or other security regulations communicated to the Contractor by WSP.

25. **Subcontracting.** Except as otherwise provided in this Contract, the Contractor may subcontract for any of the services provided under this Contract with the prior, written approval of WSP. The Contractor shall be responsible for the acts and omissions of any subcontractor.

26. **Survivorship of Provisions.** Any terms, conditions and warranties contained in this Contract that by their sense and context are intended to survive performance by the parties to this Contract shall so survive the completion of the period of performance or termination of this Contract.

27. **Taxes.** WSP shall pay sales and use taxes imposed on services provided by the Contractor under this Contract if required by state law. The Contractor shall pay all other taxes, including, but not limited to, Washington State Business and Occupation Tax, taxes based on the Contractor's income, or personal property taxes levied or assessed on the Contractor's personal property to which WSP does not own title.

28. **Termination for Convenience.** Except as otherwise provided in this Contract, either party may terminate this Contract upon thirty (30) calendar days written notification. If this Contract is so terminated, the terminating party shall be liable only for performance in accordance with the terms of this Contract for performance rendered prior to the effective date of termination.

29. **Termination for Default.** WSP may terminate the Contract for default, in whole or in part, if WSP has a reasonable basis to believe that the Contractor failed to perform under any provision of this Contract; violated any applicable law, regulation, rule or ordinance; or otherwise breached any provision or condition of this Contract.

WSP shall notify the Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) calendar days, the Contract may be terminated. WSP reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of the alleged breach and pending corrective action by the Contractor or a decision by WSP to terminate the Contract.

In the event of termination for default, the Contractor shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract, and all administrative costs directly related to procuring the replacement contract. If it is determined that the Contractor was not in default the termination shall be deemed a termination for convenience. The rights and remedies of WSP provided under this Contract are not exclusive and are in addition to any other rights and remedies provided by law.

30. **Termination Procedure.** The following provisions shall survive and be binding on the parties to this Contract in the event this Contract is terminated.

a. The Contractor shall stop work under this Contract on the date specified in the notice of termination, and shall comply with all instructions contained in the notice of termination.

b. The Contractor shall deliver to the WSP Project Manager identified on the Face Sheet of this Contract, all WSP property in the Contractor's possession and any WSP property produced under this Contract. The Contractor grants WSP the right to enter upon the Contractor's premises for the sole purpose of recovering any WSP property that the Contractor fails to return within ten (10) calendar days of termination of the Contract. Upon failure to return WSP property within ten (10) calendar days of the Contract termination, the Contractor shall be charged with all reasonable costs of recovery, including transportation and attorney's fees. The Contractor shall protect and preserve any property of WSP that is in the possession of the Contractor pending return to WSP. The Contractor shall provide written certification to WSP that the Contractor has returned all WSP property in the Contractor's possession.

c. WSP may direct assignment of the Contractor's rights to and interest in any subcontract or orders placed to WSP. WSP may terminate any subcontract or orders, and settle or pay any or all claims arising out of the termination of such orders and subcontracts.

d. WSP shall be liable for and shall pay for only those services authorized and provided through the date of termination. WSP may pay an amount agreed to by the parties for partially completed work and services, if work products are useful to WSP.

e. In the event of termination for default, WSP may withhold a sum from the final payment to the Contractor that WSP determines necessary to protect WSP against loss or additional liability.

31. **Treatment of Assets.** Title to all property furnished by WSP to the Contractor under the terms of this Contract shall remain with WSP. Any property furnished by WSP to the Contractor under the terms of this Contract shall be used only for the performance of this Contract. The Contractor shall be responsible for any loss or damage of property provided to the Contractor by WSP resulting from the failure on the part of the Contractor to maintain and administer that property in accordance with sound management practices. Upon the discovery of loss or damage of WSP property, the Contractor shall notify WSP and take all reasonable steps to prevent any further loss or damage. upon the termination or completion of this Contract the Contractor shall surrender all WSP property to the WSP Project Manager indicated on the Face Sheet of this Contract .

32. **Waiver.** A failure by WSP to exercise its rights under this Contract shall not preclude WSP from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Contract unless stated to be such in writing and signed by an authorized representative of WSP and attached to the original Contract.

**Exhibit C**

## CONTRACTOR EMPLOYEE NONDISCLOSURE AGREEMENT

I acknowledge that some of the material and information that may come into my possession or knowledge in connection with Washington State Patrol Contract Number C090623PSC or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.17 RCW or other state or federal statutes ("Confidential Information").

Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information.

I agree to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without the Washington State Patrol's express written consent or as provided by law.

I also agree to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information.

Immediately upon expiration or termination of this Contract or my employment with the Contractor, I shall surrender any and all Confidential Information in my possession to the Vendor for its disposition according to the terms of the Contract.

I understand that I am subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

Chad Melton
Signature of Contractor Employee

CHAD MELTON, CRIMINAL INTELLIGENCE ANALYST
Printed Name and Title

1/25/09
Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return mm/dd/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRS OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 12/23/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Ewell

DATE RECEIVED 1-4-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/31/09 | Contract Service Hours for C090623PSC | 151 | | $ 50 | $7550.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuck | DATE 1/6/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | DIV/SUBDIV MOE | SUB PROJECT | SUB SUB PROJECT | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 211 | | 001 | 011 | 271 | [redacted] | | | | | | | | | $7550- | Duemberl |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7550- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2009 mm/dd/yr - Ending 12/31/2009 mm/dd/yr

**Name:** CHAD MELTON **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 2 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 3 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 5 | | | |
| 12 | 6 | | | |
| 12 | 7 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 12 | | | |
| 12 | 13 | | | |
| 12 | 14 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 16 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 19 | | | |
| 12 | 20 | 3 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 21 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 22 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 23 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 24 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 25 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 26 | | | |
| 12 | 27 | | | |
| 12 | 28 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 29 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 30 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 31 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 151 | | |

Chad Melton 12/23/09
Contractor Signature/Date

Lance Blevins
Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

12-31-09
Local Reviewer Signature/Date

12/23/2009 10:42 FAX 2062722014

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return mm/dd/yyyy format. Calculations will automatically occur as you fill in the number fields with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 10/29/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.
[redacted]

RECEIVED BY Purdy L Wood DATE RECEIVED 10/29/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/29/09 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Chad Melton | DATE 10/29/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

MASTER FILE

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB/ OBJECT | ORG INDEX | WORKCLASS ALLOC | CSMT BUDGET UNIT | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
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| | 210 | | 001 | 011 | 271 | CB | | | | | | WA38 | | | $8650.00 | October |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

008

10:14 FAX 2062622014

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2009 (mm/dd/yr) - Ending 10/31/2009 (mm/dd/yr)

**Name:** Chad Russell Melton

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 10 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 3 | | | |
| 10 | 4 | | | |
| 10 | 5 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 10 | | | |
| 10 | 11 | | | |
| 10 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 13 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 15 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
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| 10 | 18 | | | |
| 10 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 20 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 21 | 2 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 24 | | | |
| 10 | 25 | | | |
| 10 | 26 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 28 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 30 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 31 | | | |
| Total Hours: | | 173 | | |

Chad R Melton 10/29/09
Contractor Signature/Date

Scott Brown
Local Reviewer Name

10-29-09
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

~~FORM~~ A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is protected form for use of text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE (1) | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 9/30/09
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Wendy Kluck

DATE RECEIVED 9/30/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/09 | Contract Service Hours for C090623PSC | 170 | | $ 50 | $8500.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuck | DATE 10/2/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
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| REF DOC SUF | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | LIN ITEM MOS | PROJECT | SUB PROJ | PROJ YEAR | AMOUNT | INVOICE NUMBER |
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| | 210 | | [redacted] | 011 | 371 | [redacted] | | | | | | WA98 | | | $8500- | September |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8500- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2009 (mm/dd/yr) - Ending 9/30/2009 (mm/dd/yr)

**Name:** Chad Russell Melton **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 5 | | | |
| 9 | 6 | | | |
| 9 | 7 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 12 | | | |
| 9 | 13 | | | |
| 9 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 16 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 19 | | | |
| 9 | 20 | | | |
| 9 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 23 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 26 | | | |
| 9 | 27 | | | |
| 9 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 29 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 30 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 31 | | | |
| Total Hours: | | 170 | | |

Chad Melton 9/30/09
Contractor Signature/Date

Scott Harmon
Local Reviewer Name

Scott Harmon 10/1/09
Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

10/01/2009 08:48 FAX 2062622014 004

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 8/31/09
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Shirley Kilduff DATE RECEIVED 8/31/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/09 | Contract Service Hours for C090623PSC | 167 | | $ 50 | $8350.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Lt. C [illegible] | DATE 9.1.2009

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REV DOC SUF | TRANS CODE | M O O | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | LOCALITY BUDGET UNIT | CFW ZONE MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WA80 | | | 8350 00 | August |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 8350 00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2009 mm/dd/yr - Ending 8/31/2009 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | | | |
| 8 | 2 | | | |
| 8 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 8 | | | |
| 8 | 9 | | | |
| 8 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 12 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 15 | | | |
| 8 | 16 | | | |
| 8 | 17 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 18 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 19 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 21 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 22 | | | |
| 8 | 23 | | | |
| 8 | 24 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 25 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 26 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 27 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 29 | | | |
| 8 | 30 | | | |
| 8 | 31 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 167 | | |

Chad R Melton 8/31/09
Contractor Signature/Date

Scott Jarmon
Local Reviewer Name

8-31-09
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

# WASHINGTON STATE FUSION CENTER

1110 3rd Ave, Seattle, WA 98101
WSFC: 1-877-843-9522 || Fax: 206-262-2014


# FAX

| | |
|---|---|
| To: Bev Wood/ WSP CIU | From: WSFC |
| Fax: (360) 704-2972 | Pages: 1 7 |
| Phone:(206) 262-2433 | Date: 08/31/2009 |
| Re: | CC: |

Notes: **Contractor Service Hours Sheet and WSP Invoice Voucher**
for: Melton
Evans
Ward
Graham
Almquist

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 8/31/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Shirley Kidd

DATE RECEIVED 8/31/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/09 | Contract Service Hours for C090623PSC | 167 | | $ 50 | $8350.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Lt. C Gaines | DATE 9-1-2009

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

Enter Accounting Data

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WSHINGTON ALLOC | LOCATN BUDGET UNIT | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 009 | 011 | 271 | CE | | | | | | WA88 | | | 8350.00 | August |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 8350.00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2009 mm/dd/yr - Ending 8/31/2009 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | | | |
| 8 | 2 | | | |
| 8 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 8 | | | |
| 8 | 9 | | | |
| 8 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 12 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 15 | | | |
| 8 | 16 | | | |
| 8 | 17 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 18 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 19 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 21 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 22 | | | |
| 8 | 23 | | | |
| 8 | 24 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 25 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 26 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 27 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 29 | | | |
| 8 | 30 | | | |
| 8 | 31 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 167 | | |

Chad R Melton 8/31/09
Contractor Signature/Date

Scott Jarmon
Local Reviewer Name

8-31-09
Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 7/30/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly L Wood

DATE RECEIVED 7-31-09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/09 | Contract Service Hours for C090623PSC | 170 | | $ 50 | $8500.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Tracy Yurk | DATE 7-31-09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | AFPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WSHELARS ALLOC | DSHS BUDGET UNIT | CITY TRIBE MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WASB | | | $8500.00 | July |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8500.00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2009 (mm/dd/yr) - Ending 7/31/2009 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 7 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 2 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 4 | | | |
| 7 | 5 | | | |
| 7 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 11 | | | |
| 7 | 12 | | | |
| 7 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 16 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 17 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 18 | | | |
| 7 | 19 | | | |
| 7 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 24 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 25 | | | |
| 7 | 26 | | | |
| 7 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 31 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 170 | | |

Chad Melton 7/30/09
Contractor Signature/Date

Scott Dorman
Local Reviewer Name

8-3-09
Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

08/03/2009 10:22 FAX 2064704014 000




# WASHINGTON STATE FUSION CENTER

1110 3rd Ave, Seattle, WA 98101
WSFC: 1-877-843-9522 || Fax: 206-262-2014

# FAX

| | |
|---|---|
| To: Bev Wood/ WSP CIU | From: WSFC |
| Fax: (360) 704-2972 | Pages: 3 |
| Phone:(206) 262-2433 | Date: 07/30/2009 |
| Re: | CC: |

Notes: **Contractor Service Hours Sheet and WSP Invoice Voucher**

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2009 mm/dd/yr - Ending 6/30/2009 mm/dd/yr

**Name:** Chad R Melton **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 2 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 4 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 5 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 6 | | | |
| 6 | 7 | | | |
| 6 | 8 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 9 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 11 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 13 | | | |
| 6 | 14 | | | |
| 6 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 16 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 17 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 20 | | | |
| 6 | 21 | | | |
| 6 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 27 | | | |
| 6 | 28 | | | |
| 6 | 29 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 30 | 13 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 31 | | | |
| Total Hours: | | 140 | | |

Chad Melton 6/30/09
Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

6-30-09
Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 6/30/09
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Tracy Lewis

DATE RECEIVED 6-30-09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/30/09 | Contract Service Hours for C090623PSC | 140 | | $ 50 | $7000.00 | |
| | | | | | | |
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| | | | | | | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Tracy Lewis | DATE 7-2-09

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | DELIVERY BUDGET UNIT | CITY TOWN MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | WAJ8 | | | $7000 - | June |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7000 - | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2009 (mm/dd/yr) - Ending 6/30/2009 (mm/dd/yr)

**Name:** Chad R Melton

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 2 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 4 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 5 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 6 | | | |
| 6 | 7 | | | |
| 6 | 8 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 9 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 11 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 13 | | | |
| 6 | 14 | | | |
| 6 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 16 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 17 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 20 | | | |
| 6 | 21 | | | |
| 6 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 27 | | | |
| 6 | 28 | | | |
| 6 | 29 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 30 | 13 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 31 | | | |
| Total Hours: | | 140 | | |

Chad Melton 6/30/09
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

[illegible]
Local Reviewer Name

6-30-09
Local Reviewer Signature/Date

06/30/2009 13:42 FAX 2062622014

# FAX Transmission Cover Sheet

**To:** Bev Wood/WSP CIU **FAX: (360) 704-2972**

**Date:** 06/30/09

**From:** Chad Melton/WSFC **Phone:** (206) 262-2433

**Subject:**

- Contractor Service Hours Sheet, WSP Invoice Voucher for Chad Melton
- Contractor Service Hours Sheet, WSP Invoice Voucher for John Kristof

**Total number of pages, including this cover sheet:** 5

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

003

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

[redacted] SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 5/29/09 (DATE)

RECEIVED BY Barbara L Wall DATE RECEIVED 5/29/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/29/09 | Contract Service Hours for C090623PSC | 167 | | $ 50 | $8350.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Pual DATE 6/2/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORK CLASS ALLOC | AGENCY BUDGET UNIT | CITY YEAR MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | WASB | | | $8350- | May |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field. Shift-Tab will go to prior text field. Date fields are formatted to: format. Calculations will automatically occur as you fill in the number fields. the bottom. The form can be printed blank and filled in by hand as needed. and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR A |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to cla payment for materials, merchandise or services. Show complete detail item.

Vendor's Certificate. I hereby certify under penalty of perjury that the ite totals listed herein are proper charges for materials, merchandise or servi furnished to the State of Washington, and that all goods furnished and/or rendered have been provided without discrimination because of age, sex, status, race, creed, color, national origin, handicap, religion, or Vietnam er disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 5/29
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

[redacted]

RECEIVED BY Barbara LWard

DATE RECEIVED 5-29-09

| | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/20/09 | HIDTA Training: parking reimbursement | | | | $10.00 | |
| 5/21/09 | HIDTA Training: parking reimbursement | | | | $10.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | DATE 6/10/09

| REF DOC LINE | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COMMIT BUDGET UNIT | SUB WORK MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 002 | 271 | GD | | | | | | NHTB | | | $20 |

UBI NUMBER 602 111 089

INVOICE NUMBER parking

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 5/1/2009 mm/dd/yr - Ending 5/31/2009 mm/dd/yr

Name: CHAD MELTON

Location: WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 5 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 2 | | | |
| 5 | 3 | | | |
| 5 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 9 | | | |
| 5 | 10 | | | |
| 5 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 14 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 16 | | | |
| 5 | 17 | | | |
| 5 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 23 | | | |
| 5 | 24 | | | |
| 5 | 25 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 27 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 30 | | | |
| 5 | 31 | | | |
| Total Hours: | | 167 | | |

Chad Melton 5/29/09
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

Local Reviewer Signature/Date 6-1-09

# FAX Transmission Cover Sheet

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2972

**Date:** 05/29/09

**From:** Chad Melton/WSFC **Phone:** (206) 262-2433

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher x 2

**Total number of pages, including this cover sheet:** 4

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

ST OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

2 Vouchers

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 4/30/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Burnly L Word

DATE RECEIVED 4/30/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/09 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 5/8/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O A | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ. | SUB SUB / OBJECT | ORG INDEX | WARRANT ALLOC | COUNTY BUDGET UNIT | UNIT TOWN MOS | PROJECT | FY SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21D | | 001 | 012 | 271 | CE | | | | | | WA08 | | | $8650- | April |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | $8650- | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

FORM A19-1A

ST. OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 4/30/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly L Reed

DATE RECEIVED 4/30/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/19/09 | Mileage round-trip: Home to Sea-Tac | 70 | | 0.55 | $ 38.50 | |
| 4/19/09 | LEIU Conference: Flight | | | | $ 359.00 | |
| 4/19/09 | LEIU Conference: Hotel per diem | 126 x 5 | | | $ 630.00 | |
| 4/19/09 | LEIU Registration Fee | | | | $ 425.00 | |
| 4/19/09 | Meal per diem (D) | | | | $ 29.00 | |
| 4/20/09 | Meal per diem (B,L,D) | | | | $ 64.00 | |
| 4/21/09 | Meal per diem (B,L,D) | | | | $ 64.00 | |
| 4/22/09 | Meal per diem (B,L,D) | | | | $ 64.00 | |
| 4/23/09 | Meal per diem (B,L) | | | | $ 35.00 | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Chad Melton | 5/5/09 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MDS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GC | | | | | | WAJB | | | $ 38.50 | mileage |
| | 210 | | 001 | 012 | 271 | GA | | | | | | WAJB | | | $ 886- | meals & lodging |
| | 210 | | 001 | 012 | 271 | EG | | | | | | WAJB | | | $ 425- | conference fee |
| | 210 | | 001 | 012 | 271 | GD | | | | | | WAJB | | | $ 359- | flight |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $1708 50 | |

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2009 (mm/dd/yr) - Ending 4/30/2009 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 4 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 2 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 4 | | | |
| 4 | 5 | | | |
| 4 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 11 | | | |
| 4 | 12 | | | |
| 4 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 18 | | | |
| 4 | 19 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 25 | | | |
| 4 | 26 | | | |
| 4 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton 4/30/09

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

CHECK HERE IF TAX DEDUCTIBLE ITEM ☐

Chad R Melton

[redacted]

$ _____ 1968

4/20/09

| | |
|---|---|
| BAL. FOR'D. | |
| THIS PAYMENT | 5425.00 |
| BALANCE OR CR. | |
| BAL. FOR'D. | |

US Treasury

[redacted]

2009 Form 1040-ES

[redacted]

1968

For added security, the account number no longer appears on this copy.

NOT NEGOTIABLE

[redacted]

Online Banking [redacted]

## Transaction Details

View the details below for your transaction. If you require additional information, please contact the merchant.

**Detailed Information**

| | |
|---|---|
| Transaction Date: | March 17, 2009 |
| Post Date: | March 19, 2009 |
| Transaction Description: | ALASKA AIR T0277413176971 SAN ANTONIO TX |
| Charge: | $368.20 |
| Category: | |
| Merchant Information: | ALASKA AIR T0277413176971 SAN ANTONIO TX |

[redacted] [redacted]



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MEMBER FDIC

YAHOO! MAIL Classic

**Travelocity Confirmation - Las Vegas, NV**

Tuesday, March 17, 2009 2:06 AM

From: "The Travelocity Team" <travelocity@travelocity.com>
To: [redacted]



travelocity

# thank you!
travel reservation confirmation

Dear Chad,

Thank you for booking your travel through Travelocity.

Your trip to Las Vegas, NV (LAS) is confirmed. A summary of your reservation is provided below. Please be sure to:

- Review your trip details
- Read the instructions and policies listed below
- Print this email for your records
- Check other links offered by Travelocity to plan your trip

**Your Travelocity Trip ID is: 3907 6021 0638**

Your phone number for this trip: 206-661-7851

One important friendly reminder: This is an e-ticket, so no paper ticket will be mailed to you. What is an e-ticket?
**Please note: Seat requests** are not guaranteed and may be changed by the airline. In addition, flight schedules may be changed by the airline.

**Itinerary**

Primary Contact: Chad Melton
- Online check-in
- Lookup flight status

**Flight: 1 Round-Trip Ticket**

All flight times are local to each city.

Please check in with Alaska Airlines on the day of departure for your boarding pass.
For your boarding pass, use reference code IQBZWF for online or airport check-in.

| | | |
|---|---|---|
| **Sun, Apr 19, 2009** | **Seattle/Tacoma International Airport, (SEA) to Las Vegas McCarran International Airport, (LAS)** | |
| Depart: 05:40 PM | Seattle/Tacoma, WA (SEA) to Las Vegas, NV (LAS) | Alaska Airlines<br>Flight 612<br>(on Boeing 737-900) |

Arrive: 08:03 PM

Class of Service: Economy
Total Travel Time: 2 hrs 23 mins

---

Please check in with Alaska Airlines on the day of departure for your boarding pass.
For your boarding pass, use reference code IQBZWF for online or airport check-in.

| | | |
|---|---|---|
| **Sun, Apr 26, 2009** | **Las Vegas McCarran International Airport, (LAS) to Seattle/Tacoma International Airport, (SEA)** | |
| Depart: 06:55 PM<br>Arrive: 09:35 PM | Las Vegas, NV (LAS) to Seattle/Tacoma, WA (SEA) | Alaska Airlines<br>Flight 611<br>(on Boeing 737-900) |

Class of Service: Economy
Total Travel Time: 2 hrs 40 mins

---

| Passenger Name | Frequent Flyer Information | Ticket Number |
|---|---|---|
| Chad Melton | You can add your frequent flyer number at the airport. | |

---

**Hotel: 1 Room, 7 Nights**
Confirmation # Room 1: 572699939

**Flamingo Las Vegas**

3555 LAS VEGAS BLVD SO
LAS VEGAS
NV 89109

Telephone: 702.733.3111 (questions for this hotel)

[illegible]: Travelocity Rating

Check in: **Sun, Apr 19, 2009**
Check out: **Sun, Apr 26, 2009**

**Room 1:** Deluxe Room ( 1 Adult )
Contact: Chad Melton

**Travel Alert!**

The TSA has adjusted its ban on **liquids, aerosols, and gels,** so you can now carry the following items on board your flight:

- **Travel-size toiletries (3 ounces or less) that fit comfortably in a quart-size, clear plastic zip-top bag.** One zip-top bag is permitted per passenger. Beverages and other items purchased in the secure boarding area.
- At the security checkpoint, place the zip-top bag of liquids in a bin or on the conveyor belt for inspection.
- Passengers carrying on larger amounts of **prescription liquid medications, baby formula, and diabetic glucose treatments** must declare these at the security checkpoint for additional screening.

**Arrive at the airport early.** Enhanced security measures may mean longer lines at security checkpoints.

- Please make sure you have reviewed the important legal notice entitled "Conditions of Contract", "Notice of Incorporated Terms", "Notice of Baggage Liability Limitations", and "Notice of Overbooking" in Terms & Conditions of Travel or the specific terms and conditions relating to non-air transportation or services.
- The Terms & Conditions of Travel will also be available at the airport prior to your flight departure.

**Pricing**

| | |
|---|---|
| Flight + Hotel | $1,098.02 |
| Taxes & Fees | $103.55 |
| **Total:** | **$1,201.57*** |

* Extra person hotel charges for children are not included in the price and if applicable, are payable upon check-in to the hotel.

We charged a total of $1,201.57 to your Visa® xxxx-xxxx-xxxx-7853

**Travel Checklist**

- **Printed itinerary**—As you will not receive a paper ticket, we suggest you print this page to take along with you on your trip.
- **Photo ID**—Every passenger must have a valid government-issued photo ID (such as a drivers license or passport). Please note that the name on the photo ID must match the passenger name in the reservation.
- **Terminal/gate information**—Check with the airline for updated terminal/gate information the day of your travel. Also please note, you can verify the flight status online. Due to increased security measures you should plan to arrive at the airport two hours prior to departure.
- **Schedule changes**—While our airline partners work to ensure that you reach your destination on time, they do not guarantee their schedules and may make changes to your flight itinerary. Should this happen, we'll send you an email notification and update your reservation online (accessible via MyStuff) with the most current information. If we do not receive suggested changes from the airline, we will attempt to contact you via phone or e-mail to discuss what options may be available. If an airline adjusts its flight schedule, it will attempt to accommodate you on the flight closest to your original scheduled flight. If the new flight doesn't meet your needs, we'll work with the airline to place you on a different flight if available. If we can't find an alternative flight, we'll work with the airline to secure a refund of the fare paid to the airline.
- **What to expect at the airport**—The airline will issue your boarding pass upon check-in. Some airlines allow you to pre-print your boarding pass with an online check-in feature.
- **Baggage guidelines**—Be sure to review your airline's baggage allowance guidelines. Airline rules for checked baggage allowances vary. Many carriers allow passengers two checked bags and one carry-on while some only permit two checked bags. All carry-on baggage will be subject to search. Review the Transportation Security Administration's guidelines for baggage.
- **Checking into your hotel**—When checking into your hotel, you should bring your confirmation email or a copy of this page, a photo ID and a valid credit card.

WSFC

# FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** **Bev Wood/WSP CIU** **FAX: (360) 704-2972**

**Date:** 04/30/09

**From:** Chad Melton/WSFC **Phone:** (206) 661-7851

**Subject:** WSP Invoice Voucher x 2 plus 5 additional pages

**Total number of pages, including this cover sheet:** 8

**Message:** Lance Ladines has my signed Contractor Service Hours sheet

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Cheer Mitton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 3/31/09
(TITLE) (DATE)

[redacted] CURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Beverly Ward

DATE RECEIVED 4/1/09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/31/09 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Tracy Hurley | 4-3-09 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SFX | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | WAJ7 | | | $8650- | March |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $8650- | |

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2009 (mm/dd/yr) - Ending 3/31/2009 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | | | |
| 3 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 4 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 7 | | | |
| 3 | 8 | | | |
| 3 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 12 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 14 | | | |
| 3 | 15 | | | |
| 3 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 17 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 20 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 21 | | | |
| 3 | 22 | | | |
| 3 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 24 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 25 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 28 | | | |
| 3 | 29 | | | |
| 3 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 31 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad R Melton 3/31/09

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

002
04/01/2009 13:39 FAX 2062622014

WSFC

# FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 03/31/09

**From:** Chad Melton/WSFC **Phone:** (206) 661-7851

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2009 mm/dd/yr - Ending 3/31/2009 mm/dd/yr

**Name:** CHAD MELTON

**Location:** WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | | | |
| 3 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 4 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 7 | | | |
| 3 | 8 | | | |
| 3 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 12 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 14 | | | |
| 3 | 15 | | | |
| 3 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 17 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 20 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 21 | | | |
| 3 | 22 | | | |
| 3 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 24 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 25 | 7.5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 28 | | | |
| 3 | 29 | | | |
| 3 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 31 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad R Melton 3/31/09
Contractor Signature/Date

Seth Harmon
Local Reviewer Name

4609
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to).

CHAD RUSSELL MELTON

[redacted]

2 Vouchers

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 2/27/09
(TITLE) (DATE)

[redacted] NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Brenda Ward DATE RECEIVED 2-27-09

| | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/28/09 | Contract Service Hours for C090623PSC | 153 | | $ 50 | $7650.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 2/27/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOA | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | WAJ7 | | | $7650- | February |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2009 mm/dd/yr - Ending 2/28/2009 mm/dd/yr

**Name:** CHAD MELTON

**Location:** WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 2 | 1 | | | |
| 2 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 7 | | | |
| 2 | 8 | | | |
| 2 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 14 | | | |
| 2 | 15 | | | |
| 2 | 16 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 21 | | | |
| 2 | 22 | | | |
| 2 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 28 | | | |
| 2 | 29 | | | |
| 2 | 30 | | | |
| 2 | 31 | | | |
| Total Hours: | | 153 | | |

Chad R Melton 2/27/09
Contractor Signature/Date

Scott Armor
Local Reviewer Name

3409
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

## Wood, Beverly (WSP)

**From:** Jarmon, Scott (WSP)
**Sent:** Friday, February 27, 2009 12:39 PM
**To:** Wood, Beverly (WSP)
**Subject:** Re: Request Approval for Analyst February Billing

Approved.

Detective Sergeant Scott Jarmon
Washington State Fusion Center

*** Sent from my Blackberry.

---

**From:** Wood, Beverly (WSP)
**To:** Jarmon, Scott (WSP)
**Sent:** Fri Feb 27 12:29:30 2009
**Subject:** Request Approval for Analyst February Billing

Hi Scott,

I am requesting your approval on analyst February billing for the following:

| | | |
|---|---|---|
| John Kristoff | 165 hours | 232 miles (Bellingham PD, Everett RIG) |
| James Ward | 172 hours | |
| Chad Melton | 153 hours | 39.78 miles (KC RIG) |

All are within the normal billable hours. Their log sheets lack local reviewer signature.


# Beverly Wood

*Washington State Patrol*
*IAD - OCIU*
*360-704-2402 desk*
*360-704-2972 fax*
*"A calm sea never made a good Seaman"*

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 2/27/09 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Burdy Ward

DATE RECEIVED 2-27-09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/19/09 | Mileage: WSFC(Seattle) to KCRIG(Kent) | 39.78 | | 0.55 | $22.08 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Chad Melton | DATE 2/27/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | BI O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | UNIT TIME MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GC | | | | | | WAJT | | | $22 08 | mileage |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $22 08 | WARRANT NUMBER

WSFC

# FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** **Bev Wood/WSP CIU** **FAX: (360) 704-2973**

**Date:** 02/27/09

**From:** Chad Melton/WSFC **Phone:** (206) 661-7851

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher x 2

**Total number of pages, including this cover sheet:** 4

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

ST OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 1/30/09 (DATE)

[redacted] L SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Beverly Dull DATE RECEIVED 1-30-09

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/09 | Contract Service Hours for C090623PSC | 40 | | $ 50 | $2000.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Pull DATE 2/5/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY TRANS MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | | WAST | | | $2000- | January |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $2000- | WARRANT NUMBER

# WAJAC

## FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 1/30/09

**From:** Chad Melton/WSFC **Phone:** (206) 661-7851

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2009 mm/dd/yr - Ending 1/31/2009 mm/dd/yr

**Name:** CHAD MELTON

**Location:** WSFC, 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 1 | 1 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 2 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 3 | | | |
| 1 | 4 | | | |
| 1 | 5 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 6 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 7 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 8 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 9 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 10 | | | |
| 1 | 11 | | | |
| 1 | 12 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 13 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 14 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 15 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 16 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
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| 1 | 19 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 20 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 21 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 22 | | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
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| 1 | 24 | | | |
| 1 | 25 | | | |
| 1 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 31 | | | |
| Total Hours: | | 40 | | |

Chad Melton 1/30/09

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

002

FORM
A19-1A

STATE OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor CRIMINAL INTELLIGENCE ANALYST 12/31/10
(TITLE) (DATE)

[redacted] SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY [signature] DATE RECEIVED 12-31-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/31/10 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] DATE 1/6/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O P | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COUNTY BUDGET UNIT | SYS ORG MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 004 | 011 | 271 | CE | | | | | | 5761 | | | $8650- | December |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

To BTS 1-6-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2010 (mm/dd/yr) - Ending 12/31/2010 (mm/dd/yr)

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 2 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 4 | | | |
| 12 | 5 | | | |
| 12 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 7 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 9 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 11 | | | |
| 12 | 12 | | | |
| 12 | 13 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 15 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 17 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 18 | | | |
| 12 | 19 | | | |
| 12 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 21 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 24 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 25 | | | |
| 12 | 26 | | | |
| 12 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 29 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton
Contractor Signature/Date

LANCE B LADENES
Local Reviewer Name

Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use on. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Cue Melton (SIGN IN INK)

Owner / Sole Proprietor CRIMINAL INTELLIGENCE ANALYST (TITLE) 11/30/10 (DATE)

[redacted] SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY Cindy Reed DATE RECEIVED 12/30/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/30/10 | Contract Service Hours for C090623PSC | 172 | | $ 50 | $8600.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Reed | DATE 12/3/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | LE | | | | | | S7C1 | | | $ 8600- | November |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8600- | WARRANT NUMBER

TO 875 12/3

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 11/1/2010 (mm/dd/yr) - Ending 11/30/2010 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 11 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 5 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 6 | | | |
| 11 | 7 | | | |
| 11 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 13 | | | |
| 11 | 14 | | | |
| 11 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 20 | | | |
| 11 | 21 | | | |
| 11 | 22 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 23 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 25 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 27 | | | |
| 11 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| | 31 | | | |
| Total Hours: | | 172 | | |

Chad Melton
Contractor Signature/Date

Scott JARMON
Local Reviewer Name

Scott 12-1-10
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 10/29/10
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly [illegible]

DATE RECEIVED 10/31/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/29/10 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard [illegible] | DATE 11/1/10

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ. | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | CE | | | | | 5701 | | | $8650- | October |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

01-1-11

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2010 mm/dd/yr - Ending 10/31/2010 mm/dd/yr

**Name:** CHAD MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 10 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 2 | | | |
| 10 | 3 | | | |
| 10 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 9 | | | |
| 10 | 10 | | | |
| 10 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 12 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 14 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 15 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 16 | | | |
| 10 | 17 | | | |
| 10 | 18 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 23 | | | |
| 10 | 24 | | | |
| 10 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 29 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 30 | | | |
| 10 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton 10/29/10
Contractor Signature/Date

LANCE B LADINES
Local Reviewer Name

Lance B Ladines
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online: Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 7/30/2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Rhonda Pull

DATE RECEIVED 7/31/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/10 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Pull | DATE 8/2/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | OTHER INDEX | ALLOC | BUDGET UNIT | CITY TOWN NO'S | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | | 044 | 271 | 100 | | | | | | 57C1 | | | $8650- | July |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

TO BAS 8-3-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2010 (mm/dd/yr) - Ending 7/31/2010 (mm/dd/yr)

**Name:** CHAD RUSSELL MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 7 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 3 | | | |
| 7 | 4 | | | |
| 7 | 5 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 10 | | | |
| 7 | 11 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 17 | | | |
| 7 | 18 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 19 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 23 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 24 | | | |
| 7 | 25 | | | |
| 7 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 30 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton 7/30/2010
Contractor Signature/Date

LANCE E. LARENES
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

08/02/2010 08:52 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

ESRI Conference in San Diego 7/11 to 7/16

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 7/30/2010
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly LaVoy

DATE RECEIVED 7/31/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/11/10 | Hotel ($ 182.38 a day) | 5 | | | $ 826.90 | |
| 7/11/10 | Advantage Rent A Car | | | | $ 360.71 | |
| 7/11/10 | Airfare Sea to SD (Alaska Airlines) | | | | $ 459.40 | |
| 7/11/10 | Per Diem Sunday and Friday | 2 | | $53.25 | $ 106.50 | |
| 7/11/10 | Per Diem Mon, Tues, Wed, Thurs | 4 | | $71.00 | $ 284.00 | |
| 7/11/10 | Alaska Air Baggage Check | 1 | | $20.00 | $ 20.00 | |
| 7/18/10 | Alaska Air Baggage Check | 1 | | $20.00 | $ 20.00 | |
| 7/11 | parking ($17/day x 5) | 5 | | 17.00 | $ 85.00 | |
| | | | | | | |

PREPARED BY Chad Melton | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 8/2/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOB | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | GA | | | | | | SFC1 | | | $ 826 90 | lodging |
| | 210 | | 001 | 011 | 271 | GA | | | | | | SFC1 | | | $ 390 50 | meals |
| | 210 | | 001 | 011 | 271 | GD | | | | | | SFC1 | | | $ 360 71 | rental car |
| | 210 | | 001 | 011 | 271 | GD | | | | | | SFC1 | | | $ 85 | parking |
| | 210 | | 001 | 011 | 271 | GD | | | | | | SFC1 | | | $ 40 | baggage fee |
| | 210 | | 001 | 011 | 271 | GD | | | | | | SFC1 | | | $ 459 40 | flight |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $2162 51 | WARRANT NUMBER

12 ISAs @ $15 ea

# Hilton
San Diego Airport/Harbor Island

1960 Harbor Island Dr. • San Diego, CA 92101
Phone (619) 291-6700 • Fax (619) 293-0694
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MELTON, CHAD
[redacted]
US

Room 410/Q1RO
Arrival Date 7/11/2010 10:52:00AM
Departure Date 7/16/2010

Adult/Child 1/0
Room Rate $147.00

RATE PLAN L-G2
HH#
AL
BONUS AL CAR

Confirmation: 3391316070

7/16/2010 PAGE 1

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|---|---|---|---|
| 7/11/2010 | 2323936 | *SIERRA PACIFIC REST | $45.79 |
| 7/11/2010 | 2324248 | *PARKING | $17.00 |
| 7/11/2010 | 2324249 | GUEST ROOM | $147.00 |
| 7/11/2010 | 2324249 | RM TOT TAX | $15.44 |
| 7/11/2010 | 2324249 | SAN DIEGO TOURISM ASSESSMENT | $2.94 |
| 7/12/2010 | 2324598 | *ROOM SERVICE | $49.82 |
| 7/12/2010 | 2324640 | NOMADIX HSIA | $11.00 |
| 7/12/2010 | 2325089 | *PARKING | $17.00 |
| 7/12/2010 | 2325090 | GUEST ROOM | $147.00 |
| 7/12/2010 | 2325090 | RM TOT TAX | $15.44 |
| 7/12/2010 | 2325090 | SAN DIEGO TOURISM ASSESSMENT | $2.94 |
| 7/13/2010 | 2325512 | *ROOM SERVICE | $40.62 |
| 7/13/2010 | 2325820 | *PARKING | $17.00 |
| 7/13/2010 | 2325821 | GUEST ROOM | $147.00 |
| 7/13/2010 | 2325821 | RM TOT TAX | $15.44 |
| 7/13/2010 | 2325821 | SAN DIEGO TOURISM ASSESSMENT | $2.94 |
| 7/14/2010 | 2326177 | NOMADIX HSIA | $11.00 |
| 7/14/2010 | 2326182 | *ROOM SERVICE | $25.28 |
| 7/14/2010 | 2326535 | *PARKING | $17.00 |
| 7/14/2010 | 2326536 | GUEST ROOM | $147.00 |
| 7/14/2010 | 2326536 | RM TOT TAX | $15.44 |
| 7/14/2010 | 2326536 | SAN DIEGO TOURISM ASSESSMENT | $2.94 |
| 7/15/2010 | 2326975 | *ROOM SERVICE | $34.53 |
| 7/15/2010 | 2326979 | NOMADIX HSIA | $11.00 |

THANK YOU

## Zip-Out Check-Out®

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

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

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. |
|---|---|
| | 427743 A |
| AUTHORIZATION | INITIAL |
| | |
| PURCHASES & SERVICES | |
| | |
| TAXES | |
| | |
| TIPS & MISC. | |
| | |
| TOTAL AMOUNT | 0.00 |

Hilton
San Diego Airport/Harbor Island

1960 Harbor Island Dr. • San Diego, CA 92101
Phone (619) 291-6700 • Fax (619) 293-0694
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MELTON, CHAD
[redacted]
US

Room 410/Q1RQ
Arrival Date 7/11/2010 10:52:00AM
Departure Date 7/16/2010

Adult/Child 1/0
Room Rate $147.00

RATE PLAN L-G2
HH#
AL
BONUS AL CAR

Confirmation: 3391316070

7/16/2010 PAGE 2

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|---|---|---|---|
| 7/15/2010 | 2327273 | *PARKING | $17.00 |
| 7/15/2010 | 2327274 | GUEST ROOM | $147.00 |
| 7/15/2010 | 2327274 | RM TOT TAX | $15.44 |
| 7/15/2010 | 2327274 | SAN DIEGO TOURISM ASSESSMENT | $2.94 |
| | | WILL BE SETTLED TO MC *0709 | $1,140.94 |
| | | EFFECTIVE BALANCE OF | $0.00 |
| | | ESTIMATED CURRENCY TOTAL | |

## Zip-Out Check-Out®

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

- Please review this statement. It is a record of your charges as of late last evening.
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  - + 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. 427743 A |
|---|---|
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | 0.00 |

THANK YOU

ADVANTAGE RENT A CAR PG 1 OF 4 #01 RT **RR 370469875**



**CHAD MELTON** CASDZ02 0202402

VEHICLE 01198 / 2969772 10 ALTIMA N
LIC CA6LYE/02 CLS YF MILES OUT 4201 FUEL OUT 8/8
TK CAP 20.0 STALL F Z 047

RENTED: 07/11/10 10:17 @ ADVANTAGE - SAN DIEGO, CA
RETURN: 07/18/10 19:00 @ ADVANTAGE - SAN DIEGO, C

You agree to pay charges at the rates and in the amounts that appear on the left of the table below. Taxable charges are denoted by a T, and additional details about some charges appear beneath the table. Our estimates of Your total charges appear on the right of the table below. Our estimates assume (1) You will rent and return the vehicle at the times and places indicated, (2) if a mileage charge applies, You will drive no more than the distance indicated and (3) You will not incur any charges that either are listed below opposite **** or cannot be calculated until return. If any of these assumptions is incorrect, additional charges or charges at higher rates may apply.

| CHARGE RATE / AMOUNT | | | CHARGE ESTIMATI |
|---|---|---|---|
| **TIME / MILEAGE CHGS: RATE PLAN - LB8WK** | | | **CLASS - F** |
| 1 @ $ 223.00/ WEEK WITH ALL MILES FREE | | $ | 223.0( |
| 1 @ $ 44.61/ EX DAY | | $ | 44.6: |
| **EXTRA CHARGES IF APPLICABLE** | | | |
| $ 33.54/ EX HOUR | | | |
| $ 22.31/ XDY XHR | | | |
| **SUBTOTAL** | | T$ | 267.61 |
| **ADDITIONAL CHARGES** | | | |
| FEES FOR ANY ADDITIONAL AUTHORIZED OPERATORS NOT INCLUDED. | | TS | **** |
| **OPTIONAL SERVICES** | | | |
| **FPO ACCEPTED** | | **FS** | 57.1( |
| **ASSESSMENTS / FEES / TAXES** | | | |
| CONCESSION FEE RECOVERY | 11.10% | TS | 30.0( |
| CA TOURISM ASSESSMENT | 3.50% | $ | 9.37 |
| FACILITY FEE | | $ | 10.0( |
| INCREASED VEH LIC RECOVERY FEE | | TS | 3.2( |
| TAX 1 8.750% ON TAXABLE TTL $ | 300.87 | $ | 26.3: |
| TAX 2 2.750% ON TAXABLE TTL $ | 57.18 | $ | 1.57 |
| **TOTAL ESTIMATED CHARGE** | | $ | 405.32 |

= $360.71

370469875 CASOVT

YAHOO! MAIL Classic

**Expedia travel confirmation - San Diego, CA (2) - Jul 11, 2010 - (Itin# 132771144789)**

**From:** [redacted] Expedia Travel Services" <usmail@expediamail.com>
Tuesday, June 22, 2010 12:08 AM
**To:** [redacted]

## Travel Confirmation

Thank you for booking your trip with Expedia. This email is your receipt for the travel item(s) you just booked.

Remember that you can always view your itinerary online for the most up-to-date information.

### Flight: Seattle to San Diego

**Traveler names** [redacted] Chad Melton

| | | | |
|---|---|---|---|
| Seattle (SEA) to San Diego (San Diego Intl.) | 07/11/10 6:50 AM - 9:33 AM | Alaska Airlines 494 | |
| San Diego (San Diego Intl.) to Seattle (SEA) | 07/18/10 7:30 PM - 10:14 PM | Alaska Airlines 489 | |

| | |
|---|---|
| Total ticket cost: | $814.90 |
| Taxes & Fees: | $103.90 |
| **Airfare total:** | **$918.80** |

÷ 2 = 459.40

A valid credit card in the driver's name must be presented at pick-up. Some rental car agencies also accept debit cards.

### Car: Advantage Rent-A-Car, San Diego, CA (SAN)

**Driver:** Chad Melton

| | | |
|---|---|---|
| Car Full Size | | |
| Pick up: Sun 07/11/10 10:00 AM | Drop off: Sun 07/18/10 7:00 PM | |
| Outside the Airport Terminal | | |
| San Diego, CA (SAN) | San Diego, CA (SAN) | |

| | |
|---|---|
| Base price: | $267.61 |
| Taxes & Fees: | $78.96 |
| **Car total:** | **$346.57** |

## Special requests

We will forward your requests to the travel vendor, but as these are subject to availability we can not guarantee that they will be honored. Some special requests (e.g., ski racks, rollaway beds) may incur additional charges from the vendor.

Free and special meals are not available on many flights.
View your itinerary for complete and up-to-date trip details, or to make changes online.

## Customer Support

**Itinerary number: 132771144789**

If you have questions about your reservation, fill out our itinerary assistance form. We'll respond within 24 hours. For immediate assistance call Expedia.com at 1-800-EXPEDIA (1-800-397-3342) or 1-404-728-8787 and have the itinerary number ready.

Did you know about all the ways you can earn ThankYou® Points on Expedia?

ThankYou Rewards Network

| | | |
|---|---|---|
| 07/13/10 | PURCHASE 906307110218188442624O1 ON 07/11 AT ALASKA AIR IN FLIGHT SEATTLE WA | -$12.00 |
| 07/13/10 | PURCHASE 906307110135083442624O1 ON 07/11 AT ALASKA AIR 02721535283 SEATTLE WA | -$20.00 |
| 07/13/10 | PURCHASE 906307110135084442624O1 ON 07/11 AT ALASKA AIR 02721535283 SEATTLE WA | -$20.00 |

[redacted]

[redacted]

## Myaccess Checking

| Date | Description | Withdrawal | Deposit | Balance |
|---|---|---|---|---|
| 07/20/10 | KEEP THE CHANGE TRANSFER TO ACCT 8042 FOR 07/20 | -$1.36 | | [redacted] |
| 07/20/10 | PURCHASE 9063071801216654426240 1 ON 07/18 AT ALASKA AIR 02721539313 SEATTLE WA | -$20.00 | | |
| 07/20/10 | PURCHASE 9063071801216604426240 1 ON 07/18 AT ALASKA AIR 02721539313 SEATTLE WA | -$20.00 | | |




# WASHINGTON STATE FUSION CENTER

1110 3rd Ave, Seattle, WA 98101
WSFC: 1-877-843-9522 || Fax: 206-262-2014

# FAX

| | |
|---|---|
| To: Beverly Wood | From: WSFC/ Chad Melton |
| Fax: 360-704-2972 | Pages: 10 |
| Phone: 206-262-2433 | Date: 7/30/2010 |
| Re: | CC: |

Notes:

Contractor Service Hours sheet

WSP Invoice Voucher x 2

Hilton San Diego hotel receipt (two pages)

Advantage Rent-A-Car receipt

Alaska Airlines airfare receipt

Alaska Air baggage check receipt (two pages)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 8/31/10
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Rhonda Pul

DATE RECEIVED 8/31/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/10 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Rhonda Pul | 9/7/10 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WATO | | | 3950- | August |
| | 210 | | 001 | 011 | 271 | CE | | | | | | SFC1 | | | 4700- | August |

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $8650- | |

Re BTS 9.7.10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2010 (mm/dd/yr) - Ending 8/31/2010 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | | | |
| 8 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 7 | | | |
| 8 | 8 | | | |
| 8 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 14 | | | |
| 8 | 15 | | | |
| 8 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 21 | | | |
| 8 | 22 | | | |
| 8 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 24 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 25 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 27 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 28 | | | |
| 8 | 29 | | | |
| 8 | 30 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 31 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton 8/31/10
Contractor Signature/Date

LANCE B. LADINES
Local Reviewer Name

Lance B. Ladines
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

09/01/2010 10:51 FAX 2067622014 002

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 9/30/10 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly AW nl

DATE RECEIVED 9/30/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/10 | Contract Service Hours for C090623PSC | 172 | | $ 50 | $8600.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Pruitt | DATE 10/6/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | CWU INDEX | ALLOC | BUDGET UNIT | SITE MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | [redacted] | | | | | | 5761 | | | $8600.00 | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8600 | WARRANT NUMBER

10-9-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2010 (mm/dd/yr) - Ending 9/30/2010 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 4 | | | |
| 9 | 5 | | | |
| 9 | 6 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 7 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 8 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 11 | | | |
| 9 | 12 | | | |
| 9 | 13 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 15 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 18 | | | |
| 9 | 19 | | | |
| 9 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 25 | | | |
| 9 | 26 | | | |
| 9 | 27 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 28 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 29 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 30 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| | 31 | | | |
| Total Hours: | | 172 | | |

Contractor Signature/Date 9/30/10

LANCE B LADINES
Local Reviewer Name

Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

002

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 6/30/2010
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 6-30-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/30/10 | Contract Service Hours for C090623PSC | 164 | | $ 50 | $8200.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 6/30/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | EFF YEAR MOS | PROJECT | SUB-PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 271 | CE | | | | | | WHB | | | $8200.00 | June |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8200 - | WARRANT NUMBER

2 STS 7/1/10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2010 (mm/dd/yr) - Ending 6/30/2010 (mm/dd/yr)

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 2 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 4 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 5 | | | |
| 6 | 6 | | | |
| 6 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 12 | | | |
| 6 | 13 | | | |
| 6 | 14 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 15 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 19 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 20 | | | |
| 6 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 26 | | | |
| 6 | 27 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 29 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 30 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 31 | | | |
| Total Hours: | | 164 | | |

Chad Melton 6/30/2010
Contractor Signature/Date

LARRY B LADINES
Local Reviewer Name

Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

06/30/2010 10:05 FAX 2062622014 004

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 5/28/2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Ellard DATE RECEIVED 6-2-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/31/10 | Contract Service Hours for C090623PSC | 163 | | $ 50 | $8150.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Neal | DATE 6/4/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC NO | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | SYS TRANS MOD | PROJECT | SUB PROJ | PROJ PHS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WROB | | | $8150- | May |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8150- | WARRANT NUMBER

To 1215 6.1.10

002
06/01/2010 10:51 FAX 2062622014

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 5/1/2010 (mm/dd/yr) - Ending 5/31/2010 (mm/dd/yr)

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 5 | 1 | | | |
| 5 | 2 | | | |
| 5 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 8 | | | |
| 5 | 9 | | | |
| 5 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 11 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 14 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 15 | | | |
| 5 | 16 | | | |
| 5 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 22 | | | |
| 5 | 23 | | | |
| 5 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 29 | | | |
| 5 | 30 | | | |
| 5 | 31 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 163 | | |

Chad Melton 5/28/2010
Contractor Signature/Date

Sgt Debra Jelick
Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

5/31/2010
Local Reviewer Signature/Date

005

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from next field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R./OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 4/30/2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Kidd

DATE RECEIVED 4-30-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/10 | Contract Service Hours for C090623PSC | 172 | | $ 50 | $8600.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Robert Teal | DATE 5/4/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | [redacted] | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORK CLASS ALLOC | COUNTY BUDGET UNIT | GRW YEAR MOE | LIP PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted]011 | 271 | CE | | | | | | | WA98 | | | $8600- | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8600- | WARRANT NUMBER

D BFS 5-5-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2010 (mm/dd/yr) - Ending 4/30/2010 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 4 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 3 | | | |
| 4 | 4 | | | |
| 4 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 10 | | | |
| 4 | 11 | | | |
| 4 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 17 | 2 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 18 | | | |
| 4 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 24 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 25 | | | |
| 4 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 30 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 31 | | | |
| Total Hours: | | 172 | | |

Chad Melton 4/30/2010
Contractor Signature/Date

Sgt Debra Jelick
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Sgt Jelick 4/30/2010
Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 3/31/2010 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly R Wm

DATE RECEIVED 3-31-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/31/10 | Contract Service Hours for C090623PSC | 146 | | $ 50 | $7300.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuck | DATE 4/1/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REP DOC SUF | TRANS CODE | M O D | AGENCY-FUND | APPR INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COMM BUDGET UNIT | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 271 | [redacted] | | | | | | WKSG | | | $7300- | March |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7300- | WARRANT NUMBER

To Fiscal 4-5-10

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2010 (mm/dd/yr) - Ending 3/31/2010 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 6 | | | |
| 3 | 7 | | | |
| 3 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 11 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 12 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 13 | | | |
| 3 | 14 | | | |
| 3 | 15 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 16 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 17 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 18 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 19 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 20 | | | |
| 3 | 21 | | | |
| 3 | 22 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 26 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 28 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 31 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 146 | | |

Chad Melton 3/31/2010
Contractor Signature/Date

Debra Jelcick
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

3/31/2010
Local Reviewer Signature/Date

03/31/2010 16:04 FAX 2062822014 002

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 2/27/2010
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly L Wall

DATE RECEIVED 3-1-10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/28/10 | Contract Service Hours for C090623PSC | 170 | | $ 50 | $8500.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuck | DATE 3/1/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REP DOC AUF | TRANS CODE | MOD | AGENCY ACCOUNT | APPN INDEX | PROGRAM INDEX | CLASS | OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | WORK PROJECT | WSDOT PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | WATB | | | $8500- | February |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8500- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2010 (mm/dd/yr) - Ending 2/28/2010 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 2 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 3 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 5 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 6 | | | |
| 2 | 7 | | | |
| 2 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 9 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 12 | | | |
| 2 | 13 | | | |
| 2 | 14 | 13 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 15 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 16 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 17 | | | |
| 2 | 18 | | | |
| 2 | 19 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 20 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 21 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 22 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 23 | | | |
| 2 | 24 | | | |
| 2 | 25 | | | |
| 2 | 26 | | | |
| 2 | 27 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 28 | | | |
| 2 | 29 | | | |
| 2 | 30 | | | |
| 2 | 31 | | | |
| Total Hours: | | 170 | | |

Chad M. Melton 2/27/2010
Contractor Signature/Date

LANCE B LARINCS
Local Reviewer Name

Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

03/01/2010 10:38 FAX 206622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH NO |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 1/29/10 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)
[redacted]

RECEIVED BY Kirsty L Ward DATE RECEIVED 1/29/10

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/10 | Contract Service Hours for C090623PSC | 165 | | $ 50 | $8250.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuel DATE 2/3/10

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REP DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | AGENCY USE | BUDGET UNIT | SINE DATE NOC | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 271 | E | | | | | | | B | | | $8250.00 | January |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8250.00 | WARRANT NUMBER



01/29/2010 14:08 FAX 2062622014

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2010 (mm/dd/yr) - Ending 1/31/2010 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 1 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 2 | | | |
| 1 | 3 | | | |
| 1 | 4 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 5 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 8 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 9 | | | |
| 1 | 10 | | | |
| 1 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 12 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 13 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 14 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 16 | | | |
| 1 | 17 | | | |
| 1 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 23 | | | |
| 1 | 24 | | | |
| 1 | 25 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 26 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 30 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 31 | | | |
| Total Hours: | | 165 | | |

Chad Melton 1/29/10
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

LANCE LADINES
Local Reviewer Name

Local Reviewer Signature/Date

01/29/2010 14:08 FAX 2062622014 005

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected . .for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 12/30/2011
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 12-31-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/30/11 | Contract Service Hours for C090623PSC | 155 | | $ 50 | $7750.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] DATE 12-29-11

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01K | 271 | CE | | | | | | STZ | | | $7750- | December |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7750- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2011 mm/dd/yr - Ending 12/31/2011 mm/dd/yr

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 3 | | | |
| 12 | 4 | | | |
| 12 | 5 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 8 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 9 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 10 | | | |
| 12 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 13 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 14 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 15 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 16 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 17 | | | |
| 12 | 18 | | | |
| 12 | 19 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 21 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 22 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 24 | | | |
| 12 | 25 | | | |
| 12 | 26 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 27 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 28 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 29 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 30 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 12 | 31 | | | |
| Total Hours: | | 155 | | |

Chad Melton 12/30/2011
Contractor Signature/Date

LANCE B LADENES
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 11/30/2011
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Brenda Ruland

DATE RECEIVED 11-30-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/30/11 | Contract Service Hours for C090623PSC | 168 | | $ 50 | $8400.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Pul | DATE 12/2/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | MASTER INDEX APPN INDEX | MASTER INDEX PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/ TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | LE | | | | | | 5761 | | | $8400- | November |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 8400- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 11/1/2011 mm/dd/yr - Ending 11/30/2011 mm/dd/yr

**Name:** CHAD MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 11 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 5 | | | |
| 11 | 6 | | | |
| 11 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 12 | | | |
| 11 | 13 | | | |
| 11 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 19 | | | |
| 11 | 20 | | | |
| 11 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 24 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 25 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 26 | | | |
| 11 | 27 | | | |
| 11 | 28 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 29 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 30 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 11 | 31 | | | |
| Total Hours: | | 168 | | |

Chad Melton 11/30/2011
Contractor Signature/Date

LANCE B JAMES
Local Reviewer Name

Lance L
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form fo[illegible]e online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor CRIMINAL INTELLIGENCE ANALYST 10/31/11
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Brady Ladd

DATE RECEIVED 10-31-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/31/11 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Ladd | DATE 11/1/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX (MASTER INDEX) | PROGRAM INDEX (MASTER INDEX) | SUB OBJ (MASTER INDEX) | SUB SUB OBJECT (MASTER INDEX) | ORG INDEX (MASTER INDEX) | ALLOC (WORKCLASS) | BUDGET UNIT (COUNTY) | MOS (CITY/TOWN) | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | 5721 | | | $8650- | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 8650- | WARRANT NUMBER

10-31-11

11-2-11 To Accts

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2011 mm/dd/yr - Ending 10/31/2011 mm/dd/yr

**Name:** CHAD R MELTON **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 10 | 1 | | | |
| 10 | 2 | | | |
| 10 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 4 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 8 | | | |
| 10 | 9 | | | |
| 10 | 10 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 12 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 15 | | | |
| 10 | 16 | | | |
| 10 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 20 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 22 | | | |
| 10 | 23 | | | |
| 10 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 10 | 29 | | | |
| 10 | 30 | | | |
| 10 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton 10/31/2011
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

JANCE B LARSON #96
Local Reviewer Name

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor CRIMINAL INTELLIGENCE ANALYST 9/30/2011
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 9-30-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/11 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 9-30-11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND (Master Index) | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB TRANS OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CFDA MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 017 | 271 | CE | | | | | | 5763 | | | $8650- | September |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

To Fiscal 9-30-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2011 (mm/dd/yr) - Ending 9/30/2011 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 9810

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 3 | | | |
| 9 | 4 | | | |
| 9 | 5 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 6 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 9 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 11 | | | |
| 9 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 13 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 16 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 17 | | | |
| 9 | 18 | | | |
| 9 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 21 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 24 | | | |
| 9 | 25 | | | |
| 9 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 31 | | | |
| Total Hours: | | 173 | | |

Contractor Signature/Date — SEPT 30, 2011

Local Reviewer Name — LANCE B LARRIES

Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
A19-1A

STATE OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) AUG 30, 2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 8/31/11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/11 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 8/30/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | STK1 | | | $8650- | August |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 8/1/2011 mm/dd/yr - Ending 8/31/2011 mm/dd/yr

**Name:** CHAD R MELTON **Location:** 1110 3rd AVE SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 2 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 3 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 6 | | | |
| 8 | 7 | | | |
| 8 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 13 | | | |
| 8 | 14 | | | |
| 8 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 18 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 19 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 20 | | | |
| 8 | 21 | | | |
| 8 | 22 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 24 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 26 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 27 | | | |
| 8 | 28 | | | |
| 8 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 8 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton AUG 30, 2011
Contractor Signature/Date

LANCE B KASTNER
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

_Owner / Sole Proprietor CRIMINAL INTELLIGENCE ANALYST 7/31/2011
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 8/1/11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/11 | Contract Service Hours for C090623PSC | 86 | | $ 50 | $4300.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 8-5-11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX (MASTER INDEX) | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC (WORKCLASS) | BUDGET UNIT (COUNTY) | MOS (CITY/TOWN) | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | S7C1 | | | $4300- | July |
| | | | | | | | | | | | | | | | | |
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COPY

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $4300- | WARRANT NUMBER

Fiscal 8/1/11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2011 mm/dd/yr - Ending 7/31/2011 mm/dd/yr

**Name:** CHAD MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 7 | 1 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 2 | | | |
| 7 | 3 | | | |
| 7 | 4 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 5 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 6 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 7 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 8 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 9 | | | |
| 7 | 10 | | | |
| 7 | 11 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 12 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 13 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 14 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 15 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 16 | | | |
| 7 | 17 | | | |
| 7 | 18 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 19 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 20 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 21 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 22 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 23 | | | |
| 7 | 24 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 26 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 28 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 30 | | | |
| 7 | 31 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 86 | | |

Chad Melton 7/31/2011
Contractor Signature/Date

Scott Jarman
Local Reviewer Name

8-1-11
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
A19-1A

STATE OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor
(TITLE) Criminal Intelligence Analyst
(DATE) 6/30/2011

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 6/30/11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/30/11 | Contract Service Hours for C090623PSC | 166 | | $ 50 | $8300.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 7/1/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | JOBKEY BUDGET UNIT | SFY TERM MOS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | LE | | | | | | 5701 | | | $8300- | June |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8300- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2011 (mm/dd/yr) - Ending 6/30/2011 (mm/dd/yr)

**Name:** CHAD R MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 2 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 4 | | | |
| 6 | 5 | | | |
| 6 | 6 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 8 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 10 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 11 | | | |
| 6 | 12 | | | |
| 6 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 16 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 17 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 18 | | | |
| 6 | 19 | | | |
| 6 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 21 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 22 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 26 | | | |
| 6 | 27 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 28 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| | 31 | | | |
| Total Hours: | | 166 | | |

Chad Melton 6/30/2011
Contractor Signature/Date

Local Reviewer Name *542

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

COPY

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 5/31/2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 5-31-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/31/11 | Contract Service Hours for C090623PSC | 166 | | $ 50 | $8300.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] DATE 6/2/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | $8300 - | May |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8300 - | WARRANT NUMBER

11-2-9 [illegible]

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 5/1/2011 (mm/dd/yr) - Ending 5/31/2011 (mm/dd/yr)

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 5 | 1 | | | |
| 5 | 2 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 7 | | | |
| 5 | 8 | | | |
| 5 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 10 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 11 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 12 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 14 | | | |
| 5 | 15 | | | |
| 5 | 16 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 19 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 21 | | | |
| 5 | 22 | | | |
| 5 | 23 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 26 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 28 | | | |
| 5 | 29 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 30 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 31 | 12 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 166 | | |

Chad Melton 5/31/2011
Contractor Signature/Date

LANCE B LADUKE
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted for return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 4/27/2011 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Shirley Pelnul

DATE RECEIVED 5/2/11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/11 | Contract Service Hours for C090623PSC | 161 | | $ 50 | $8050.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Tuck | DATE 5/4/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | SUBJECT OBJECT | UNIT MOS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01Y | 271 | CE | | | | | | 57C1 | | | $8050- | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8050- | WARRANT NUMBER

11-4-5 72 45421

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2011 mm/dd/yr - Ending 4/30/2011 mm/dd/yr

**Name:** CHAD RUSSELL MELTON

**Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 4 | 1 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 2 | | | |
| 4 | 3 | | | |
| 4 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 5 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 6 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 7 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 8 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 9 | | | |
| 4 | 10 | | | |
| 4 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 13 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 14 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 16 | | | |
| 4 | 17 | | | |
| 4 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 23 | | | |
| 4 | 24 | | | |
| 4 | 25 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 26 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 27 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 28 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 29 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 30 | | | |
| 4 | 31 | | | |
| Total Hours: | | 161 | | |

Chad M Melton 4/27/2011
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Rich Johnson
Local Reviewer Name

Local Reviewer Signature 5/2/11

FORM
A19-1A

STATE OF
WASHINGTON

(Rev 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 3/31/11
(TITLE) (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| [redacted] | | |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/31/11 | Contract Service Hours for C090623PSC | 162 | | $ 50 | $8100.00 | |
| | | | | | | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Richard Pierce | 4/7/11 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY TOWN MDS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | STC7 | | | $8100- | March |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $8100- | |

To Fiscal 4-8-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2011 mm/dd/yr - Ending 3/31/2011 mm/dd/yr

**Name:** CHAD MILTON

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 4 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 5 | | | |
| 3 | 6 | | | |
| 3 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 11 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 12 | | | |
| 3 | 13 | | | |
| 3 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 19 | | | |
| 3 | 20 | | | |
| 3 | 21 | 4 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 23 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 24 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 26 | | | |
| 3 | 27 | | | |
| 3 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 29 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 162 | | |

Chad Milton
Contractor Signature/Date

BRUCE B. LARSEN
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 2/28/11
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 3 2-28-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/28/11 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 3/3/11

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORK/LABR ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 271 | CE | | | | | | 5721 | | | $8650- | January |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2011 mm/dd/yr - Ending 2/28/2011 mm/dd/yr

**Name:** CHAD RUSSELL MELTON **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 2 | 1 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 5 | | | |
| 2 | 6 | | | |
| 2 | 7 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 8 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 9 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 10 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 12 | | | |
| 2 | 13 | | | |
| 2 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 15 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 19 | | | |
| 2 | 20 | | | |
| 2 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 22 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 24 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 26 | | | |
| 2 | 27 | | | |
| 2 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 29 | | | |
| 2 | 30 | | | |
| 2 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton
Contractor Signature/Date

Lance B Larson
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

FORM A19-1A

ST OF WAS. GTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 1/31/11 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 1-31-11

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/11 | Contract Service Hours for C090623PSC | 164 | | $ 50 | $8200.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] DATE 2/2/11

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORK CLASS ALLOC | COUNTY BUDGET UNIT | CITY TOWN MCS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 271 | | 001 | 011 | 271 | CE | | | | | | S762 | | | $8200 OR | $8200- |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8200- | WARRANT NUMBER

To Fiscal 2-2-11

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2011 mm/dd/yr - Ending 1/31/2011 mm/dd/yr

**Name:** CHAD RUSSELL MELTON

**Location:** 1110 3rd AVE, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 1 | 1 | | | |
| 1 | 2 | | | |
| 1 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 5 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 8 | | | |
| 1 | 9 | | | |
| 1 | 10 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 14 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
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| 1 | 16 | | | |
| 1 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 22 | | | |
| 1 | 23 | | | |
| 1 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 28 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 29 | | | |
| 1 | 30 | | | |
| 1 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 164 | | |

Chad M. Melton
Contractor Signature/Date

Scott Irwin
Local Reviewer Name

1-31-11
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 9/28/12
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 9-28-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/12 | Contract Service Hours for C090623PSC | 170 | | $ 50 | $8500.00 | |
| | | | | | | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 9-27-12

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 04 | 271 | CE | | | | | | 5102 | | | $8500- | September |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

COPY

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8500- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2012 (mm/dd/yr) - Ending 9/30/2012 (mm/dd/yr)

**Name:** CHAD MELTON

**Location:** 1110 3rd Ave, Seattle, WA 9810[illegible]

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | | | |
| 9 | 2 | | | |
| 9 | 3 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 4 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 5 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 6 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 8 | | | |
| 9 | 9 | | | |
| 9 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 11 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 12 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 13 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 14 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 15 | | | |
| 9 | 16 | | | |
| 9 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 18 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 19 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 20 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 21 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 22 | | | |
| 9 | 23 | | | |
| 9 | 24 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 25 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 26 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 28 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 9 | 29 | | | |
| 9 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| | 31 | | | |
| Total Hours: | | 170 | | |

COPY

Chad Melton 9/28/12
Contractor Signature/Date

George R. Mars
Local Reviewer Name

George R. Mars 9/27/12
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

ESRI Conference in San Diego 7/22 to 7/27

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 8/1/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 8-1-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/22/12 | Hotel plus parking | 5 | | | $ 801.20 | |
| 7/22/12 | Advantage Rent A Car | | | | $ 446.71 | |
| 7/22/12 | Airfare Sea to LA (United / Virgin) | | | | $ 335.40 | |
| 7/22/12 | Per Diem Sunday and Friday | 2 | | $53.25 | $ 106.50 | |
| 7/22/12 | Per Diem Mon, Tues, Wed, Thurs | 4 | | $71.00 | $ 284.00 | |
| 7/22/12 | Baggage Check (United $25, Virgin $25) | 2 | | $25.00 | $ 50.00 | |
| 7/23/12 | San Diego Conf Center parking | 2 | | $11.00 | $22.00 | |
| 7/22/12 | Mileage – Home to Seatac Airport and back | 70.4 | | 0.51 | $35.90 | |
| | | | | | | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | 138 LIC | 8-3-12 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COUNTY BUDGET UNIT | DRV TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01# | 271 | GG | | | | | | SFC2 | | | $335.40 | airfare |
| | 210 | | 001 | 01# | 271 | GD | | | | | | SFC2 | | | $42.- | parking |
| | 210 | | 001 | 01# | 271 | GC | | | | | | SFC2 | | | $35.90 | mileage |
| | 210 | | 001 | 01# | 271 | GT | | | | | | SFC2 | | | $1171.70 | lodging / per diem |
| | 210 | | 001 | 01# | 271 | GD | | | | | | SFC2 | | | $50.- | baggage fees |
| | 210 | | 001 | 01# | 271 | GT | | | | | | SFC2 | | | $1446.71 | rental car |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 2081.71 | WARRANT NUMBER

COPY

To Accts 8-3-12

# HANDLERY HOTEL
SAN DIEGO

Reservation Number 109642
Central Reservation Number

**Booking Number:** 904818097

**Send to** **Chad Melton**
[redacted]

**Phone**

**Guest Name** Chad Melton
**Company** Booking.com BV

**Arrival Date** 7/22/2012
**Departure Date** 7/27/2012

**Room Information** 131 - 1 King Bed Superior Room

**Bill To** Melton, Chad
[redacted]

**Phone**

Folio Number 193463

| Trans Date | Description | | Voucher | Amount |
|---|---|---|---|---|
| **Charges** | | | | |
| 7/23/2012 | Postcards Room Service | | 0001 03 | 29.74 |
| 7/23/2012 | Room Charge - Internet Market | Room Charge | b1 -131 | [redacted] |
| 7/23/2012 | Room Tax | | b1 -131 | [redacted] |
| 7/23/2012 | San Diego Marketing Assessment | | b1 -131 | [redacted] |
| 7/23/2012 | Guest Parking | Parking $5 | - | [redacted] |
| 7/23/2012 | Room Charge - Internet Market | Room Charge | b1 -131 | [redacted] |
| 7/23/2012 | Room Tax | | b1 -131 | [redacted] |
| 7/23/2012 | San Diego Marketing Assessment | | b1 -131 | [redacted] |
| 7/23/2012 | Guest Parking | Parking $5 | - | [redacted] |
| 7/24/2012 | Room Charge - Internet Market | Room Charge | b1 -131 | [redacted] |
| 7/24/2012 | Room Tax | | b1 -131 | [redacted] |
| 7/24/2012 | San Diego Marketing Assessment | | b1 -131 | [redacted] |
| 7/24/2012 | Guest Parking | Parking $5 | - | [redacted] |
| 7/25/2012 | Room Charge - Internet Market | Room Charge | b1 -131 | [redacted] |
| 7/25/2012 | Room Tax | | b1 -131 | [redacted] |
| 7/25/2012 | San Diego Marketing Assessment | | b1 -131 | [redacted] |
| 7/25/2012 | Guest Parking | Parking $5 | - | [redacted] |
| 7/26/2012 | Postcards Room Service | | 0008 03 | 16.81 |

When in San Francisco, stay at the *Handlery Union Square Hotel*
Book your next stay on our website at www.Handlery.com

I have received the goods and / or services in the amount shown here on. 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. If charging to a credit card, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

COPY

Guest Signature: _____

**950 Hotel Circle North, San Diego, CA 92108**
**Phone 619-298-0511 800-676-6567 Fax 619-298-9793**
**www.handlery.com**

# HANDLERY HOTEL
SAN DIEGO

Reservation Number 109642
Central Reservation Number

**Booking Number:** 904818097

**Send to** **Chad Melton**
[redacted]

**Phone**

**Guest Name** Chad Melton
**Company** Booking.com BV

**Arrival Date** 7/22/2012
**Departure Date** 7/27/2012

**Room Information** 131 - 1 King Bed Superior Room

**Bill To** Melton, Chad
[redacted]

**Phone**

Folio Number 193463

| Trans Date | Description | | | | Voucher | Amount |
|---|---|---|---|---|---|---|
| 7/26/2012 | Room Charge - Internet Market | Room Charge | | | b1 -131 | [redacted] |
| 7/26/2012 | Room Tax | | | | b1 -131 | [redacted] |
| 7/26/2012 | San Diego Marketing Assessment | | | | b1 -131 | [redacted] |
| | | | | Subtotal | | 847.75 |
| | Total Charges | | | | | 847.75 |
| **Payments** | | | | | | |
| 7/27/2012 | Master Card CC | ##########0709 | | 28491P | 0000132639 | -847.75 |
| | | | | Subtotal | | -847.75 |
| | Total Payments | | | | | 847.75 |
| | | | | | **Balance Due:** | 0.00 |

When in San Francisco, stay at the *Handlery Union Square Hotel*
Book your next stay on our website at www.Handlery.com

I have received the goods and / or services in the amount shown here on. 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. If charging to a credit card, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: _____

**950 Hotel Circle North, San Diego, CA 92108**
**Phone 619-298-0511 800-676-6567 Fax 619-298-9793**
**www.handlery.com**

COPY

ADVANTAGE RENT A CAR

#01RN RR 100253996
RES F5162533010

**CHAD MELTON** CC

**INITIAL CHARGES**

| | | | | | |
|---|---|---|---|---|---|
| RENT RT | $ 295.93 / WEEK | @ 1 | / WEEKS | $ | 295.93 |
| RENT RT | $ 42.28 / DAY | @ 1 | / DAYS | $ | 42.28 |
| **SUBTOTAL** | | | | T$ | 338.21 |

**CHARGES ADDED DURING RENTAL**

| | | | |
|---|---|---|---|
| .DW | DECLINED | | |
| IS | DECLINED | | |
| AI, PEC | DECLINED | | |
| **PO** | **ACCEPTED** | **F$** | **55.08** |

ADDITIONAL CHARGES

**SERVICE CHARGES/TAXES**

| | | | | |
|---|---|---|---|---|
| CONCESSION FEE RECOVERY | | 11.11% | T$ | 43.75 |
| A TOURISM ASSESSMENT | | 2.65% | $ | 9.04 |
| UST FAC CHG | | | $ | 10.00 |
| AX 1 | 10.250% ON TAXABLE TTL OF $ | 436.99 | $ | 39.14 |
| AX 2 | 4.250% ON TAXABLE TTL OF $ | 55.08 | $ | 2.34 |
| **OTAL AMOUNT DUE** | | | $ | 498.12 |

**HARGED ON MC** XXXXXXXXXXXX0709

**OR EXPLANATION OF THE ABOVE CHARGES,**
**LEASE ASK A REPRESENTATIVE OR GO TO**
**WWW.HERTZ.COM/CHARGEEXPLAINED**

EHICLE: 01195 /9690207 12 SIR MALIBU 2.4S
CENSE: CA 6VUW634
UEL: FULL 8/8 OUT 8/8 IN
ILEAGE IN: 3592 TR-X MILES:
ILEAGE OUT: 2889 MILES ALLOWED
ILES DRIVEN: 703 MILES CHARGED
DP: 00099

ENTED: ADV LOS ANGELES AP
ENTAL: 07/22/12 10:43
ETURN: 07/29/12 16:53
ETURNED: ADV LOS ANGELES AP
OMPLETED BY: 1526/CALAZ02

LAN IN: LBWK1 RATE CLASS: C
LAN OUT: LBWK1

**HOW WAS YOUR EXPERIENCE?**
**WE'D LIKE YOUR FEEDBACK.**

1) Call 1-800-427-9071, or
   Visit WWW.ADVANTAGERENTALSURVEY.COM
2) Enter Access Code: 02019
3) Take Brief Survey

STATEMENT OF CHARGES - NOT VALID FOR RENT



YAHOO! MAIL Classic

**eTicket Itinerary and Receipt for Confirmation I9NQVB**

Sunday, June 24, 2012 8:04 PM

**From:** "United Airlines, Inc." <unitedairlines@united.com>

**To:** [redacted]

UNITED | A STAR ALLIANCE MEMBER

Confirmation: I9NQVB
Check-In >

Issue Date: June 25, 2012

| Traveler | eTicket Number | Frequent Flyer | Seats |
|---|---|---|---|
| [redacted] | 0162331753900<br>0162331753901 | | 30C/---<br>29B/--- |

FLIGHT INFORMATION

| Day, Date | Flight | Class | Departure City and Time | Arrival City and Time | Aircraft | Meal |
|---|---|---|---|---|---|---|
| Sun, 22JUL12 | UA460 | L | SEATTLE, WA<br>(SEA) **5:30 AM** | SAN FRANCISCO, CA<br>(SFO) **7:35 AM** | A-319 | |
| Sun, 22JUL12 | UA622 | L | SAN FRANCISCO, CA<br>(SFO) **8:18 AM** | LOS ANGELES, CA<br>(LAX) **9:46 AM** | A-320 | |

FARE INFORMATION

| Fare Breakdown | | Form of Payment: |
|---|---|---|
| Airfare: | 129.30USD | MASTERCARD |
| U.S. Federal Transportation Tax: | 9.70 | Last Four Digits 0709 |
| U.S. Flight Segment Tax: | 7.60 | |
| September 11th Security Fee: | 5.00 | |
| U.S. Passenger Facility Charge: | 9.00 | |
| [redacted] | [redacted] | |
| eTicket Total: | 321.20USD | |

The airfare you paid on this itinerary totals: 258.60 USD

The taxes, fees, and surcharges paid total: 62.60 USD

Fare Rules: Additional charges may apply for changes in addition to any fare rules listed.

NONREF/0VALUAFTDPT/CHGFEE
Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

eTicket Reminders

- **Check-in Requirement** - Bags must be checked and boarding passes obtained at least 30 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be cancelled if this condition is not met.
  **EXCEPTION**:when departing from Atlanta, Chicago, Cleveland, Denver, Houston, Kona, Las Vegas, Los Angeles, Newark, Orlando, Philadelphia, Reno, San Francisco, Seattle or Tampa, the check in requirement time for Passengers and Bags is 45 minutes
- **Boarding Requirement** - Passengers must be prepared to board at the departure gate with their boarding pass at least 15 minutes prior to scheduled departure.
- Failure to meet the **Boarding Requirements** may result in cancellation of reservations, denied boarding, removal of checked baggage from the aircraft and loss of eligibility for denied boarding compensation
- Bring your boarding pass or this eTicket Receipt along with photo identification to the airport.
- The FAA now restricts carry-on baggage to one bag plus one personal item (purse, briefcase, laptop computer, etc.) per passenger.
- For up to the minute flight information, sign-up for your Flight Status E-mail at united.com or call 1-800-784-4444; [illegible]sh 1-800-579-3938.

COPY

YAHOO! MAIL Classic

**Virgin America Reservation BPFRJD**

Sunday, June 24, 2012 8:08 PM

From: "Virgin America" <info@fly.virginamerica.com>

To: [redacted]

Virgin America Reservation

virgin america

Book Flights | Check-In | Change Flight | Cancel Flight | Flight Status

# Booking Confirmation. Ready. Set. Fly.

**Travel smarter**
Forward this email to plans@tripit.com & manage your entire trip.

About TripIt

**Hi,**

Here's your flight itinerary. Please retain this confirmation code to reference your booking. We look forward to seeing you onboard.

## Your Confirmation Code: **BPFRJD**

## Who's Flying

| Traveler(s) | Frequent Flyer # | Seats |
|---|---|---|
| [redacted] | | 17A |
| [redacted] | | 17B |

## Where You're Going

| Date | Flight | From | To | Stops |
|---|---|---|---|---|
| 29-Jul-2012 | VX797 | Los Angeles, CA (LAX) 7:15 PM | Seattle, WA (SEA) 9:45 PM | 0 |

## What It Costs

This total is for **2 Traveler(s) in US Dollars:**

| | |
|---|---|
| **Base Fare (x2):** | $305.12 |
| Federal Tax: | $22.88 |
| Other Fees: | $0.00 |
| Passenger Facility Tax: | $9.00 |
| Security Fee: | $5.00 |
| Segment Fee: | $7.60 |
| Travel Insurance Fee: | $0.00 |
| **Fare :** | **$349.60** |
| *Special Service Requests : | $0.00 |
| **Grand Total:** | **$349.60** |




## Traveler Contact

UNITED

# Baggage Receipt

Issue Date: 22 JUL 2012 SEA ATO

A STAR ALLIANCE MEMBER

STAPLE HERE

| Baggage Document | Description | Qty | Fees | Method of Payment |
|---|---|---|---|---|
| 0162504789428 | First Bag Fee | 2 | $50.00 | Visa XXXXXXXXXXXX7244 |

Ticket Number
0162331752980

Cardholder Name
CHAD R MELTON

**BAGGAGE FEES** Total Fees **USD $50.00**

Confirmation: I9NQVB

**Excess Baggage Terms and Conditions:**

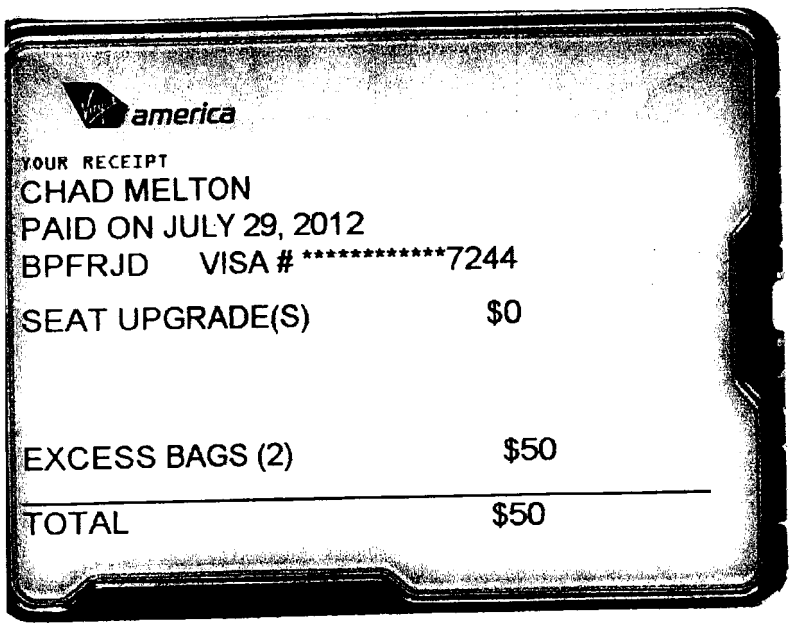
- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a United representative.

| Carrier | Routing |
|---|---|
| UA | SEA - SFO |
| UA | SFO - LAX |

AGENT REFERENCE: GG ESC BAG

INSERT

PRINTED IN U.S.A. BY MTAL DALLAS, TX REV 3/12 CSMP44 Rev 5-12




COPY

SAN DIEGO
CONVENTION CENTER
ACE PARKING, INC.

----------DEPOSIT TRANSACTION----------

Station : Booth2
Trans# : 59051 Cashier : LQUINONES
Ticket : 0084781105
Check in : 07/23/12 12:57:07 PM
Paid to : 07/23/12 11:59:59 PM

Rate 19 : $ 11.00
Total : $ 11.00
CASH : $ 11.00

---



EAST HARBOR ENTRY
NO OVERNIGHT PARKING
NO IN/OUT PRIVILEGES

SAN DIEGO
CONVENTION CENTER
ACE PARKING, INC.

----------DEPOSIT TRANSACTION----------

Station : Booth2
Trans# : 61214 Cashier : LQUINONES
Ticket : 0085023697
Check in : 07/26/12 8:20:31 AM
Paid to : 07/26/12 11:59:59 PM

Rate 19 : $ 11.00
Total : $ 11.00
C.C. : $ 11.00
C/C# : **********7244
Type : VISA

CreditPurchase
Swiped
Terminal : 995537
Auth# : 152018

Sequence :

---



EAST HARBOR ENTRY
NO OVERNIGHT PARKING
NO IN/OUT PRIVILEGES

COPY

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

Grant Co Superior Court Testimony (State vs Nickels) 7/31

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 8/1/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 8-1-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/12 | Mileage – Home to Ephrata, WA and back | 366 | | 0.51 | $ 186.66 | |

COPY

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | JMC 138 LIC | 8-3-12 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 014 | 271 | GC | | | | | | 5162 | | | $186.66 | mileage |

COPY

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $186.66 | |

To Accnt 8-3-12

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 7/31/2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 7-31-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/12 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

COPY

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 7-31-12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX (MASTER INDEX) | PROGRAM INDEX (MASTER INDEX) | SUB OBJ (MASTER INDEX) | SUB SUB OBJECT (MASTER INDEX) | ORG INDEX (MASTER INDEX) | ALLOC (WORKCLASS) | BUDGET UNIT (COUNTY) | MOS (CITY/TOWN) | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | LE | | | | | | SF22 | | | $8650- | July |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2012 mm/dd/yr - Ending 7/31/2012 mm/dd/yr

**Name:** Chad R Melton **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 7 | 1 | | | |
| 7 | 2 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 4 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 7 | | | |
| 7 | 8 | | | |
| 7 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 12 | 3 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 13 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 14 | | | |
| 7 | 15 | | | |
| 7 | 16 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 19 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 20 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 21 | | | |
| 7 | 22 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 27 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 28 | | | |
| 7 | 29 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 30 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 7 | 31 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton 7/31/2012
Contractor Signature/Date

George Mars
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

for Mars 7-31-12
Local Reviewer Signature/Date

FORM
A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for u: line. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text ...d. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 6/29/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.
[redacted]

RECEIVED BY [signature] DATE RECEIVED 6-30-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/30/12 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |

COPY

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 6/29/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | OBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/ TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21 | | 08K | 271 | LE | | | | | | | 5762 | | | $8650- | June |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650 - | WARRANT NUMBER

Received 6/29/12

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2012 (mm/dd/yr) - Ending 6/30/2012 (mm/dd/yr)

**Name:** Chad Melton

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 2 | | | |
| 6 | 3 | | | |
| 6 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 9 | | | |
| 6 | 10 | | | |
| 6 | 11 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 16 | | | |
| 6 | 17 | | | |
| 6 | 18 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 23 | | | |
| 6 | 24 | | | |
| 6 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 27 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 6 | 30 | | | |
| | 31 | | | |
| Total Hours: | | 173 | | |

COPY

Chad Melton 6/29/2012
Contractor Signature/Date

Randy Drake
Local Reviewer Name

Randy Drake 6/28/12
Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 5/31/2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 5-31-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/31/12 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Paul | DATE 5/31/12

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

MASTER INDEX

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01F | 271 | CE | | | | | | SFC2 | | | $ 8650- | May |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | 8650- | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 5/1/2012 mm/dd/yr - Ending 5/31/2012 mm/dd/yr

**Name:** Chad Melton

**Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 5 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 4 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 5 | | | |
| 5 | 6 | | | |
| 5 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 12 | | | |
| 5 | 13 | | | |
| 5 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 18 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 19 | | | |
| 5 | 20 | | | |
| 5 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 25 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 26 | | | |
| 5 | 27 | | | |
| 5 | 28 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 5 | 31 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 173 | | |

Chad Melton 5/31/2012
Contractor Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

George Mars
Local Reviewer Name

George Mars 5-31-12
Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

LEIU/IALEIA Conference in San Diego 4/29 to 5/4

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 5/9/2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 5-9-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/29-5/4 | Hotel plus parking ($ 155.64 a day) | 5 | | | $ 778.20 | |
| 4/29-5/4 | Fox Rent A Car | | | | $ 299.19 | |
| 4/29/12 | Airfare Sea to SD (Alaska Airlines) | | | | $ 300.60 | |
| 4/29/12 | Per Diem Sunday and Friday | 2 | | $53.25 | $ 106.50 | |
| 4/29/12 | Per Diem Mon, Tues, Wed, Thurs | 4 | | $71.00 | $ 284.00 | |
| 4/29/12 | Alaska Air Baggage Check | 1 | | $20.00 | $ 20.00 | |
| 5/6/12 | Alaska Air Baggage Check | 1 | | $20.00 | $ 20.00 | |
| 4/29/12 | LEIU Conference fee | | | | $ 425.00 | |
| 4/29/12 | Mileage – Home to Seatac Airport and back | 70.4 | | 0.51 | $ 35.90 | |

PREPARED BY Chad Melton | TELEPHONE NUMBER 206-262-2433 | DATE 5-9-12 | AGENCY APPROVAL [signature] | DATE 5/14/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY TOWN MCB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | G7 | | | | | | SFL2 | | | 1,118.70 | lodging/meals |
| | 210 | | 001 | 01* | 271 | GC | | | | | | SFL2 | | | 35.90 | mileage |
| | 210 | | 001 | 01* | 271 | EG | | | | | | SFL2 | | | 425 | conf. fee |
| | 210 | | 001 | 01* | 271 | GD | | | | | | SFL2 | | | 389.19 | Hotel car parking, baggage |
| | 210 | | 001 | 01* | 271 | GG | | | | | | SFL2 | | | 300.60 | airfare |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $2269.39 | WARRANT NUMBER

LOEWS
CORONADO BAY

Mr. Chad Melton
[redacted]
United States

Room Number: 4220
Arrival Date: 04-29-12
Departure Date: 05-04-12
Confirmation Number: 7440161
Merchant Ref #:
Page No: 1 of 2

*Guest Name:*

**INFORMATION INVOICE**
A/R No:
Folio No:

05-04-12

| Date | Description | | Charges | Credits |
|---|---|---|---|---|
| 04-29-12 | Room Accommodation | | 133.00 | |
| 04-29-12 | Occ Tax - 8 PCT | | 10.64 | |
| 04-29-12 | Environmental Fee - 1 PCT | | 1.33 | |
| 04-29-12 | Coronado Tourism Improvement D | | 0.67 | |
| 04-29-12 | Parking - Self | | [redacted] | |
| 04-30-12 | In Room Dining | Room# 4220 : CHECK# 7727 | 50.20 | |
| 04-30-12 | Market Cafe | Room# 4220 : CHECK# 1416 | 44.87 | |
| 04-30-12 | Room Accommodation | | 133.00 | |
| 04-30-12 | Occ Tax - 8 PCT | | 10.64 | |
| 04-30-12 | Environmental Fee - 1 PCT | | 1.33 | |
| 04-30-12 | Coronado Tourism Improvement D | | 0.67 | |
| 04-30-12 | Parking - Self | | [redacted] | |
| 05-01-12 | In Room Dining | Room# 4220 : CHECK# 7770 | 24.16 | |
| 05-01-12 | Room Accommodation | | 133.00 | |
| 05-01-12 | Occ Tax - 8 PCT | | 10.64 | |
| 05-01-12 | Environmental Fee - 1 PCT | | 1.33 | |
| 05-01-12 | Coronado Tourism Improvement D | | 0.67 | |
| 05-01-12 | Parking - Self | | [redacted] | |
| 05-02-12 | In Room Dining | Room# 4220 : CHECK# 7818 | 15.04 | |
| 05-02-12 | Room Accommodation | | 133.00 | |
| 05-02-12 | Occ Tax - 8 PCT | | 10.64 | |
| 05-02-12 | Environmental Fee - 1 PCT | | 1.33 | |
| 05-02-12 | Coronado Tourism Improvement D | | 0.67 | |
| 05-02-12 | Parking - Self | | [redacted] | |
| 05-03-12 | Room Accommodation | | 133.00 | |
| 05-03-12 | Occ Tax - 8 PCT | | 10.64 | |
| 05-03-12 | Environmental Fee - 1 PCT | | 1.33 | |
| 05-03-12 | Coronado Tourism Improvement D | | 0.67 | |

LOEWS
CORONADO BAY

Mr. Chad Melton
[redacted]
United States

| | |
|---|---|
| Room Number: | 4220 |
| Arrival Date: | 04-29-12 |
| Departure Date: | 05-04-12 |
| Confirmation Number: | 7440161 |
| Merchant Ref #: | |
| Page No: | 2 of 2 |

*Guest Name:*

**INFORMATION INVOICE**
A/R No:
Folio No:

05-04-12

| Date | Description | Charges | Credits |
|---|---|---|---|
| 05-03-12 | Parking - Self | [redacted] | |

I requested newspaper delivery. If refused, a refund of $.75 for Wall Street Journal will be issued.

| | | |
|---|---|---|
| **Total** | **912.47** | **0.00** |
| **Balance** | **912.47** | |

# *RECEIPT*

FOX LOS ANGELES AIRPORT
5500 W Century Blvd (OFF AIRPORT)
LOS ANGELES CA, 90045
PH# (800) 225-4369 FAX#

| | |
|---|---|
| RA# : | FXLAX-707924 |
| Renter : | CHAD MELTON |
| Unit# : | BB587202 |
| Date/Time Pickup : | 04/29/2012 10:37 AM |
| Date/Time Return : | 05/06/2012 04:36 PM |
| Card # : | XXXXXXXXXXXX 0709 |
| Deposits: | MC $519.01 |
| Miles free : | UNLIMITED MILES |

* * * CHARGES SUMMARY * * *

| | | | | |
|---|---|---|---|---|
| 1 | Day(s) | @ | $21.46 | $21.46 |
| 1 | Week(s) | @ | $156.66 | $156.66 |

| | |
|---|---|
| Total Time & Mileage : | $178.12 |

| | | |
|---|---|---|
| PRE PAID FUEL @ | $3.95 | $76.21 |
| CA Tourism 2.85%@ | 2.85% | $7.37 |
| LAX Conc 11.11%@ | 11.11% | $37.20 |
| CA Tax LAX 8.75%@ | 8.75% | $32.55 |

| | | | | |
|---|---|---|---|---|
| 8 | UPGRD | @ | $10.00 /Day | $80.00 |
| 8 | FCVLF | @ | $0.30 /Day | $2.40 |
| 1 | DROP | @ | $0.47 1X | $0.47 |
| 1 | CFC | @ | $10.00 1X | $10.00 |

| | |
|---|---|
| MISC. CHARGES: | $0.00 |
| CREDITS: | $0.00 |
| TOTAL CHARGES: | $424.32 |
| RENTER PAYMENTS: | $424.32 |
| NET DUE FROM RENTER: | $0.00 |
| NET DUE FROM CO: | $0.00 |
| REFUNDS: | -$94.69 |

Checked in by : MOHAMAD

This is your receipt
Closed rental subject to final audit.
For Customer Service Call (800) 225 4369
Visit us for specials
www.facebook.com/foxrentacar
www.twitter.com/foxrentacar
www.foxrentacarblog.com

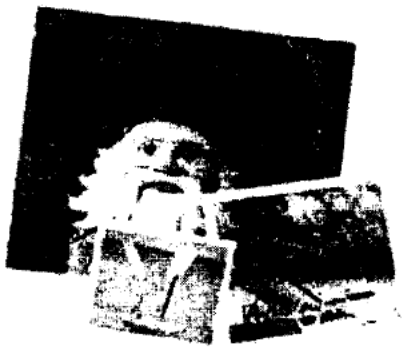
YAHOO! MAIL Classic

**Travelocity Confirmation** Sunday, March 11, 2012 10:39 PM

**From:** "Travelocity Customer Support" <travelocity@travelocity.com>

**To:** [redacted]

travelocity



**Chad,**

Thank you for booking your travel with Travelocity.

**Your Travelocity Trip ID is: 1207 1356 0212**

You can view your Trip Details by logging onto Travelocity.com

If any issues arise with your reservation before or during your trip, please contact us immediately.

| **Customer Support** | | | |
|---|---|---|---|
| In the US | 1.888.872.8356 | 24 hours/7 days a week | |
| Travelocity VIP Help | 1.800.482.2422 | 24 hours/7 days a week | How to change my trip |
| Outside the US | 1.210.521.5871 | 24 hours/7 days a week | How to cancel my trip |
| En Español | 1.866.828.3933 | 7am - 10pm CST | Email Travelocity |

**Flights**

2 Multi-Destination Tickets

All flight times are local to each city.

**Sun, Apr 29, 2012** Online check-in code: BFMRHX

**Depart:** 07:00 am Seattle/Tacoma, WA (SEA)
**Arrive:** 09:36 am Los Angeles, CA (LAX)

Alaska Airlines, Flight 244
Economy Class
Non-stop

Total Travel Time: 2 hrs 36 mins
Seat request: 12F, 12E

**Sun, May 6, 2012** Online check-in code: BFMRHX

**Depart:** 06:45 pm Burbank, CA (BUR)
**Arrive:** 09:15 pm Seattle/Tacoma, WA (SEA)

Alaska Airlines, Flight 521
Economy Class

Non-stop

Total Travel Time: 2 hrs 30 mins
Seat request: 18D, 18E

| Passengers | E-ticket Numbers | Frequent Flier Information |
|---|---|---|
| CHAD MELTON | 0277044065984 | Add your number at the airport. |
| [redacted] | | Add your number at the airport. |

Flight policies

**Pricing**

| | | |
|---|---|---|
| 2 Adults: | $558.00 ($279.00 per person) | |
| Taxes & Fees: | $43.20 | $ 21.60 per Additional baggage fees may apply |
| **Total:** | **$601.20** | $ 300.60 |

We charged a total of $601.20 to your MasterCard® xxxx-xxxx-xxxx-0709.

**Complete Your Travel Plans for Los Angeles International Airport**



**Add a Hotel**
Book your hotel now and reserve a room that's just your style, in just the right spot.

More hotel deals



**Add a Car**
From compacts to SUVs, we've got cars well-suited for your time behind the wheel.

More car deals




**Add an Activity**
Plan now and play later! Choose from oodles of activities to make your trip more fun.

More things to do

Alaska Airlines

**MELTON/Chad**

**ADDITIONAL FEES RECEIPT** **** PAID BAGS ****

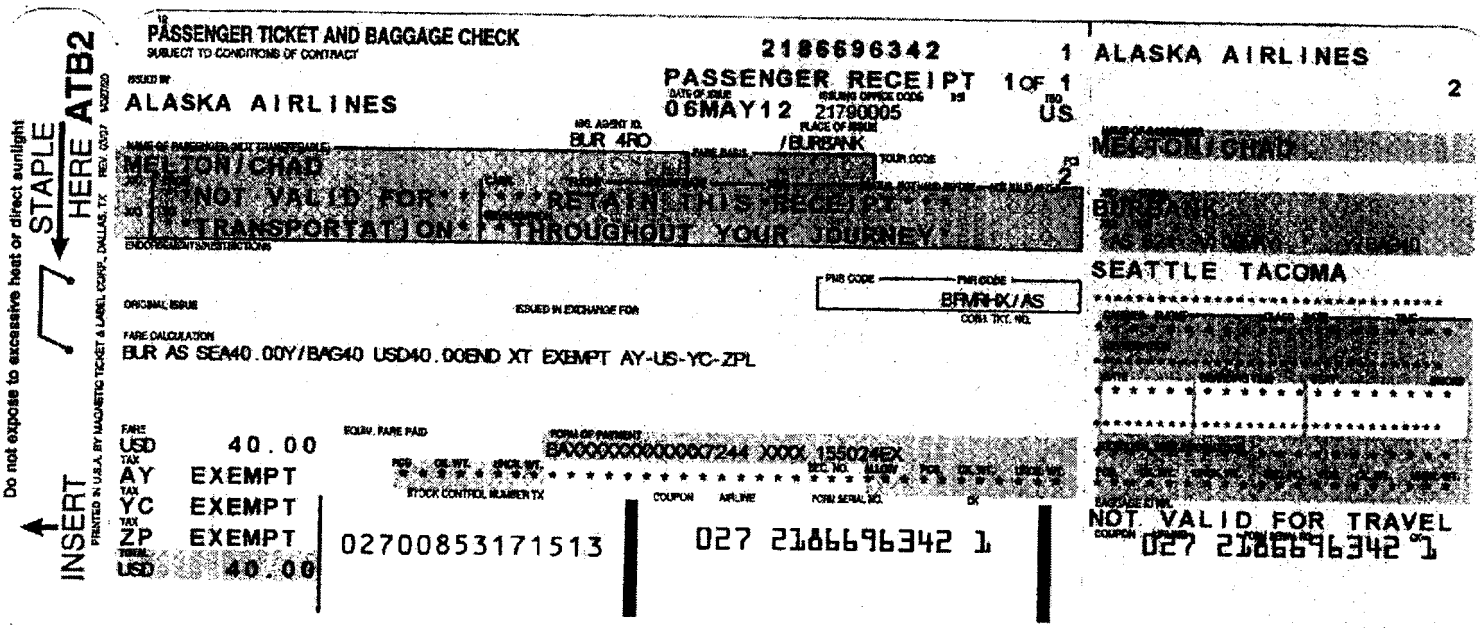
| Flight | | From | To | Date |
|---|---|---|---|---|
| 244 | T | Seattle | Los Angeles | 29APR12 |

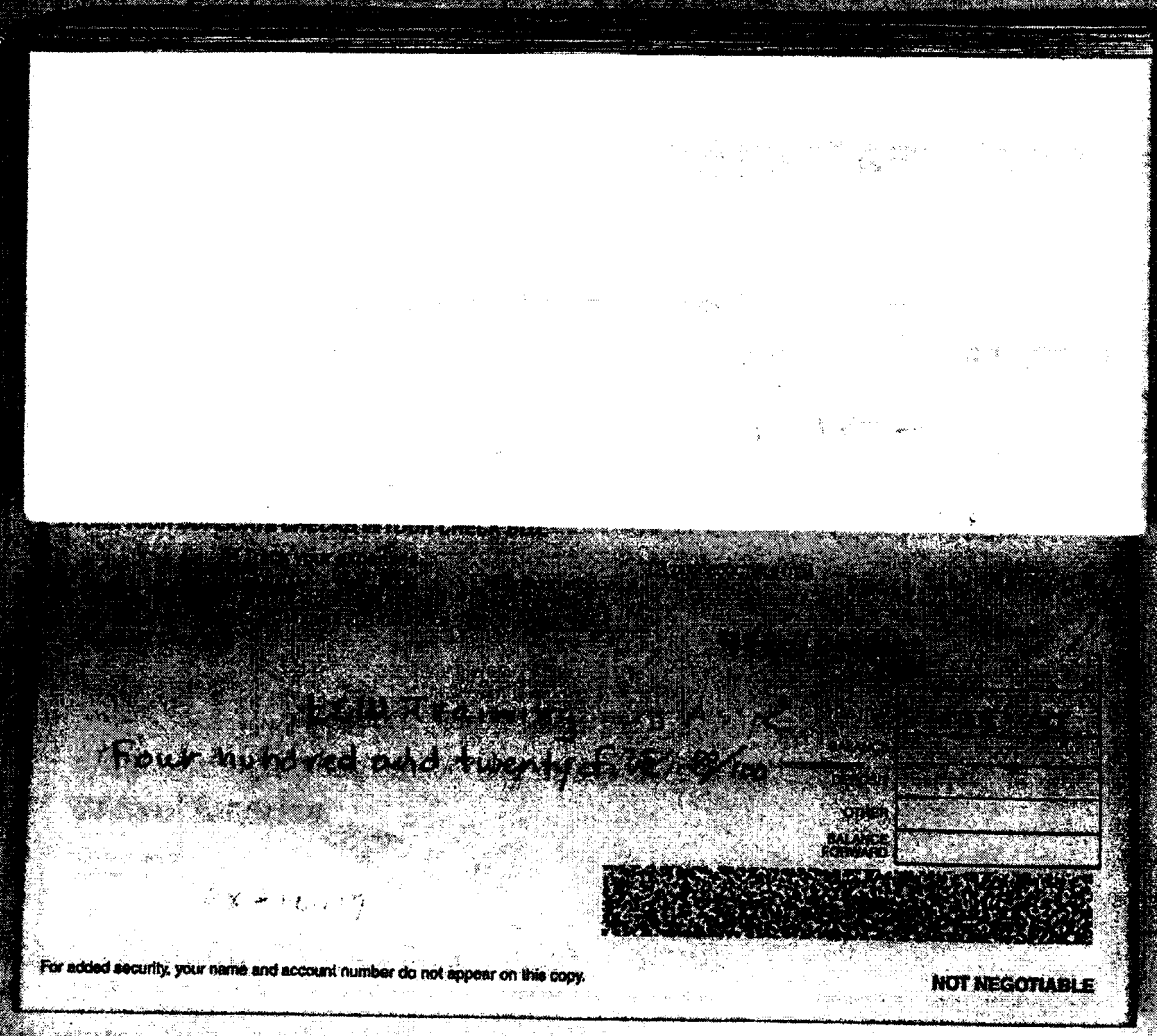
Ticket Date: 29APR12

Record Locator: BFMRHX

Total Charged: $20.00 USD

Ticket No. 0272186293217
FOP: CAXXXXXXXXXXXX0709





Four hundred and twenty-five 00/100

OTHER

BALANCE FORWARD

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

FORM
A19-1A

STATE OF
WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 3/30/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 3-31-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/30/12 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Pual | DATE 3/30/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 004 | 01* | 271 | CE | | | | | 5742 | | | $8650- | March |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

To Accr 4-2-12

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2012 mm/dd/yr - Ending 3/30/2012 mm/dd/yr

**Name:** CHAD R MELTON **Location:** 1110 3rd AVE, SEATTLE, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 3 | | | |
| 3 | 4 | | | |
| 3 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 7 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 9 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 10 | | | |
| 3 | 11 | | | |
| 3 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 13 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 17 | | | |
| 3 | 18 | | | |
| 3 | 19 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 20 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 24 | | | |
| 3 | 25 | | | |
| 3 | 26 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 27 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 30 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 3 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton 3/30/2012
Contractor Signature/Date

LANCE S LARSEN
Local Reviewer Name

Lance Larsen
Local Reviewer Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

**Online Help**
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

Introduction to Risk Analysis
(Feb 26 – Mar 2, 2012)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 3/5/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. [redacted]

RECEIVED BY [signature] DATE RECEIVED 3-5-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/26/12 | Mileage – Home to Seatac Airport and back | 70.4 | | 0.51 | $ 35.90 | |
| 2/26/12 | Airfare Seattle to Chicago (United Airlines) | | | | $ 440.40 | |
| 2/26/12 | Enterprise Rent A Car | | | | $ 296.01 | |
| 2/26/12 | United Airlines Baggage Check | | | | $ 25.00 | |
| 2/26 – 3/2 | Marriott Hotel at Burr Ridge | | | | $ 522.07 | |
| 2/26/12 | Per Diem Sunday and Friday | 2 | | $53.25 | $ 106.50 | |
| 2/26/12 | Per Diem Mon, Tues, Wed, Thurs | 4 | | $71.00 | $ 284.00 | |
| 3/2/12 | Mileage – Home to Seatac Airport and back | 70.4 | | 0.51 | $ 35.90 | |
| 3/2/12 | United Airlines Baggage Check | | | | $ 25.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 3/15/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | GC | | | | | | STC2 | | | $ 71.80 | mileage |
| | 210 | | 001 | 01* | 271 | G7 | | | | | | STC2 | | | $ 912.57 | lodging + per diem |
| | 210 | | 001 | 01* | 271 | GG | | | | | | STC2 | | | $ 440.40 | flight |
| | 210 | | 001 | 01* | 271 | GD | | | | | | STC2 | | | $ 346.01 | rental car + bag fee |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $1770.78 | WARRANT NUMBER

3-15-12

UNITED

BAGGAGE PAYMENT
CUSTOMER RECEIPT

26FEB12 SEAT1 94197-5

016 4511222158

AGENT ID: RSEAL21

CUSTOMER: MELTON/CHAD R
TKT NBR: 016 8742634901 CPN: 1 ORIGIN: SEA DESTINATION: ORD
ITEMS:
25.00 BAG1 FEE

FORM OF PAYMENT: CAXXXXXXXXXXXX0709 XXXX
ADDITIONAL REMARKS:

| CPN | DOCUMENT NUMBER | CK |
|---|---|---|
| 1 | 016 4511222158 | 3 |

TOTAL USD25.00

Do not expose to excessive heat or direct sunlight.
STAPLE HERE
INSERT
PRINTED IN U.S.A. BY MTAL, DALLAS, TX REV. 03/11 FD944 Rev 11-11

UNITED

BAGGAGE PAYMENT
CUSTOMER RECEIPT

02MAR12 DRDT1 43197-0

016 4511353570

AGENT ID: RORDLG6

CUSTOMER: MELTON/CHAD R
TKT NBR: 016 8742634901 CPN: 1 ORIGIN: ORD DESTINATION: SEA
ITEMS:
25.00 BAG1 FEE

FORM OF PAYMENT: CAXXXXXXXXXXXX0709 XXXX
ADDITIONAL REMARKS:

| CPN | DOCUMENT NUMBER | CK |
|---|---|---|
| 1 | 016 4511353570 | 4 |

TOTAL USD25.00

Do not expose to excessive heat or direct sunlight.
STAPLE HERE
INSERT
PRINTED IN U.S.A. BY MTAL, DALLAS, TX REV. 2/12 CS4674 Rev 2-12

## Chicago, IL (Change name)

Trip itinerary

TRIP TOOLS
- Print version
- E-mail itinerary
- Repeat this trip
- Delete itinerary
- Save as appointment

Destination info
- Chicago Guide

Customer Support
- Itinerary FAQs
- Use the itinerary assistance e-mail form.

| BOOKED ITEMS | Cost | Status | Options |
|---|---|---|---|
| Flight: Seattle -- Chicago | $440.40 | Confirmed | Change/Cancel flight |
| Car: Chicago -- Enterprise | $296.01 | Confirmed | Cancel reservation |

Hotwire
Find Rental Cars from $11.95
Save up to 35% with low Hotwire Hot-Rates.
Show me

### ADD A HOTEL NOW

| from $98 per night | from $77 per night | from $69 per night |
|---|---|---|
| Hotel Felix Chicago | The Whitehall Hotel | Inn of Chicago, an Ascend Collection |

Your best price, guaranteed!

SEE MORE HOTELS

### Booked items

The status of this flight has changed from **Purchased** to **Booked**.
Please review the changes below.

### Flight: Seattle to Chicago

back to top

**E-Ticket purchase has been confirmed by the airline.** No tickets will be mailed. **Airline check-in locations** require government issued photo ID and may request proof of current date travel (such as a printed copy of this itinerary or a printed receipt) to issue a boarding pass. **Airport security checkpoints** may require you to display both your boarding pass and photo ID before proceeding to the gate, so we recommend that you obtain your boarding pass before proceeding to the security checkpoint.

Expedia itinerary number: **143140701276**
Airline ticket number(s): 0168742634901
UNITED confirmation code: V09J6G

**Main contact:** Chad Russell Melton
E-mail: chd.melton@gmail.com
Preferred phone: 1 2066617851

### Traveler and cost summary

| | | | | |
|---|---|---|---|---|
| **Chad Melton** | Adult | Add Frequent Flyer number(s) | | $379.53 |
| | | | Taxes & Fees | $60.87 |
| | | Print a receipt | Total (MasterCard) | **$440.40** |

### Flight summary

Seat assignments, meal preferences, and special requests must be confirmed with the airline; we cannot guarantee that they will be honored. Free and special meals are not available on many flights.

**Sun 26-Feb-12**

| | | | | |
|---|---|---|---|---|
| **Seattle** (SEA) Depart 10:04 am | to | **Chicago** (ORD) Arrive 4:00 pm Terminal 1 | 1,723 mi (2,773 km) Duration: 3hr 56mn | UNITED Flight: **690** |

**Economy/Coach Class ( 32B )**, Food For Purchase, Boeing 757-200

Total distance: 1,723 mi (2,773 km) Total duration: 3hr 56mn

**Fri 2-Mar-12**

| | | | | |
|---|---|---|---|---|
| **Chicago** (ORD) Depart 4:55 pm Terminal 1 | to | **Denver** (DEN) Arrive 6:33 pm | 903 mi (1,453 km) Duration: 2hr 38mn | UNITED Flight: **941** |

**Economy/Coach Class ( 32C )**, Lunch, Boeing 757-200, 70% on time

| | | | | |
|---|---|---|---|---|
| **Denver** (DEN) Depart 7:14 pm | to | **Seattle** (SEA) Arrive 9:16 pm | 1,017 mi (1,637 km) Duration: 3hr 2mn | UNITED Flight: **407** |

**Economy/Coach Class ( 36C )**, Food For Purchase, Boeing 757-200, 80% on time

# *RECEIPT*

FOX LOS ANGELES AIRPORT
5500 W Century Blvd (OFF AIRPORT)
LOS ANGELES CA, 90045
PH# (800) 225-4369 FAX#

| | |
|---|---|
| RA# : | FXLAX-707924 |
| Renter : | CHAD MELTON |
| Unit# : | BB587202 |
| Date/Time Pickup : | 04/29/2012 10:37 AM |
| Date/Time Return : | 05/06/2012 04:36 PM |
| Card # : | XXXXXXXXXXXX 0709 |
| Deposits: | MC $519.01 |
| Miles free : | UNLIMITED MILES |

* * * CHARGES SUMMARY * * *

| | | | | |
|---|---|---|---|---|
| 1 | Day(s) | @ | $21.46 | $21.46 |
| 1 | Week(s) | @ | $156.66 | $156.66 |

| | |
|---|---|
| Total Time & Mileage : | $178.12 |

| | | |
|---|---|---|
| PRE PAID FUEL @ | $3.95 | $76.21 |
| CA Tourism 2.85%@ | 2.85% | $7.37 |
| LAX Conc 11.11%@ | 11.11% | $37.20 |
| CA Tax LAX 8.75%@ | 8.75% | $32.55 |

| | | | | |
|---|---|---|---|---|
| 8 | UPGRD | @ | $10.00 /Day | $80.00 |
| 8 | FCVLF | @ | $0.30 /Day | $2.40 |
| 1 | DROP | @ | $0.47 1X | $0.47 |
| 1 | CFC | @ | $10.00 1X | $10.00 |

| | |
|---|---|
| MISC. CHARGES: | $0.00 |
| CREDITS: | $0.00 |
| TOTAL CHARGES: | $424.32 |
| RENTER PAYMENTS: | $424.32 |
| NET DUE FROM RENTER: | $0.00 |
| NET DUE FROM CO: | $0.00 |
| REFUNDS: | -$94.69 |

Checked in by : MOHAMAD

This is your receipt
Closed rental subject to final audit.
For Customer Service Call (800) 225 4369
Visit us for specials
www.facebook.com/foxrentacar
www.twitter.com/foxrentacar
www.foxrentacarblog.com

Marriott.
CHICAGO MARRIOTT & RESORTS
AT BURR RIDGE

305

GUEST FOLIO

1200 Burr Ridge Parkway, Burr Ridge, IL 60527 • 630.986.4100 • MarriottBurrRidge.com

## CHICAGO MARRIOTT @ BURR RIDGE — GUEST FOLIO

| ROOM | NAME | RATE | DEPART | TIME | ACCT# | GROUP |
|---|---|---|---|---|---|---|
| 305 | MELTON/CHAD | 92.00 | 03/02/12 | 11:00 | 4431 | 2145 |
| TYPE | | | ARRIVE | TIME | | |
| NKNG | ARGONNE | | 02/26/12 | 19:31 | | |
| 29 | | | | | | |
| ROOM CLERK | | PAYMENT | | | MRW#: | |
| | ADDRESS | | | | | |

| DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE |
|---|---|---|---|---|
| 02/26 | ROOM | 305, 1 | 92.00 | |
| 02/26 | ROOM TAX | 305, 1 | 5.52 | |
| 02/26 | OCC TAX | 305, 1 | 3.68 | |
| 02/27 | RM SERV | 3981 305 | 16.07 | |
| 02/27 | ROOM | 305, 1 | 92.00 | |
| 02/27 | ROOM TAX | 305, 1 | 5.52 | |
| 02/27 | OCC TAX | 305, 1 | 3.68 | |
| 02/28 | ROOM | 305, 1 | 92.00 | |
| 02/28 | ROOM TAX | 305, 1 | 5.52 | |
| 02/28 | OCC TAX | 305, 1 | 3.68 | |
| 02/29 | ROOM | 305, 1 | 92.00 | |
| 02/29 | ROOM TAX | 305, 1 | 5.52 | |
| 02/29 | OCC TAX | 305, 1 | 3.68 | |
| 03/01 | ROOM | 305, 1 | 92.00 | |
| 03/01 | ROOM TAX | 305, 1 | 5.52 | |
| 03/01 | OCC TAX | 305, 1 | 3.68 | |
| 03/02 | MC CARD | | $522.07 | |

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Marriott.
HOTELS & RESORTS

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BURR RIDGE, IL 60527
630-986-4100 FAX: 630-986-4299

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

[redacted]

Signature X

© Marriott International, Inc.

FORM A19-1A

S E OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for l nline. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst 2/29/2012
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 2-29-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/29/12 | Contract Service Hours for C090623PSC | 173 | | $ 50 | $8650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Rhonda Pul | DATE 3/1/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX: APPN INDEX | MASTER INDEX: PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS: ALLOC | COUNTY: BUDGET UNIT | CITY/TOWN: MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01* | 271 | CE | | | | | | 5702 | | | $8650- | February |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2012 (mm/dd/yr) - Ending 2/29/2012 (mm/dd/yr)

**Name:** Chad R Melton

**Location:** 1110 3rd AVE, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 2 | 1 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 2 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 3 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 4 | | | |
| 2 | 5 | | | |
| 2 | 6 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 7 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 8 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 9 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 11 | | | |
| 2 | 12 | | | |
| 2 | 13 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 14 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 15 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 17 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 18 | | | |
| 2 | 19 | | | |
| 2 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 21 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 22 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 23 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 24 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 25 | | | |
| 2 | 26 | | | |
| 2 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 28 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 29 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 2 | 30 | | | |
| 2 | 31 | | | |
| Total Hours: | | 173 | | |

Chad Melton / 2/29/2012
Contractor Signature/Date

LANCE B LADNER
Local Reviewer Name

Local Reviewer Signature/Date

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

**Online Help**
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 4/27/2012 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 4-27-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/12 | Contract Service Hours for C090623PSC | 160 | | $ 50 | $8000.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 4-30-12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 240 | | 001 | 01* | 271 | CE | | | | | SC2 | | | $8000- | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 8000- | WARRANT NUMBER

TO Fiscal 5-2-12

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2012 mm/dd/yr - Ending 4/30/2012 mm/dd/yr

**Name:** Chad R Melton **Location:** 1110 3rd Ave, Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 4 | 1 | | | |
| 4 | 2 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 5 | 6 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 7 | | | |
| 4 | 8 | | | |
| 4 | 9 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 10 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 11 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 12 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 13 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 14 | | | |
| 4 | 15 | | | |
| 4 | 16 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 17 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 18 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 19 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 20 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 21 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 22 | | | |
| 4 | 23 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 24 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 25 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 26 | 10 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 27 | 11 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 28 | | | |
| 4 | 29 | 5 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 30 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 4 | 31 | | | |
| Total Hours: | | 160 | | |

Chad Melton 4/27/2012
Contractor Signature/Date

Lance R Lidtke
Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

4-27-12
Local Reviewer Signature/Date

FORM A19-1A

STAT : WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

**Online Help**
This document is a protected form for use o. . Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Criminal Intelligence Analyst (TITLE) 1/30/201 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. [redacted]

RECEIVED BY [signature] DATE RECEIVED 1-30-12

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/12 | Contract Service Hours for C090623PSC | 170 | | $ 50 | $8500.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] DATE 2/2/12

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/ TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 01K | 271 | CE | | | | | | STC1 | | | $8500- | January |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $8500 - | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2012 mm/dd/yr - Ending 1/31/2012 mm/dd/yr

**Name:** CHAD MELTON **Location:** WSFC

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 1 | 1 | | | |
| 1 | 2 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 3 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 4 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 5 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 6 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 7 | | | |
| 1 | 8 | | | |
| 1 | 9 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 10 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 11 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 12 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 13 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 14 | | | |
| 1 | 15 | | | |
| 1 | 16 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 17 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 18 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 19 | 8 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 20 | 0 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 21 | | | |
| 1 | 22 | | | |
| 1 | 23 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 24 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 25 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 26 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 27 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 28 | 7 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 29 | | | |
| 1 | 30 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| 1 | 31 | 9 | Analyst, WSP, WSFC | WSP Contract # C090623PSC |
| Total Hours: | | 170 | | |

Chad Melton 1/30/2012
Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**
(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

1-30-12
Local Reviewer Signature/Date

# INTEROFFICE COMMUNICATION

# WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeffrey R. Hugdahl, Budget and Fiscal Services

**SUBJECT:** Task Order 4, Amendment 5 to WSP Contract No. C060694PSC

**DATE:** October 8, 2007

Attached is a fully executed copy of the above-listed task order and amendment between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract.

- If you feel the indicated budget code is incorrect, please contact Ms. Cindy Haider, Budget and Fiscal Services, within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact Ms. Haider at Micro 12, ext. 11071 if you have any questions or concerns regarding this contract.

CRH JRH:clh
for, Attachment
cc: Ms. Sue Aschenbrenner, Budget and Fiscal Services
Captain Tim Braniff, Investigative Services Division
Ms. Tanya Pierce, Budget and Fiscal Services

Cc: BV - for payment processing

Washington State Patrol

# Budget & Fiscal Services Contract Notification Form

Date 9/26/08

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC (5) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| | November 30, 2008 | |

| Contract Title | CFDA No. | QFSR |
|---|---|---|
| Criminal Intelligence Analyst Services | | ☐Yes ☐No |

Contractor Name: Chad R. Melton

Contractor Contact Address:

| Contractor Contact Name | Contractor Contact Phone | Contractor EIN/SSN |
|---|---|---|
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Drake | IAD | Shawn Eckhart |

Remarks: Extends period of performance for two months.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $243,600.00 | Grants and Contracts Manager | 9/29 |
| Amendment Amount | $14,000.00 | Business Office Manager | |
| Revised Total Amount | $257,600.00 | Budget Manager | 9/29/08 Allot: ☐Yes ☒No |
| Indirect Costs | % | Accounting Manager | 9/29/08 Unanticipated Receipt: ☐Yes ☒No |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| WAJ7 | 001 | 01* | 00271 | WAJ7 | CE | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No

Travel Authorized: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Mileage Only: ☐Yes ☐No

Special Mileage Rate $_____ per mile

Voluntary O/T: ☐Yes ☐No

Prorate Leave to Contract: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No

AFRS Code Assigned: ☐Yes ☐No

Overtime Only (On Day Off): ☐Yes ☐No

Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
### Task Order

WSP Contract Number: **C060694PSC**
Task Order Number: **4**

Contractor: **Chad R. Melton**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | October 1, 2008 | End Date: | November 30, 2008 |

Description of Service: The Contractor's Employee (Chad Melton) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Washington Joint Analytical Center (Seattle).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $38.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C060694PSC.

Maximum Task Order Amount: $14,000.00

WSP Contact Name and Telephone Number: Lieutenant Randy Drake, (206) 262-2418

Contractor Contact Name and Telephone Number: Mr. Chad Melton (206) 262-2075

**FOR THE WASHINGTON STATE PATROL:**

P.S. Beckley 9-30-08
John R. Batiste, Chief — Date

**FOR THE CONTRACTOR:**

Chad Melton 9/24/2008
Signature — Date

CHAD R MELTON, ANALYST
Printed Name and Title

WSP Contract No. C060694PSC
Amendment 5

# WASHINGTON STATE PATROL
# CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol (WSP) and Chad R. Melton (Contractor) is hereby amended as follows:

a. The period of performance is extended through November 30, 2008.

b. The maximum contract amount is increased by $14,000.00 for a revised maximum contract amount of $257,600.00.

c. This amendment is effective on September 30, 2008.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

P.S. Beckley
John R. Batiste, Chief

9-30-08
Date

CONTRACTOR

Chad R Melton
Signature

September 24, 2008
Date

MELTON, CHAD

# INT. OFFICE COMMUNIC. TION

WASHINGTON STATE PATROL

**TO:** Sergeant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeffrey R. Hugdahl, Budget and Fiscal Services

**SUBJECT:** WSP Contract No. C060694PSC and Task Order 1

**DATE:** January 20, 2006

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH

jh

Attachment

cc: Ms. Eileen Nashleanas, Budget and Fiscal Services
Ms. Tanya G. Pierce, Budget and Fiscal Services

RECEIVED
JAN 23 2006
WSP IAD

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 4/12/05

LDS 1 1

☐ Billable over $10,000 ☐ Billable under $10,000 ☑ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C0606 74PSC (1) | | |
| ~~Contract~~ Start Date Task Order ~~Date~~ 1/19/06 | ~~Contract~~ End Date Task Order 4/30/06 | AFRS End Date |
| Contract Title: Intelligence Analyst Services | | CFDA No. / QFSR ☐Yes ☐No |
| Contractor Name: Chad R. Melton | | |
| Contractor Contact Address: 7917 109th Street Edmonds WA 98026 | | |
| Contractor Contact Name: Chad R. Melton | Contractor Contact Phone: (206) 661-7851 | Contractor EIN/SSN: [redacted] |
| Contractor E-Mail Address: chadyuri@yahoo.com | Contractor Contact Fax | BFS Accountant Name: TANYA |
| WSP Project Manager: Lt. Huntley | WSP Section/Division/Bureau: IAD/ISB | BFS Budget Analyst Name: Eileen for . . . |

Remarks: Task Order for assignment to WASIC-Seattle
Hourly Rate = $38 + Travel

| Task order~~Contract~~ Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | |
| Revised Total Amount | $ 76,000 max | Budget Manager | Allot: ☐Yes ☐No |
| Indirect Costs — % | | Accounting Manager | Unanticipated Receipt: ☐Yes ☐No |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| WAJ4 | 001 | 020 | 00271 | WAJ4 | CE | | | | — | 100.0 |
| | | | | | | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No
Std Mileage Rate: ☐Yes ☐No
Travel Authorized: ☐Yes ☐No
Special Rules: ☐Yes ☐No

Mileage Only: ☐Yes ☐No
Special Mileage Rate $_____ per mile
Voluntary O/T: ☐Yes ☐No

Prorate Leave to Contract: ☐Yes ☐No
Overtime Allowed: ☑Yes ☐No
Contract Pays Only O/T Cost: ☐Yes ☐No

AFRS Code Assigned: ☐Yes ☐No
Overtime Only (On Day Off): ☐Yes ☐No
Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒Project Manager ☒Accountant ☒Budget Analyst ☐Other: _____

300-365-522 (R 6/03)

## WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C060694PSC**
Task Order Number: **1**

Contractor: **Mr. Chad R. Melton**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | **Date of Execution** | End Date: | **April 30, 2006** |

Description of Service: The Contractor shall provide Criminal Intelligence Analyst Services to WSP during the time period of performance indicated above for this Task Order. The Local Worksite during this Task Order shall be the Washington Joint Analytical Center (WAJAC) in Seattle, Washington.

Fees:
- Service Cost: WSP shall reimburse the Contractor at the hourly rate identified under Section 5, Fees, in the Contract.
- Other Costs: WSP shall reimburse the Contractor for travel related costs per Section 5, Fees, in the Contract.

Maximum Task Order Amount: $76,000

WSP Contact Name and Telephone Number: Lieutenant Keith Huntley, (360) 753-0315, ext 139

Contractor Contact Name and Telephone Number: Mr. Chad R. Melton, (206) 661-7851

**FOR THE WASHINGTON STATE PATROL:**

Diane C Perry 1/19/06
John R. Batiste, Chief Date

for DIANE C. PERRY MSB Director

**FOR THE CONTRACTOR:**

Chad R Melton DECEMBER 9, 2005
Signature Date

CHAD R MELTON, ANALYST
Printed Name and Title

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 11/17/05

LDS ---

☐ Billable over $10,000 ☐ Billable under $10,000 ☑ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| ~~DOE~~ 1/19/06 | 9/30/07 | |
| **Contract Title** | | **CFDA No.** / **QFSR** ☐Yes ☐No |
| Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Chad R. Melton | | |
| **Contractor Contact Address** | | |
| 7917 109th Street Edmonds WA 98026 | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| Chad R. Melton | (206) 661-7857 | [redacted] |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| chadyuri@yahoo.com | | TANYA |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| D. Huntley | IAD/ISB | EILEEN for... |

Remarks: TASK ORDER REQUIRED TO WORK

Hourly Rate = $38 + travel

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $ | Grants and Contracts Manager | |
| Amendment Amount | $ | Business Office Manager | |
| Revised Total Amount | $ 76,000 max | Budget Manager | 12/1 Allot: ☐Yes ☐No Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs — % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | TASK | ORDERS | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒ Budget Analyst ☐ Other: _____

300-365-522 (R 6/03)

| **WASHINGTON STATE PATROL PERSONAL SERVICE CONTRACT** **Criminal Intelligence Analyst Services** | WSP Contract No. **C060694PSC** |
|---|---|
| | Other Contract No. |

This Contract is between the State of Washington, Washington State Patrol and the Contractor identified below, and is governed by chapter 39.29 RCW.

| **CONTRACTOR NAME** **Mr. Chad R. Melton** | Contractor Doing Business As (DBA) |
|---|---|
| Contractor Address 7917 109th Street Edmonds WA 98026 | Contractor Federal Employer Identification Number (mandatory, for tax purposes) [redacted] |
| Contact Name Mr. Chad R. Melton | Contact Telephone (206) 661-7851 |
| Contact Fax | Contact E-mail Address chadyuri@yahoo.com |

**WSP Contact Information**

| WSP Project Manager Name and Title Keith Huntley, Lieutenant | | WSP Project Manager Address WSP Investigative Assistance Division PO Box 2347, Olympia WA 98507-2347 |
|---|---|---|
| Telephone (360) 753-0315 ext 139 | Fax (360) 586-8231 | E-mail Address keith.huntley@wsp.wa.gov |
| WSP Administrative Contact Name and Title Mr. Jeff Hugdahl Grants and Contracts Manager | | WSP Administrative Contact Address PO Box 42602 Olympia WA 98504-2602 |
| Telephone (360) 753-0602 | Fax (360) 664-0657 | E-mail Address jeff.hugdahl@wsp.wa.gov |

| **Contract Start Date** **Date of Execution** | **Contract End Date** **September 30, 2007** | **Maximum Contract Amount** **$76,000** |
|---|---|---|

ATTACHMENTS. When the boxes below are marked with an X, the following Exhibits are attached to and incorporated into this Contract by reference:

- ☒ Exhibit A, Statement of Work.
- ☒ Exhibit B, General Terms and Conditions
- ☒ Additional Exhibits as specified: Contractor Employee Nondisclosure Agreement

This Contract, including the attached Terms and Conditions and any other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have the authority to enter into this Contract.

| **FOR THE WASHINGTON STATE PATROL:** | **FOR THE CONTRACTOR:** |
|---|---|
| WSP Signature Date: 1/19/06 | Contractor Signature Date: DECEMBER 9, 2005 |
| Printed Name and Title John R. Batiste, Chief | Printed Name and Title CHAD R MELTON, ANALYST |

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL 2/20/02

1. **General.**

   a) Task Orders. Work shall be assigned by a negotiated Task Order and must be signed by both parties. Each Task Order must identify the Local Worksite to which the Contractor will be assigned and a start and end date for work at that location. Each Task Order, once accepted by WSP and the Contractor, shall be an amendment to this Contract.

   b) As assigned by WSP and after execution of a Task Order, the Contractor shall provide criminal intelligence analyst services to provide the following products:
   - Raw Intelligence classification and analysis
   - Daily intelligence briefings
   - Weekly and monthly written intelligence bulletins
   - Periodic intelligence assessments
   - Information dissemination to local law enforcement agencies

2. **Contractor Qualifications.** During the period of performance of this Contract, the Contractor must be able to obtain a federal Top Secret level security clearance; and must provide proof to the WSP Project Manager of formal training in i2's Analyst Notebook application and Penlink no later than one hundred and twenty (120) days from the date of contract execution.

3. **Rules of Conduct.** During the period of performance of this Contract, the Contractor must follow these basic rules of conduct while providing services:

   a) Alcohol and Drug Use. The Contractor shall not consume any alcohol or intoxicating beverage while providing services under this Contract, and will not appear for work while under the influence of alcohol or while having alcohol in their system. The Contractor shall not possess, use or store alcoholic beverages while at any WSP facility or Local Worksite. The Contractor shall not use or possess any narcotic, dangerous drug, or controlled substance except at the direction of a physician, dentist, or other medical authority for medical purposes. If the Contractor is directed by competent medical authority to use a narcotic, dangerous drug, or controlled substance, he/she shall not use such medication to the extent that their performance is affected while at any WSP facility or Local Worksite.

   b) Courtesy. The Contractor shall be courteous to WSP staff, other law enforcement partners, and the public. The Contractor shall be tactful in the performance of his/her duties, shall control his/her temper and exercise the utmost patience and discretion, and shall not engage in argumentative discussions. In the performance of his/her duties, the Contractor shall not use coarse, violent, profane, or insolent language or gestures, and shall not express any prejudice concerning race, religion, sex, politics, national origin, lifestyle, or similar personal characteristics.

   c) Appearance. WSP expects the Contractor to present a professional image when providing services under this Contract. Clothing shall be neat, clean, and in good condition.

4. **Confidential Information**. The Contractor acknowledges that some of the material and information that may come into his or her possession or knowledge in connection with this Contract or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either Chapter 42.17 RCW or other state or federal statutes ("Confidential Information"). Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information. The Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without WSP's express written consent or as provided by law.

   The Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information. Immediately upon expiration or termination of this Contract, the Contractor shall, at WSP's option: (i) certify to WSP that the Contractor has destroyed all Confidential Information; or (ii) return all Confidential Information to WSP; or (iii) take whatever other steps WSP requires of the Contractor to protect Confidential Information. WSP reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by the Contractor through this Contract.

   Contractor Employees working under this Contract shall complete and sign Exhibit C, Contractor Employee Nondisclosure Agreement, attached hereto and incorporated into the Contract herein. Violation of this section by the Contractor may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties. Furthermore, the Contractor is subject to all applicable state and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

5. **Fees**. WSP shall reimburse the Contractor at the hourly rate identified below for services provided by the Contractor under this Contract.

| Contractor | Hourly Rate |
|---|---|
| Chad R. Melton | $38.00 |

   When services are required by WSP at locations other than the Local Worksite identified in the Task Order, WSP will reimburse the Contractor for authorized lodging, subsistence and business vehicle mileage costs at current State of Washington approved reimbursement rates. These rates are published in the State Accounting and Administrative Manual (SAAM). This manual is available at the Office of Financial Management's SAAM website: http://www.ofm.wa.gov/policy/saamintro.htm.

## GENERAL TERMS AND CONDITIONS

1. **Definitions.**

"Contract" means this Personal Service Contract, including all documents attached or incorporated by reference.

"Contractor" means the entity performing services to this Contract and includes the Contractor's owners, members, officers, director, partners, employees and/or agents unless otherwise stated in this Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, director, partners, employees and/or agents.

"General Terms and Conditions" means this Exhibit B.

"Statement of Work" means the Special Terms and Conditions of this Contract, which is attached hereto and incorporated herein as Exhibit A.

"Subcontract" means a separate contract between the Contractor and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.

"RCW" means the Revised Code of Washington. All references in the Contract to RCW chapters or sections shall include any successor, amended or replacement statutes.

"USC" means United States Code. All references in the Contract to USC chapters or sections shall include any successor, amended or replacement statutes.

"WSP" means the State of Washington, Washington State Patrol, and its officers, directors, trustees, employees and/or agents.

2. **Payment.** WSP shall reimburse the Contractor an amount not to exceed the Maximum Contract Amount specified on the Face Sheet of this Contract.

3. **Billing Procedure.** WSP shall reimburse the Contractor according to Exhibit A, Statement of Work, for work performed to the satisfaction of the WSP Project Manager. Compensation for services rendered shall be payable upon receipt of properly completed invoices, which shall be submitted not more often than monthly to the WSP Project Manager. The invoices shall describe and document to WSP's satisfaction a description of the work performed, activities accomplished, the progress of the project, fees and expenses, and WSP's contract number.

4. **Advance Payments Prohibited.** WSP shall not make any payments in advance or anticipation of the delivery of goods or services provided by the Contractor pursuant to this Contract.

5. **Assignment.** The work to be provided under this Contract, and any claim arising thereunder, is not assignable or delegable by the Contractor in whole or in part, without the express written consent of WSP.

6. **Attorneys' Fees and Costs.** If any litigation is brought to enforce any term, clause, provision or section of this Contract or as a result of this Contract in any way, the prevailing party shall be awarded

its reasonable attorney's fees together with expenses and costs incurred with such litigation, including necessary fees, costs and expenses for services rendered at both trial and appellate levels as well as subsequent to judgement in obtaining execution thereof. In the event that parties to this Contract engage in arbitration, mediation or any other alternative dispute resolution forum to resolve a dispute in lieu of litigation, both parties shall share equally in the cost of the alternative dispute resolution, including the cost of mediation or arbitration services. Each party shall be responsible for their own attorney's fees incurred as a result of the alternative dispute resolution method.

7. **Compliance with Civil Rights Laws.** During the period of performance for this Contract, the Contractor shall comply with all federal and state nondiscrimination laws, including, but not limited to, Title VII of the Civil Rights Act, 42 USC 12101 et seq.; the Americans with Disabilities Act (ADA); and Chapter 49.60 RCW.

8. **Confidentiality.** The Contractor shall not use or disclose any information concerning WSP, or information that may be classified as confidential, to any third party without the written permission of WSP. The Contractor shall destroy or return all such information to the WSP Program Manager at the end of this Contract.

9. **Contract Execution and Amendments.** This Contract shall be binding on WSP only upon signature by the Chief of WSP or designee. WSP and the Contractor may mutually amend this Contract. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind WSP and the Contractor.

10. **Contractor Certification Regarding Ethics.** The Contractor certifies that the Contractor is in compliance with Chapter 42.52 RCW, Ethics in Public Service, and will comply with Chapter 42.52 RCW throughout the term of the Contract.

11. **Disputes.** In the event that a dispute arises under this Contract, it shall be resolved by a Dispute Board in the following manner: The Chief of WSP shall appoint a member to the Dispute Board. The Contractor shall appoint a member to the Dispute Board. The Chief of WSP and the Contractor shall jointly appoint a member to the Dispute Board. The Dispute Board shall evaluate the dispute and make a determination of the dispute. The determination of the Dispute Board shall be final and binding to all parties to this Contract.

12. **Governing Law.** This Contract shall be governed in all respects by the laws of the State of Washington. The jurisdiction for any action hereunder shall be the Superior Court for the State of Washington. The venue of any action hereunder shall be in the Superior Court for Thurston County, State of Washington.

13. **Indemnification.** The Contractor shall indemnify, defend and hold harmless WSP from and against all claims arising out of or resulting from the performance of this Contract. The Contractor expressly agrees to indemnify, defend and hold harmless WSP for any claim arising out of or incident to the Contractor's performance or failure to perform this Contract. The Contractor shall be required to indemnify, defend and hold WSP harmless to the extent claim is caused in whole or in part by negligent acts or omissions of the Contractor.

14. **Independent Capacity.** The Contractor acknowledges that the Contractor is an independent contractor, and not an officer, employee or agent of WSP or the State of Washington. The Contractor shall not hold itself out as, nor claim status as, and officer, employee or agent of WSP or the State of Washington. The Contractor shall indemnify and hold WSP harmless from all obligations to pay or withhold federal or state taxes or contributions on behalf of the Contractor or the Contractor's employees unless otherwise specified in this Contract.

15. **Industrial Insurance Coverage.** Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for its employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the period of performance for this Contract. WSP shall not be responsible for payment of industrial insurance premiums or for any other claim or benefit for the Contractor, or any subcontractor or employee of the Contractor, which might arise under the industrial insurance laws during the performance of duties and services under this Contract.

16. **Insurance.** The Contractor shall provide insurance coverage as set out in Exhibit A, Statement of Work. The intent of the required insurance is to protect the State of Washington should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or any subcontractor, or agents of either, while performing under the terms of this Contract.

17. **Inspection; Maintenance of Records.** During the term of this Contract and for one year following termination or expiration of this Contract, the Contractor shall give reasonable access to the Contractor's place of business and records to WSP and any other employee or agent of the State of Washington or the United States of America for the purpose of inspecting the Contractor's place of business and its records, and monitoring, auditing and evaluating the Contractor's performance and compliance with applicable laws, regulations, rules and this Contract.

    During the term of this Contract and for six years following termination or expiration of this Contract, the Contractor shall maintain records sufficient to document (i) performance of all acts required by statute, regulation, rule, or this Contract; (ii) substantiate the Contractor's statement of its organization's structure, tax status, capabilities and performance; and (iii) demonstrate accounting procedures, practices and records that sufficiently and properly document the Contractor's invoices to WSP and all expenditures made by the Contractor to perform as required by this Contract.

18. **Order of Precedence.** In the event of any inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule the inconsistency shall be resolved by giving precedence in the following order to:

    Applicable federal and state law, regulations and rules;
    Exhibit A, Statement of Work;
    Any other provision of this Contract; and
    Any document incorporated by reference.

19. **Overpayments to Vendors.** Upon notice of an erroneous payment or overpayment to which the Contractor is not entitled pursuant to this Contract, the Contractor shall promptly refund to WSP the full amount of any such payment or overpayment.

20. **Personnel.** WSP employees performing work under the terms of this Contract (if any) shall be under the direct command and control of the Chief of WSP or designee, and shall perform duties required under this Contract in a manner consistent with WSP policy and regulations, and applicable federal, state and local laws. The assignment of WSP personnel under this Contract shall be at the discretion of the Chief of WSP or designee.

21. **Rights in Data.** Unless otherwise provided, data that originates from this Contract shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by WSP. Data shall include, but not be limited to , reports, documents, pamphlets, advertisements, books, magazines, surveys, studies,

computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyrights, patent, register, and the ability to transfer these rights.

Material delivered by the Contractor under the terms of this Contract, but which does not originate therefrom, shall be transferred with a nonexclusive, royalty-free irrevocable license to publish, translate, reproduce, deliver, performs, dispose of, and to authorize others to do so, provided that such a license shall be limited to the extent which the Contractor has a right to grant such a license. The Contractor shall exert all reasonable efforts to advise WSP at the time of material delivery of all known or potential invasions of privacy contained therein and of any portion of such material which was not produce in performance of this Contract. WSP shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any material delivered under this Contract. WSP shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

22. **Savings.** In the event that funds WSP relied upon to establish this Contract are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, WSP may immediately terminate this Contract by providing written notice to the Contractor. This termination shall be effective on the date specified in the notice of termination.

23. **Severability.** If any provision of this Contract or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Contract, and to this end the provisions of this Contract are declared to be severable.

24. **Site Security.** While on WSP's premises, the Contractor shall conform in all respects with physical, fire or other security regulations communicated to the Contractor by WSP.

25. **Subcontracting.** Except as otherwise provided in this Contract, the Contractor may subcontract for any of the services provided under this Contract with the prior, written approval of WSP. The Contractor shall be responsible for the acts and omissions of any subcontractor.

26. **Survivorship of Provisions.** Any terms, conditions and warranties contained in this Contract that by their sense and context are intended to survive performance by the parties to this Contract shall so survive the completion of the period of performance or termination of this Contract.

27. **Taxes.** WSP shall pay sales and use taxes imposed on services provided by the Contractor under this Contract if required by state law. The Contractor shall pay all other taxes, including, but not limited to, Washington State Business and Occupation Tax, taxes based on the Contractor's income, or personal property taxes levied or assessed on the Contractor's personal property to which WSP does not own title.

28. **Termination for Convenience.** Except as otherwise provided in this Contract, either party may terminate this Contract upon thirty (30) calendar days written notification. If this Contract is so terminated, the terminating party shall be liable only for performance in accordance with the terms of this Contract for performance rendered prior to the effective date of termination.

29. **Termination for Default.** WSP may terminate the Contract for default, in whole or in part, if WSP has a reasonable basis to believe that the Contractor failed to perform under any provision of this Contract; violated any applicable law, regulation, rule or ordinance; or otherwise breached any provision or condition of this Contract.

WSP shall notify the Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) calendar days, the Contract may be terminated. WSP reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of the alleged breach and pending corrective action by the Contractor or a decision by WSP to terminate the Contract.

In the event of termination for default, the Contractor shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract, and all administrative costs directly related to procuring the replacement contract. If it is determined that the Contractor was not in default the termination shall be deemed a termination for convenience. The rights and remedies of WSP provided under this Contract are not exclusive and are in addition to any other rights and remedies provided by law.

30. **Termination Procedure.** The following provisions shall survive and be binding on the parties to this Contract in the event this Contract is terminated.

    a. The Contractor shall stop work under this Contract on the date specified in the notice of termination, and shall comply with all instructions contained in the notice of termination.

    b. The Contractor shall deliver to the WSP Project Manager identified on the Face Sheet of this Contract, all WSP property in the Contractor's possession and any WSP property produced under this Contract. The Contractor grants WSP the right to enter upon the Contractor's premises for the sole purpose of recovering any WSP property that the Contractor fails to return within ten (10) calendar days of termination of the Contract. Upon failure to return WSP property within ten (10) calendar days of the Contract termination, the Contractor shall be charged with all reasonable costs of recovery, including transportation and attorney's fees. The Contractor shall protect and preserve any property of WSP that is in the possession of the Contractor pending return to WSP. The Contractor shall provide written certification to WSP that the Contractor has returned all WSP property in the Contractor's possession.

    c. WSP may direct assignment of the Contractor's rights to and interest in any subcontract or orders placed to WSP. WSP may terminate any subcontract or orders, and settle or pay any or all claims arising out of the termination of such orders and subcontracts.

    d. WSP shall be liable for and shall pay for only those services authorized and provided through the date of termination. WSP may pay an amount agreed to by the parties for partially completed work and services, if work products are useful to WSP.

    e. In the event of termination for default, WSP may withhold a sum from the final payment to the Contractor that WSP determines necessary to protect WSP against loss or additional liability.

31. **Treatment of Assets.** Title to all property furnished by WSP to the Contractor under the terms of this Contract shall remain with WSP. Any property furnished by WSP to the Contractor under the terms of this Contract shall be used only for the performance of this Contract. The Contractor shall be responsible for any loss or damage of property provided to the Contractor by WSP resulting from the failure on the part of the Contractor to maintain and administer that property in accordance with sound management practices. Upon the discovery of loss or damage of WSP property, the Contractor shall notify WSP and take all reasonable steps to prevent any further loss or damage. upon the termination or completion of this Contract the Contractor shall surrender all WSP property to the WSP Project Manager indicated on the Face Sheet of this Contract .

32. **Waiver.** A failure by WSP to exercise its rights under this Contract shall not preclude WSP from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Contract unless stated to be such in writing and signed by an authorized representative of WSP and attached to the original Contract.

**Exhibit C**

## CONTRACTOR EMPLOYEE NONDISCLOSURE AGREEMENT

I acknowledge that some of the material and information that may come into my possession or knowledge in connection with Washington State Patrol Contract Number C060694PSC (Contract) or its performance may consist of information that is exempt from disclosure to the public or other unauthorized persons under either Chapter 42.17 RCW or other state or federal statutes ("Confidential Information").

Confidential Information includes, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit card information, driver's license numbers, medical data, law enforcement records, agency source code or object code, agency security data, or information identifiable to an individual that relates to any of these types of information.

I agree to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make it known to any other party without WSP's express written consent or as provided by law.

I also agree to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information.

Immediately upon expiration or termination of this Contract or my employment with the Contractor, I shall surrender any and all Confidential Information in my possession to the Contractor for its disposition according to the terms of this Contract.

I understand that I am subject to all applicable and federal laws, rules, and regulations, including RCW 10.97, violation of which may result in criminal prosecution.

Chad R Melton
Signature of Contractor Employee

CHAD R MELTON, ANALYST
Printed Name and Title

DECEMBER 9, 2005
Date

002

*This is to Acknowledge that*

# Chad Melton

*Has successfully completed 40 hours of training in the Foundations of Intelligence Analysis Training (FIAT)*

*January 23-27, 2006*
*Seattle, Washington, USA*

*Lisa Palmieri, C.C.A., IALEIA President*

*Russell Porter, LEIU General Chairperson*

04/28/2008 13:18 FAX 2062622014

# INTEROF CE COMMUNICATIO

# WASHINGTON STATE PATROL

**TO:** Lieutenant Randy Drake, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Amendment 3 to WSP Contract No. C060694PSC

**DATE:** October 26, 2007

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH

jh

Attachment

cc: Mr. Shawn Eckhart, Budget and Fiscal Services
Ms. Tanya G. Pierce, Budget and Fiscal Services

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 11/9/07

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC (4) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| January 19, 2006 | September 30, 2008 | |

| Contract Title | CFDA No. | QFSR |
|---|---|---|
| Criminal Intelligence Analyst Services | | ☐Yes ☐No |

Contractor Name
Chad R. Melton

Contractor Contact Address

| Contractor Contact Name | Contractor Contact Phone | Contractor EIN/SSN |
|---|---|---|
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Zeller | IAD | Shawn Eckhart |

Remarks: Extends period of performance for one year. Use SIS7/WAJ7 when FFY06 funds are expended.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $159,800.00 | Grants and Contracts Manager | |
| Amendment Amount | $83,800 | Business Office Manager | |
| Revised Total Amount | $243,600 | Budget Manager | Allot: ☐Yes ☐No<br>Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ____ % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS6 | 001 | 020 | 00272 | SIS6 | CE | | | | | |
| ~~WAJ6~~ | ~~001~~ | ~~020~~ | ~~00271~~ | ~~WAJ6~~ | ~~CE~~ | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No
Std Mileage Rate: ☐Yes ☐No
Travel Authorized: ☐Yes ☐No
Special Rules: ☐Yes ☐No _____

Mileage Only: ☐Yes ☐No
Special Mileage Rate $_____ per mile
Voluntary O/T: ☐Yes ☐No

Prorate Leave to Contract: ☐Yes ☐No
Overtime Allowed: ☐Yes ☐No
Contract Pays Only O/T Cost: ☐Yes ☐No
Primary Org Code: _____

AFRS Code Assigned: ☐Yes ☐No
Overtime Only (On Day Off): ☐Yes ☐No
Minimum Call Out Hours: _____
Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

WSP Contract No. C060694PSC
Amendment 4

WASHINGTON STATE PATROL
CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol (WSP) and Chad R. Melton (Contractor) is hereby amended as follows:

a. The period of performance is extended through September 30, 2008.

b. The maximum contract amount is increased by $83,800 for a revised maximum contract amount of $243,600.

c. This amendment is effective on September 30, 2007.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

P.S. Beckley
John R. Batiste, Chief

9/30/07
Date

CONTRACTOR

Chad R Melton
Signature

9/25/07
Date

# WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: **C060694PSC**
Task Order Number: **3**

Contractor: **Chad R. Melton**

| | | | | |
|---|---|---|---|---|
| Period of Performance for Task Order: | Start Date: | October 1, 2007 | End Date: | September 30, 2008 |

Description of Service: The Contractor's Employee (Chad Melton) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Washington Joint Analytical Center (Seattle).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $38.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C060694PSC.

Maximum Task Order Amount: $83,800.00

WSP Contact Name and Telephone Number: Lieutenant Kevin Zeller, (360) 704-2422

Contractor Contact Name and Telephone Number: Mr. Chad Melton (206) 262-2075

**FOR THE WASHINGTON STATE PATROL:**

P.S. Beckley 9/30/07
John R. Batiste, Chief — Date

**FOR THE CONTRACTOR:**

Chad R Melton 9/25/07
Signature — Date

CHAD R MELTON, Criminal Intelligence Analyst
Printed Name and Title

# INTE..OFFICE COMMUNIC. ION
# WASHINGTON STATE PATROL

**TO:** Lieutenant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeff Hugdahl, Budget and Fiscal Services

**SUBJECT:** Amendment 2 to WSP Contract No. C060694PSC

**DATE:** November 3, 2006

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JH

Attachment

cc: Ms. Eileen Nashleanas, Budget Section
Ms. Tanya G. Pierce, Accounts Payable Section

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 10/27/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC (3) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| January 19, 2006 | September 30, 2007 | |

| Contract Title | CFDA No. | QFSR |
|---|---|---|
| Criminal Intelligence Analyst Services | | ☐Yes ☐No |

Contractor Name
Chad R. Melton

Contractor Contact Address

| Contractor Contact Name | Contractor Contact Phone | Contractor EIN/SSN |
|---|---|---|
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Huntley | IAD | Eileen Nashleanas |

Remarks: Extends period of performance for one year.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $76,000.00 | Grants and Contracts Manager | |
| Amendment Amount | $83,800.00 | Business Office Manager | |
| Revised Total Amount | $159,800.00 | Budget Manager | Allot: ☐Yes ☐No<br>Unanticipated Receipt: ☐Yes ☐No |
| Indirect Costs ___ % | | Accounting Manager | |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS6 | 001 | 020 | 00270 | SIS6 | CE | | | | | |
| ~~WAJ6~~ | ~~001~~ | ~~020~~ | ~~00271~~ | ~~WAJ6~~ | ~~CE~~ | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No
Std Mileage Rate: ☐Yes ☐No
Travel Authorized: ☐Yes ☐No
Special Rules: ☐Yes ☐No _____

Mileage Only: ☐Yes ☐No
Special Mileage Rate $_____ per mile
Voluntary O/T: ☐Yes ☐No

Prorate Leave to Contract: ☐Yes ☐No
Overtime Allowed: ☐Yes ☐No
Contract Pays Only O/T Cost: ☐Yes ☐No
Primary Org Code: _____

AFRS Code Assigned: ☐Yes ☐No
Overtime Only (On Day Off): ☐Yes ☐No
Minimum Call Out Hours: _____
Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

WSP Contract No. C060694PSC
Amendment 3

# WASHINGTON STATE PATROL
# CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol (WSP) and Chad R. Melton (Contractor) is hereby amended as follows:

a. The period of performance is extended through September 30, 2007.

b. The maximum contract amount is increased by $83,800.00 for a revised maximum contract amount of $159,800.00.

c. This amendment is effective on September 30, 2006.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

Paul S. Beckh
John R. Batiste, Chief

9/30/06
Date

CONTRACTOR

Chad R Melton
Signature

9/26/06
Date

# WASHINGTON STATE PATROL
## Task Order

WSP Contract Number: C060694PSC
Task Order Number: 2

Contractor: **Chad R. Melton**

Period of Performance for Task Order: Start Date: October 1, 2006 End Date: September 30, 2007

Description of Service: The Contractor's Employee (Chad Melton) shall provide criminal intelligence analyst services during the time of the period of performance indicated above for this Task Order. The local worksite for the Contractor Employee during this Task Order is the Washington Joint Analytical Center (Seattle).

Fees:

Service Cost: WSP shall reimburse the Contractor at the hourly rate of $38.00.

Other Costs: WSP shall reimburse the Contractor for Contractor Employee travel costs approved in advance by WSP according to the terms of WSP Contract No. C060694PSC.

Maximum Task Order Amount: $83,800.00

WSP Contact Name and Telephone Number: Lieutenant Keith Huntley, (360) 704-2422

Contractor Contact Name and Telephone Number: Mr. Chad Melton (206) 262-2075

**FOR THE WASHINGTON STATE PATROL:**

Paul S. Beckett 9/30/06
John R. Batiste, Chief Date

**FOR THE CONTRACTOR:**

Chad R Melton 9/26/06
Signature Date

CHAD R MELTON, Sole Proprietor
Printed Name and Title

# INTEROFFICE COMMUNICATION

## WASHINGTON STATE PATROL

**TO:** Lieutenant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeffrey R. Hugdahl, Budget and Fiscal Services

**SUBJECT:** Amendment 2 to WSP Contract No. C060694PSC

**DATE:** June 13, 2006

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH
jh

Attachment

cc: Ms. Eileen Nashleanas, Budget Section
Ms. Tanya G. Pierce, Accounts Payable Section

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 6/2/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC (2) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| January 19, 2006 | September 30, 2006 | |
| **Contract Title** | | **CFDA No.** / **QFSR** ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Chad R. Melton | | |
| **Contractor Contact Address** | | |
| | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Huntley | IAD | Eileen Nashleanas |

Remarks: Extends period of performance for four months.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $76,000.00 | Grants and Contracts Manager | 6/2 |
| Amendment Amount | $0.00 | Business Office Manager | |
| Revised Total Amount | $76,000.00 | Budget Manager | 6/6/06 Allot: ☐Yes ☐No |
| Indirect Costs ____ % | | Accounting Manager | Unanticipated Receipt: ☐Yes ☐No |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS4 | 001 | 020 | 00270 | SIS4 | CE | | | | | |
| ~~WAJ4~~ | ~~001~~ | ~~020~~ | ~~00271~~ | ~~WAJ4~~ | ~~CE~~ | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐Interagency Reimbursement ☐Recovery of Expenditure

Distribution: ☒Project Manager ☒Accountant ☒Budget Analyst ☐Other: _____

300-365-522 (R 6/03)

WSP Contract No. C060694PSC
Amendment 2

WASHINGTON STATE PATROL
CONTRACT AMENDMENT

The above-referenced Contract between the Washington State Patrol (WSP) and Mr. Chad R. Melton (Contractor) is hereby amended as follows:

a. The period of performance is extended through September 30, 2006.

b. The maximum dollar amount is increased by $32,700.00.

All other terms and conditions of this Contract remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

STATE OF WASHINGTON
WASHINGTON STATE PATROL

Dane Perry
John R. Batiste, Chief

5/31/06
Date

CONTRACTOR

Chad R Melton
Signature

MAY 25, 2006
Date

# INTEROFFICE COMMUNICATION

## WASHINGTON STATE PATROL

**TO:** Lieutenant Keith Huntley, Investigative Assistance Division

**FROM:** Mr. Jeffrey R. Hugdahl, Budget and Fiscal Services

**SUBJECT:** Amendment to Task Order 1, WSP Contract No. C060694PSC

**DATE:** April 21, 2006

---

Attached is a fully executed copy of the above-listed contract between the Washington State Patrol and Chad R. Melton. Funding for this contract has been encumbered under the budget code listed on the attached Budget and Fiscal Services Contract Notification Form. Please take the following steps to ensure the correct payment of this contract:

- If you feel the indicated budget code is incorrect, please contact me within fifteen days from the date of this IOC.
- The Budget and Fiscal Services contract tracking number is the WSP Contract Number noted above. Please ensure that all persons preparing payment documents for this contract reference this WSP Contract Number and use the indicated budget code on all payment documents.
- The final payment document for the contract must be marked "Final Payment" so the Accounts Payable Section can liquidate the remaining encumbrance balance for this contract.
- If the contract period of performance crosses fiscal year boundaries, please work with your assigned budget analyst to address any fiscal year end balances.

Please contact me at Micro 11, ext. 179 if you have any questions or concerns regarding this contract.

JRH
jh

Attachment

cc: Ms. Eileen Nashleanas, Budget Section
Ms. Tanya G. Pierce, Accounts Payable Section

Washington State Patrol

# Budget and Fiscal Services Contract Notification Form

Date 4/11/06

LDS ___/___/___

☐ Billable over $10,000 ☐ Billable under $10,000 ☒ Payable ☐ Other:

| WSP Contract Number | Other Contract Number | A/R Number |
|---|---|---|
| C060694PSC (2) | | |
| **Contract Start Date** | **Contract End Date** | **AFRS End Date** |
| 1/19/2006 | 5/31/06 | |
| **Contract Title** | **CFDA No.** | **QFSR** ☐Yes ☐No |
| Criminal Intelligence Analyst Services | | |
| **Contractor Name** | | |
| Chad R. Melton | | |
| **Contractor Contact Address** | | |
| | | |
| **Contractor Contact Name** | **Contractor Contact Phone** | **Contractor EIN/SSN** |
| | | |
| **Contractor E-Mail Address** | **Contractor Contact Fax** | **BFS Accountant Name** |
| | | Tanya Pierce |
| **WSP Project Manager** | **WSP Section/Division/Bureau** | **BFS Budget Analyst Name** |
| LT Huntley | IAD | Eileen Nashleanas |

Remarks: Revises Task Order 1 to extend the period of performance for one month.

| Contract Amount | | Position | Signature and Date |
|---|---|---|---|
| Previous Contract Amount | $76,000 | Grants and Contracts Manager | |
| Amendment Amount | 0 | Business Office Manager | |
| Revised Total Amount | $76,000 | Budget Manager | Allot: ☐Yes ☐No |
| Indirect Costs | % | Accounting Manager | Unanticipated Receipt: ☐Yes ☐No |

| Master Index | Fund | AI | PI | Project | Sub Object | Revenue Code: Major Group | Revenue Code: Major Source | Revenue Code: Sub Source | TAR Code | Percent/ Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| SIS4 | 001 | 020 | 00270 | SIS4 | CE | | | | | |
| ~~WAJ4~~ | ~~001~~ | ~~020~~ | ~~00271~~ | ~~WAJ4~~ | ~~CE~~ | | | | | |
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**Billable Contracts Only**

Mileage Allowed: ☐Yes ☐No — Mileage Only: ☐Yes ☐No

Std Mileage Rate: ☐Yes ☐No — Special Mileage Rate $_____ per mile

Travel Authorized: ☐Yes ☐No — Voluntary O/T: ☐Yes ☐No

Special Rules: ☐Yes ☐No _____

_____

Prorate Leave to Contract: ☐Yes ☐No — AFRS Code Assigned: ☐Yes ☐No

Overtime Allowed: ☐Yes ☐No — Overtime Only (On Day Off): ☐Yes ☐No

Contract Pays Only O/T Cost: ☐Yes ☐No — Minimum Call Out Hours: _____

Primary Org Code: _____ Other Org Codes: _____

Type of Receipt: ☐Revenue ☐ Interagency Reimbursement ☐ Recovery of Expenditure

Distribution: ☒ Project Manager ☒ Accountant ☒Budget Analyst ☐ Other:_____

300-365-522 (R 6/03)

**WASHINGTON STATE PATROL**
**Task Order Amendment**

WSP Contract Number: C060694PSC
Task Order Number: 1
Contractor: Chad R. Melton
Revision Date: April 11, 2006

The above-referenced Task Order between the Washington State Patrol (WSP) and Chad R. Melton (Contractor) is hereby amended as follows:

a.. The period of performance for this Task Order is extended through May 31, 2006.

b. The Contractor's address is revised to: [redacted]

All other terms and conditions of this Task Order remain in full force and effect.

THIS AMENDMENT is executed by the persons signing below, who warrant that they have the authority to execute this Amendment.

| FOR THE WASHINGTON STATE PATROL: | | FOR THE CONTRACTOR: | |
|---|---|---|---|
| Diane C Perry 4/20/06 | | Chad R Melton April 12, 2006 | |
| John R. Batiste, Chief | Date | Signature | Date |

FORM A19-1A

S E OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprictor (TITLE) 12/31/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Wood

DATE RECEIVED 12-31-08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/31/08 | Contract Service Hours for C060694PSC | 173 | | $ 38 | $6574.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard | DATE 1/6/09

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | [illegible] | | | | | | [illegible] | | [illegible] | 6574 | Drum/m |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 6574 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 12/1/2008 mm/dd/yr - Ending 12/31/2008 mm/dd/yr

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 6 | | | |
| 12 | 7 | | | |
| 12 | 8 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 13 | | | |
| 12 | 14 | | | |
| 12 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 20 | | | |
| 12 | 21 | | | |
| 12 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 24 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 25 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 27 | | | |
| 12 | 28 | | | |
| 12 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 173 | | |

Chad R Melton 12/31/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
Form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

# WAJAC

## FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 12/31/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 12/1/08
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Brenda Rickard

DATE RECEIVED 12-1-08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/30/08 | Contract Service Hours for C060694PSC | 152 | | $ 38 | $5776.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Pull | DATE 12/2/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | AFPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOB | PROJECT | SUB SUB PROJECT | PROJ YEAR | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | [illegible] | | | | | | [illegible] | | | $5776- | November |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $5776- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 11/1/2008 (mm/dd/yr) - Ending 11/30/2008 (mm/dd/yr)

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 11 | 1 | | | |
| 11 | 2 | | | |
| 11 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 8 | | | |
| 11 | 9 | | | |
| 11 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 15 | | | |
| 11 | 16 | | | |
| 11 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 22 | | | |
| 11 | 23 | | | |
| 11 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 27 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 29 | | | |
| 11 | 30 | | | |
| 11 | 31 | | | |
| Total Hours: | | 152 | | |

Chad R Melton 12/1/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

12/01/2008 10:35 FAX 2062622014 002

# WAJAC

## FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 12/01/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

ST OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

2 vouchers

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 11/3/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Wood

DATE RECEIVED 11/3/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/31/08 | Contract Service Hours for C060694PSC | 173 | | $ 38 | $6574.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 11/7/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | LOCAL OBJ | SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | WORK PGM MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [illegible] | 012 | 271 | KE | | | | | | [illegible]07 | | | $6574 | October |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6574 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 10/1/2008 mm/dd/yr - Ending 10/31/2008 mm/dd/yr

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 10 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 4 | | | |
| 10 | 5 | | | |
| 10 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 9 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 10 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 11 | | | |
| 10 | 12 | | | |
| 10 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 10 | 17 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 18 | | | |
| 10 | 19 | | | |
| 10 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 25 | | | |
| 10 | 26 | | | |
| 10 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 31 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 173 | | |

Chad R Melton 11/3/08

Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

(To ensure reimbursement, this

Local Reviewer Signature/Date

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 11/3/08 (DATE)

[redacted]URITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Beverly Wood DATE RECEIVED 11/3/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/27/08 | Terrorism Conf: Lodging & Parking | | | | $111.86 | |
| | Per diem meals | | | | 49 00 | |
| 10/28/08 | Terrorism Conf: Lodging & Parking | | | | $111.86 | |
| | Per diem meals | | | | 49 00 | |
| 10/29/08 | Terrorism Conf: Lodging & Parking | | | | $111.86 | |
| | Per diem meals | | | | 49 00 | |
| 10/30/08 | Per diem meals | | | | 49 00 | |
| 10/1/08 | Conference registration | | | | $135.00 | |
| 10/30/08 | Mileage: Home/Spokane RT | 580 | .585 | | $339.30 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 11/7/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | ACCOUNT | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROG PROJ | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 012 | 271 | GA | | | | | | WAS7 | | | $196 | meals |
| | 210 | | 001 | 012 | 271 | EG | | | | | | WAS7 | | | $135 | registration |
| | 210 | | 001 | 012 | 271 | GA | | | | | | WAS7 | | | $280 19 | lodging |
| | 210 | | 001 | 012 | 271 | GB | | | | | | WAS7 | | | $ 55 44 | parking |
| | 210 | | 001 | 012 | 271 | GC | | | | | | WAS7 | | | $ 339 30 | mileage |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $1005 88 | WARRANT NUMBER

# THE DAVENPORT HOTEL
*and Tower*

Guest Name: Chad Melton

[redacted] USA

Washington State Patrol

CL #:

CC #: XXXXXXX****

Room #: 516

Folio #: R4D7AB - 1

Group #: 15362

Guests: 1

Clerk:

Arrive: 10/27/08 Time: 07:37 PM Depart: 10/30/08 Time: 02:18:19 Status: FOL

| Date | Description | Reference | Comment | Charges | Credits |
|---|---|---|---|---|---|
| 10/27/2008 | ROOM CHARGE | 516 | | $83.00 | |
| 10/27/2008 | SALES TAX | 516t | SALES TAX | $7.22 | |
| 10/27/2008 | TPA ASSESSMENT | 516t | TPA ASSESSMENT | $1.50 | |
| 10/27/2008 | LODGING TAX | 516t | LODGING TAX | $1.66 | |
| 10/27/2008 | SALES TAX | Recur 339t | Recurring: Melton 516 | $1.48 | |
| 10/27/2008 | OVERNIGHT SELF PARK | Recur 339 | Recurring: Melton 516 | $17.00 | |
| 10/28/2008 | ROOM CHARGE | 516 | | $83.00 | |
| 10/28/2008 | LODGING TAX | 516t | LODGING TAX | $1.66 | |
| 10/28/2008 | SALES TAX | 516t | SALES TAX | $7.22 | |
| 10/28/2008 | TPA ASSESSMENT | 516t | TPA ASSESSMENT | $1.50 | |
| 10/28/2008 | SALES TAX | Recur 339t | Recurring: Melton 516 | $1.48 | |
| 10/28/2008 | OVERNIGHT SELF PARK | Recur 339 | Recurring: Melton 516 | $17.00 | |
| 10/29/2008 | ROOM CHARGE | 516 | | $83.00 | |
| 10/29/2008 | LODGING TAX | 516t | LODGING TAX | $1.66 | |
| 10/29/2008 | SALES TAX | 516t | SALES TAX | $7.22 | |
| 10/29/2008 | TPA ASSESSMENT | 516t | TPA ASSESSMENT | $1.50 | |
| 10/29/2008 | OVERNIGHT SELF PARK | Recur 339 | Recurring: Melton 516 | $17.00 | |
| 10/29/2008 | SALES TAX | Recur 339t | Recurring: Melton 516 | $1.48 | |

Folio Balance: $335.58

Guest Signature: _____

WAJAC

# FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 11/03/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher x 2

**Total number of pages, including this cover sheet:** 5

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

RECEIPT

DATE 11-14-08 No. 232244

FROM Chad Melton $135.00/100

One hundred thirty-five and 100/100 DOLLARS

○ FOR RENT
● FOR CA #1947 2008 Terrorism Conf

| | | |
|---|---|---|
| ACCT. | | |
| PAID | 135 | - |
| DUE | | |

○ CASH
○ MONEY ORDER
● CHECK
○ CREDIT CARD

FROM _____ TO _____

BY Bev Wood

1152

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 9/30/08 (DATE)

[redacted] AL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Beverly Ward

DATE RECEIVED 9-30-08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 09/30/08 | Contract Service Hours for C060694PSC | 169 | | $ 38 | $6422.00 | |
| | | | | | | |
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| | | | | | | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Neal | DATE 10/2/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COUNTY BUDGET UNIT | UNIT WORK MOS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21C | | [redacted] | 012 | 271 | [redacted] | | | | | | WAT | | | $6422- | Sept |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6422- | WARRANT NUMBER

002
09/30/2008 09:34 FAX 2062622014

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2008 (mm/dd/yr) - Ending 9/30/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 6 | | | |
| 9 | 7 | | | |
| 9 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 9 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 9 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 20 | | | |
| 9 | 21 | | | |
| 9 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 26 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 27 | | | |
| 9 | 28 | | | |
| 9 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 31 | | | |
| Total Hours: | | 169 | | |

Chad R Melton 9/30/08
Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

# WAJAC

## FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 09/30/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return mm/dd/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

2 VOUCHERS

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 8/29/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Ward

DATE RECEIVED 8/29/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 08/29/08 | Contract Service Hours for C060694PSC | 160 | | $ 38 | $6080.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Tuttle | DATE 9/3/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ/SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | WORK ITEM MOD | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 00F | 011 | 271 | CE | | | | | WMT | | | $6080 - | August |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6080 - | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field; Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR ALLTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 8/29/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| | | | | | | |
| 8/11/08 | CAPTAP Trng in Tumwater, WA: mileage | 170 | | 0.585 | $99.45 | |
| 8/11/08 | CAPTAP Trng/ Hotel: Comfort Inn | | | | $441.60 | |
| 8/11/08 | Per Diem Lunch ($15) Dinner ($22) | | | | $37.00 | |
| 8/12/08 | Per Diem Lunch ($15) Dinner ($22) | | | | $37.00 | |
| 8/13/08 | Per Diem Lunch ($15) Dinner ($22) | | | | $37.00 | |
| 8/14/08 | Per Diem Lunch ($15) Dinner ($22) | | | | $37.00 | |
| 8/15/08 | Per Diem Lunch ($15) | | | | $15.00 | |
| | | | | | | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Richard Tuck | 9/3/08 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| FED DOC IND | TRANS CODE | N O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MDS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 271 | GA | | | | | | WAJ7 | | | $604.60 | lodging/meals |
| | 210 | | [redacted] | 011 | 271 | GC | | | | | | WAJ7 | | | 99.45 | mileage |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $704.05 | |

**COMFORT INN - TUMWATER (WA126)**
1620 74TH AVENUE SW
TUMWATER, WA 98501 USA
Phone: (360) 352-0691
Fax: (360) 352-0871
gm.wa126@choicehotels.com

Account: WA126 - 165292
Date: 08/15/08
Page: 1 of 2
Room: 210 GROUP
Arrival Date: 08/10/08 21:50
Departure Date:
Frequent Traveler ID:
You were checked out by:
You were checked in by: JDS

MELTON, CHAD
[redacted]

| Post Date | Description | Comment | Amount |
|---|---|---|---|
| 08/10/08 | ROOM CHARGE | #210 MELTON, CHAD | 80.00 |
| 08/10/08 | 6.5% SALES TAX | 6.5% SALES TAX | 5.20 |
| 08/10/08 | 1.9% CITY TAX | 1.9% CITY TAX | 1.52 |
| 08/10/08 | 2.0% HOTEL/MOTEL TAX | 2.0% HOTEL/MOTEL TAX | 1.60 |
| 08/11/08 | ROOM CHARGE | #210 MELTON, CHAD | 80.00 |
| 08/11/08 | 6.5% SALES TAX | 6.5% SALES TAX | 5.20 |
| 08/11/08 | 1.9% CITY TAX | 1.9% CITY TAX | 1.52 |
| 08/11/08 | 2.0% HOTEL/MOTEL TAX | 2.0% HOTEL/MOTEL TAX | 1.60 |
| 08/12/08 | ROOM CHARGE | #210 MELTON, CHAD | 80.00 |
| 08/12/08 | 6.5% SALES TAX | 6.5% SALES TAX | 5.20 |
| 08/12/08 | 1.9% CITY TAX | 1.9% CITY TAX | 1.52 |
| 08/12/08 | 2.0% HOTEL/MOTEL TAX | 2.0% HOTEL/MOTEL TAX | 1.60 |
| 08/13/08 | ROOM CHARGE | #210 MELTON, CHAD | 80.00 |
| 08/13/08 | 6.5% SALES TAX | 6.5% SALES TAX | 5.20 |
| 08/13/08 | 1.9% CITY TAX | 1.9% CITY TAX | 1.52 |
| 08/13/08 | 2.0% HOTEL/MOTEL TAX | 2.0% HOTEL/MOTEL TAX | 1.60 |
| 08/14/08 | ROOM CHARGE | #210 MELTON, CHAD | 80.00 |
| 08/14/08 | 6.5% SALES TAX | 6.5% SALES TAX | 5.20 |
| 08/14/08 | 1.9% CITY TAX | 1.9% CITY TAX | 1.52 |
| 08/14/08 | 2.0% HOTEL/MOTEL TAX | 2.0% HOTEL/MOTEL TAX | 1.60 |

**COMFORT INN - TUMWATER (WA126)**
1620 74TH AVENUE SW
TUMWATER, WA 98501 USA
Phone: (360) 352-0691
Fax: (360) 352-0871
gm.wa126@choicehotels.com

Room: 210
Arrival Date: 08/10/08
Departure Date:
Account: WA126 - 165292
Frequent Traveler ID:

Approval Number:
Card Type: MC
Date: 8/15/2008
Card Number: **********2609
Total: 441.60

CHAD MELTON
[redacted]

If payment is by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

WAJAC

# FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 08/29/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher x 2, Comfort Inn -- Tumwater

**Total number of pages, including this cover sheet:** 5

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 8/1/2008 (mm/dd/yr) - Ending 8/31/2008 (mm/dd/yr)

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 2 | | | |
| 8 | 3 | | | |
| 8 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 9 | | | |
| 8 | 10 | | | |
| 8 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 16 | | | |
| 8 | 17 | | | |
| 8 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 23 | | | |
| 8 | 24 | | | |
| 8 | 25 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 30 | | | |
| 8 | 31 | | | |
| Total Hours: | | 160 | | |

Chad R Melton 8/29/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

002
08/29/2008 10:05 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help:
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 7/31/08
(TITLE) (DATE)

[redacted] SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.

RECEIVED BY Beverly Wood DATE RECEIVED 7-31-08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 07/31/08 | Contract Service Hours for C060694PSC | 169 | | $ 38 | $6422.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Richard Turk DATE 8/1/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | BLUE OBJ | SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 272 | CE | | | | | | 5157 | | | $6422.00 | July |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6422 | WARRANT NUMBER

WAJAC

# FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 07/31/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

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Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2008 mm/dd/yr - Ending 7/31/2008 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 7 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 4 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 5 | | | |
| 7 | 6 | | | |
| 7 | 7 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 12 | | | |
| 7 | 13 | | | |
| 7 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 19 | | | |
| 7 | 20 | | | |
| 7 | 21 | 10 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 26 | | | |
| 7 | 27 | | | |
| 7 | 28 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 7 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 169 | | |

Chad R Melton 7/31/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

FORM A19-1A

ST. OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 6/30/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Beverly Ward

DATE RECEIVED 6-30-08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 06/30/08 | Contract Service Hours for C060694PSC | 175 | | $ 38 | $6650.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Chad Melton | DATE 6/30/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | AGENCY FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CFW MEAS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | [redacted] | 011 | 272 | CE | | | | | | ST57 | | | $6650- | June |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6650- | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 6/1/2008 (mm/dd/yr) - Ending 6/30/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | | | |
| 6 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 7 | | | |
| 6 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 14 | | | |
| 6 | 15 | | | |
| 6 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 21 | | | |
| 6 | 22 | | | |
| 6 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 27 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 28 | | | |
| 6 | 29 | | | |
| 6 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| | 31 | | | |
| Total Hours: | | 175 | | |

Chad R Melton 6/30/08
Contractor Signature/Date

LANCE B LADINES
Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

# WAJAC

## FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**DATE: 6-30-2008**

**TO: Bev Wood**
**FAX 360-704-2973**

**AGENCY: WSP**

**FROM:**

**Mike Chamness**
**WAJAC / FBI Field Intelligence Group**
**1110 3rd Ave**
**Seattle, WA 98110**

**Subject:** A-19 and Contract Hours

**Total number of pages, including this cover sheet: 3**

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the above recipient only. If you have received this accidentally, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field; Shift-Tab will go to prior text field. Date fields are formatted to return mm/dd/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 5/30/08 (DATE)

FEDERAL ID NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: Beverly Ward — DATE RECEIVED: 5/31/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 05/30/08 | Contract Service Hours for C060694PSC | 169 | | $ 38 | $6422.00 | |

PREPARED BY: Chad Melton — TELEPHONE NUMBER: 206-262-2075 — DATE: — AGENCY APPROVAL: Tracy Hurley — DATE: 6/3/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND | AGPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 272 | TE | | | | | 5157 | | | 6,422- | May |

ACCOUNTING APPROVAL FOR PAYMENT — DATE — WARRANT TOTAL: 6,422- — WARRANT NUMBER

# WAJAC

## FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Bev Wood/WSP CIU **FAX:** (360) 704-2973

**Date:** 05/30/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 5/1/2008 mm/dd/yr - Ending 5/31/2008 mm/dd/yr

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 5 | 1 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 3 | | | |
| 5 | 4 | | | |
| 5 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 10 | | | |
| 5 | 11 | | | |
| 5 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 17 | | | |
| 5 | 18 | | | |
| 5 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 24 | | | |
| 5 | 25 | | | |
| 5 | 26 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 5 | 31 | | | |
| Total Hours: | | 169 | ✓ | |

Chad R Melton 5/30/08
Contractor Signature/Date

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
Form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Name

[To ensure reimbursement, this

Local Reviewer Signature/Date

002

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 4/30/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Brenda Wood — DATE RECEIVED 4-30-08

| P. DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 04/30/08 | Contract Service Hours for C060694PSC | 168 | | $ 38 | $6384.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 5/2/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | SCHOOL BUDGET UNIT | MTH TRAN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 011 | 272 | CE | | | | | | 5357 | | | $6384- | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6384- | WARRANT NUMBER

WAJAC

# FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** Rhonda Tucker/WSP CIU **FAX:** (360) 704-2973

**Date:** 04/30/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

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Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 4/1/2008 (mm/dd/yr) - Ending 4/30/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 4 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 5 | | | |
| 4 | 6 | | | |
| 4 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 12 | | | |
| 4 | 13 | | | |
| 4 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 19 | | | |
| 4 | 20 | | | |
| 4 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 25 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 26 | | | |
| 4 | 27 | | | |
| 4 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 4 | 31 | | | |
| Total Hours: | | 168 | | |

Chad R Melton 4/30/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

04/30/2008 09:21 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor: Sole Proprietor (TITLE) 3/31/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature] DATE RECEIVED 3/31/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 03/31/08 | Contract Service Hours for C060694PSC | 150 | | $ 38 | $5700.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 3-31-08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 272 | CE | | | | | | SIS7 | | | $ 5700.00 | March |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 5700.00 | WARRANT NUMBER

# WAJAC

## FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To: Rhonda Tucker/WSP CIU** **FAX: (360) 704-2973**

**Date:** 03/31/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

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002

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 3/1/2008 (mm/dd/yr) - Ending 3/31/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 3 | 1 | | | |
| 3 | 2 | | | |
| 3 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 6 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 8 | | | |
| 3 | 9 | | | |
| 3 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 15 | | | |
| 3 | 16 | | | |
| 3 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 20 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 21 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 22 | | | |
| 3 | 23 | | | |
| 3 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 3 | 29 | | | |
| 3 | 30 | | | |
| 3 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 150 | | |

Chad R Melton 3/31/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

03/31/2008 09:47 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 2/29/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 2/29/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 02/29/08 | Contract Service Hours for C060694PSC | 160 | | $ 38 | $6080.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 3608

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 068 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY MOD | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 810 | | 001 | 020 | 272 | CU | | | | | | GS7 | | | $6080.00 | Feb |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6080.00 | WARRANT NUMBER

002

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 2/1/2008 (mm/dd/yr) - Ending 2/29/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 2 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 2 | | | |
| 2 | 3 | | | |
| 2 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 9 | | | |
| 2 | 10 | | | |
| 2 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 14 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 16 | | | |
| 2 | 17 | | | |
| 2 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 23 | | | |
| 2 | 24 | | | |
| 2 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 2 | 30 | | | |
| 2 | 31 | | | |
| Total Hours: | | 160 | | |

Chad R Melton 2/29/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
Form must be accompanied by a State of Washington Voucher Distribution Form A18-2A)

(To ensure reimbursement, this

Local Reviewer Signature/Date

02/29/2008 10:09 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use on... Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 1/31/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [illegible] DATE RECEIVED 1/31/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| | | | | RT | RT | |
| 1/30/08 | RISS Training in Lacy, WA: mileage | 160 | | ~~0.485~~ | ~~$77.60~~ | |
| | | | | .505 | 80.80 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 2/1/08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | ENTITY MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 272 | CC | | | | | | ~~SISB~~ | | | 80.80 | Mileage |
| | | | | | | | | | | | | SISJ | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 80.80 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor: Sole Proprietor (TITLE) 1/31/08 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 1/31/08

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 01/31/08 | Contract Service Hours for C060694PSC | 179 | | $ 38 | $6802.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 2-1-08

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | GC | | | | | | SIS7 | | | 6802.00 | Jan |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 1/1/2008 (mm/dd/yr) - Ending 1/31/2008 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 1 | 1 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 5 | | | |
| 1 | 6 | | | |
| 1 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 12 | | | |
| 1 | 13 | | | |
| 1 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 17 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 19 | | | |
| 1 | 20 | | | |
| 1 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 22 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 23 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 26 | | | |
| 1 | 27 | 2 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 28 | 12 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 29 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 1 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 179 | | |

Chad R Melton 01/31/08

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

002

01/31/2008 14:15 FAX 2062622014

# WAJAC

## FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To:** **Rhonda Tucker/WSP CIU** **FAX: (360) 704-2973**

**Date:** 01/31/08

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher x 2

**Total number of pages, including this cover sheet:** 4

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 01/02/08
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY

DATE RECEIVED 12/31/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/31/07 | Contract Service Hours for C060694PSC | 114 | | $ 38 | $4332.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 1-2-08

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | M O D | FUND | APPR INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY/TOWN NBR | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 272 | CE | | | | | | S156 | | | $ 4332.00 | Dec |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 4332.00 | WARRANT NUMBER

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2007 (mm/dd/yr) - Ending 12/31/2007 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | | | |
| 12 | 2 | | | |
| 12 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 6 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 7 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 8 | | | |
| 12 | 9 | | | |
| 12 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 15 | | | |
| 12 | 16 | | | |
| 12 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 18 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 22 | | | |
| 12 | 23 | | | |
| 12 | 24 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 25 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 26 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 27 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 28 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 29 | | | |
| 12 | 30 | | | |
| 12 | 31 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 114 | | |

Chad R Melton 01/02/08

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

01/02/2008 10:27 FAX 2062622014 002

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

(new online version 12/01)

# INVOICE VOUCHER

Online Help
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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Wash.ngton State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprictor (TITLE) 11/30/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. [redacted)

RECEIVED BY

DATE RECEIVED Nov 30 07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/30/07 | Contract Service Hours for C060694PSC | 167 | | $ 38 | $6346.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 11-30-07

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRAN CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORK/ACT ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 081 | 030 | 272 | CE | | | | | | S156 | | | $6346.00 | Nov |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6346.00 | WARRANT NUMBER

002

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 11/1/2007 mm/dd/yr - Ending 11/30/2007 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 11 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 3 | | | |
| 11 | 4 | | | |
| 11 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 10 | | | |
| 11 | 11 | | | |
| 11 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 16 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 17 | | | |
| 11 | 18 | | | |
| 11 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 22 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 24 | | | |
| 11 | 25 | | | |
| 11 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 11 | 31 | | | |
| Total Hours: | | 167 | | |

Chad R Melton 11/30/07

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

11/30/2007 10:53 FAX 2062622014

WAJAC

# FAX Transmission Cover Sheet

**FAX: 206-262-2014**

**To: Rhonda Tucker/WSP CIU** **FAX: (360) 704-2973**

**Date:** 11/30/07

**From:** Chad Melton/WAJAC **Phone:** (206) 262-2075

**Subject:** Contractor Service Hours Sheet, WSP Invoice Voucher

**Total number of pages, including this cover sheet:** 3

**Message:**

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FORM A19-1A (Rev. 1/91) (new online version 12/01)

STATE OF WASHINGTON

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 11/7/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Richard Purdy

DATE RECEIVED 10 31 07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/6/07 | DT Conference: Davenport Hotel | 1 | | | $305.08 | |
| 11/6/07 | DT Conference: mileage | 582 | | 0.485 | $282.27 | |
| 10/30/07 | Breakfast, Lunch, Dinner | 1 | | | $49.00 | |
| 10/31/07 | Breakfast, Dinner | 1 | | | $34.00 | |
| 11/1/07 | Breakfast, Lunch | 1 | | | $27.00 | |
| | | | | | | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Mic Hurley | 11-14-07 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | AFPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | PROGRAM ALLOC | BUDGET UNIT | CITY MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 081 | 030 | 272 | GD | | | | | | S156 | | | $45.00 | Parking |
| | 210 | | 081 | 030 | 272 | GC | | | | | | S156 | | | $282.27 | Mileage |
| | 210 | | 081 | 030 | 272 | GA | | | | | | | | | $370.08 | Per Diem |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | | |

# WAJAC

## FAX Transmission Cover Sheet

FAX: 206-262-2014

**To:** **Rhonda Tucker/WSP CIU** **FAX:** (360)704-2973

**Date:** 11/6/07

**From:** Chad Melton/WAJAC **Phone:** (206)262-2075

**Subject:** WSP Invoice Voucher for DT Conference 2007

**Total number of pages, including this cover sheet:** 3

**Message:**

*** **WARNING: The contents of this transmission is CONFIDENTIAL, and is intended for the intended recipient only. If you have received this in error, please destroy the contents of this transmission, and notify the sender immediately.**

FORM A19-1A

STATE O WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form to use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | PRIOR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 10/26/07
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 10/31/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/31/07 | Contract Service Hours for C060694PSC | 185 | | $ 38 | $7030.00 | |
| | | | | | | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 10-26-07

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC SUF | TRANS CODE | MOD | FUND (MASTER INDEX) | APPN INDEX (MASTER INDEX) | PROGRAM INDEX (MASTER INDEX) | SUB OBJ (MASTER INDEX) | SUB SUB OBJECT (MASTER INDEX) | ORG INDEX | ALLOC (WORKSHEET) | BUDGET UNIT (WORKSHEET) | CITY TOWN MOS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 081 | 030 | 272 | CE | | | | | | | | | $7,030.00 | Oct |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $ 7,030.00 | WARRANT NUMBER

BFS 11-6

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 10/1/2007 (mm/dd/yr) - Ending 10/31/2007 (mm/dd/yr)

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 10 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 2 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 3 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 10 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 12 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 13 | | | |
| 10 | 14 | | | |
| 10 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 16 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 20 | | | |
| 10 | 21 | | | |
| 10 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 23 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 27 | | | |
| 10 | 28 | | | |
| 10 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 10 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 185 | | |

Chad R Melton 10/26/07

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.
form must be accompanied by a State of Washington Voucher Distribution Form A19-2A]

(To ensure reimbursement, this

Local Reviewer Signature/Date

002
10/26/2007 09:17 FAX 2062622014

**FD-448**
Revised
10-27-2004

FEDERAL BUREAU OF INVESTIGATION

# FACSIMILE COVER SHEET

**PRECEDENCE**

○ Immediate ○ Priority ◉ Routine

**CLASSIFICATION**

○ Top Secret ○ Secret ○ Confidential ○ Sensitive ◉ Unclassified

**TO**

| Name of Office: | Facsimile Number: | Date: |
|---|---|---|
| WSP CIU | (360) 704-2973 | 10/26/07 |

| Attn: | Room: | Telephone Number: |
|---|---|---|
| Rhonda Tucker / Amy Grayless | | |

**FROM**

| Name of Office: | Number of Pages: (Including cover) |
|---|---|
| WAJAC | 3 |

| Originator's Name: | Originator's Telephone Number: | Originator's Facsimile Number: |
|---|---|---|
| Chad Melton | (206) 262-2075 | (206) 262-2014 |

Approved:

**DETAILS**

Subject:
Contractor Service Hours Sheet
WSP Invoice Voucher

Special Handling Instructions:

Brief Description of Communication Faxed:

**WARNING**

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FORM A19-1A

STATE O WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

Online Help
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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 9/28/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 10/1/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/14/07 | 2007 Domestic Terrorism Workshop fee | 1 | | | $125.00 | |
| 9/13/07 | GIS and Crime Mapping paperback | 1 | | | $53.78 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 10-1-07

DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | M O D | FUND | APPR INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 081 | 030 | 272 | EG | | | | | | | | | 125.00 | Conference |
| | 210 | | 081 | 030 | 272 | EA | | | | | | | | | 53.78 | Expense |
| | | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 178.78 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 9/28/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Rhonda Tuck

DATE RECEIVED 9/30/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/07 | Contract Service Hours for C060694PSC | 120 | | $ 38 | $4560.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL Patti Hall | DATE 10-1-07

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| 10/1/07 | 10/16/07 | | | | | | |

| REF DOC SW | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CFW TRANS MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 081 | 030 | 272 | CE | | | | | | 5156 | | | 456000 | Sept |
| | | | | | | | | | | | | | | | | |
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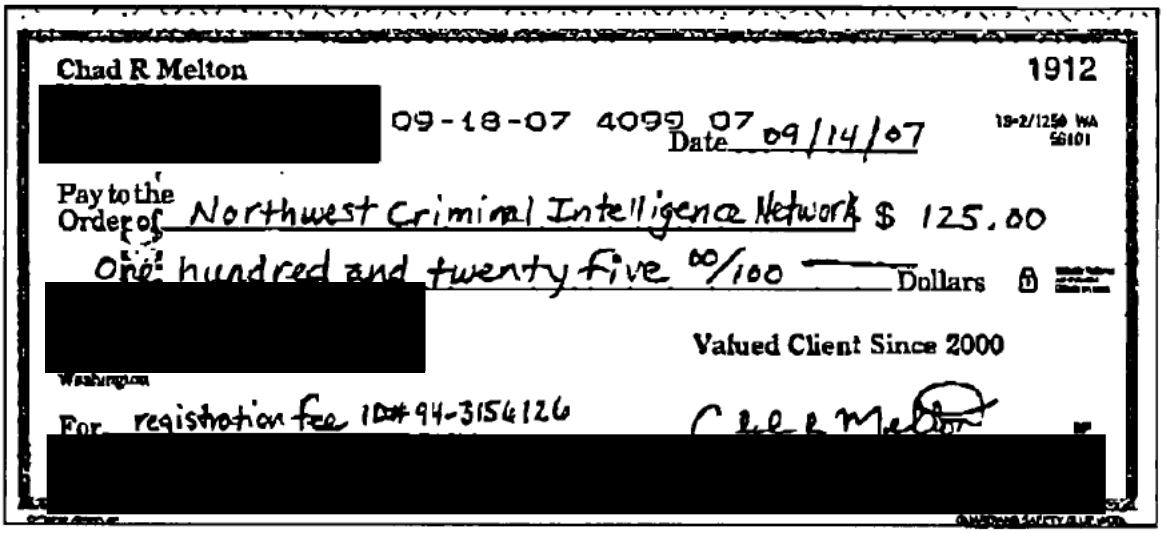
ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL 4560.00 | WARRANT NUMBER

[redacted]

# Online Banking

Account Detail Return Landscape View

Description: CHECK 1912
Posting Date: 09/19/07
Amount: -$125.00



Chad R Melton 1912

[redacted] 09-18-07 4099 07 Date 09/14/07 19-2/1250 WA 98101

Pay to the Order of Northwest Criminal Intelligence Network $ 125.00

One hundred and twenty five 00/100 Dollars

[redacted]

Valued Client Since 2000

For registration fee ID# 94-3154126 Chad Melton

[redacted]

amazon.com.

006

**Billing Address:**
Chad Melton
[redacted]
Ur tates

**Shipping Address:**
Chad Melton
[redacted]
United States

**Your order of September 13, 2007 (Order ID 102-1001861-5211335)**

| Qty. | Item | Item Price | Total |
|---|---|---|---|
| | **IN THIS SHIPMENT** | | |
| 1 | **GIS and Crime Mapping (Mastering GIS: Technol, Applications & Mgmnt)**<br>Chainey, Spencer --- Paperback<br>(** P-1-F67A10 **) 0470860995<br>0470860995 | $45.40 | $45.40 |

| | |
|---|---|
| Subtotal | $45.40 |
| Shipping & Handling | $3.99 |
| Tax | $4.39 |
| Order Total | $53.78 |
| Paid via Mastercard | $53.78 |
| Balance due | $0.00 |

**This shipment completes your order.**

http://www.amazon.com

**Your Account**

For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more – 24 hours a day – at http://www.amazon.com/your-account.

## Returns Are Easy!

Visit http://www.amazon.com/returns to return any item – including gifts – in unopened or original condition within 30 days for a full refund (other restrictions apply). Please have your order ID ready.

**Thanks for shopping at Amazon.com, and please come again!**

amazon.com
and you're done.

09/25/2007 08:41 FAX 2062622014

20/DgFHQgPJR/-1 of 1-//1M/std-us/3471289/0914-10:30/0913-23:08 Pack Type: V3

002

**Washington State Patrol**

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 9/1/2007 mm/dd/yr - Ending 9/30/2007 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave. Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 9 | 1 | | | |
| 9 | 2 | | | |
| 9 | 3 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 4 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 5 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 6 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 7 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 8 | | | |
| 9 | 9 | | | |
| 9 | 10 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 11 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 12 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 13 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 14 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 15 | | | |
| 9 | 16 | | | |
| 9 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 18 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 19 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 20 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 22 | | | |
| 9 | 23 | | | |
| 9 | 24 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 27 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 28 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 9 | 29 | | | |
| 9 | 30 | | | |
| 9 | 31 | | | |
| Total Hours: | | 120 | | |

Chad R Melton 9/28/07

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

09/28/2007 08:40 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 8/31/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY [signature]

DATE RECEIVED 8/31/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/07 | Contract Service Hours for C060694PSC | 178 | | $ 38 | $6764.00 | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] | DATE 9/4/07

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 9/4/07 | 9/10/07 | | | C060694PSC | | | 602 111 069 |

| REF DOC SUF | TRANS CODE | M D D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 210 | CE | | | | | | SIB | | | 6764.00 | August |

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | | |

BFS 9/4 11:09

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 8/1/2007 mm/dd/yr - Ending 8/31/2007 mm/dd/yr

Name: CHAD R MELTON

Location: WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 8 | 1 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 8 | 4 | | | |
| 8 | 5 | | | |
| 8 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 9 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 10 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 8 | 13 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 8 | 15 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 16 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 17 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 18 | | | |
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| 8 | 23 | 5 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
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| 8 | 26 | | | |
| 8 | 27 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 29 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 30 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 8 | 31 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 178 | | |

Chad R Melton 8/31/07

Contractor Signature/Date

Local Reviewer Name

I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

002
08/31/2007 09:59 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| 225 | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 7/31/07
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: Jennifer Nishkanas

DATE RECEIVED: 7/31/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/07 | Contract Service Hours for C060694PSC | 96 | | $ 38 | $3648.00 | |

PREPARED BY: Jennifer Nishkanas
TELEPHONE NUMBER: (360) 704-2401
DATE: 7/31/07
AGENCY APPROVAL: Traci Hurley
DATE: 7-31-07

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 7/31/07 | 8/10/07 | | | | | | 602 111 069 |

| REF DOC AUF | TRAN CODE | MOD | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MCS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | SISE | | | 3648.00 | July |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $3,648.00

WARRANT NUMBER

TO BFS 7/31/07

002

**Washington State Patrol**

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 7/1/2007 mm/dd/yr - Ending 7/31/2007 mm/dd/yr

**Name:** CHAD R MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | | | |
| 6 | 2 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 3 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 4 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 6 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 7 | | | |
| 6 | 8 | | | |
| 6 | 9 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 10 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 11 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 12 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 13 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 14 | | | |
| 6 | 15 | | | |
| 6 | 16 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 17 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 18 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 19 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060894PSC |
| 6 | 20 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 21 | | | |
| 6 | 22 | | | |
| 6 | 23 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 24 | 0 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060894PSC |
| 6 | 28 | | | |
| 6 | 29 | | | |
| 6 | 30 | 7 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 31 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| Total Hours: | | 96 | | |

Clerk Melton 7/31/07

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

07/31/2007 09:54 FAX 2062622014

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 6/29/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Jennifer Nashkevas

DATE RECEIVED 6/29/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/29/07 | Contract Service Hours for C060694PSC | 159 | | $ 38 | $6042.00 | |

PREPARED BY Jennifer Nashkevas | TELEPHONE NUMBER (360) 704-2401 | DATE 6/29/07 | AGENCY APPROVAL | DATE 6/29/07

DOC DATE 6/29/07 | PMT DUE DATE 7/9/07 | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRAN CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | | PROJECT | SUB PROJ | PROJ PHAB | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | SISC | | | 6,042 00 | June |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6,042.00 | WARRANT NUMBER

002

Washington State Patrol

# CONTRACTOR SERVICE HOURS

Period: Beginning 6/1/2007 mm/dd/yr - Ending 6/30/2007 mm/dd/yr

Name: Chad R Melton

Location: WAJAC 1110 Third Ave Seattle, WA 9810

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 6 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 2 | | | |
| 6 | 3 | | | |
| 6 | 4 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 5 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 6 | 4 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 7 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 8 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 9 | | | |
| 6 | 10 | | | |
| 6 | 11 | 5 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 12 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 13 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 14 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 15 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 16 | | | |
| 6 | 17 | | | |
| 6 | 18 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 19 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 20 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 21 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 23 | | | |
| 6 | 24 | | | |
| 6 | 25 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 26 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 27 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 28 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 29 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 6 | 30 | | | |
| 6 | 31 | | | |
| Total Hours: | | 159 | | |

Chad R Melton 6/29/07

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

06/29/2007 08:36 FAX 2062622014

5 / 2

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new on line version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

**AGENCY USE ONLY**

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted] X

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY [signature] (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 6/1/07 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| [redacted] | Jennifer Nashleanas | 6/1/07 |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/31/07 | Contract Service Hours for C060694PSC | 162 | | $ 38 | $6156.00 | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| Jennifer Nashleanas | (360) 704-2401 | 6/1/07 | [signature] | 6/1/07 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | OBI NUMBER |
|---|---|---|---|---|---|---|---|
| 6/1/07 | 6/15/07 | | | | | | 602 111 069 |

| REF DOC SUF | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | SISC | | | 6,156.00 | May |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $6,156.00 | |

TO BFS 6/1/07

FORM A19-1 A (Rev. 1/91) (new online version 12/01)

STATE OF WASHINGTON

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| 225 | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor SOLE PROPRIETOR (TITLE) 4/30/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Jennifer Nashleamas

DATE RECEIVED 5/1/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/07 | Contract Service Hours for C060694PSC | 161 | | $ 38 | $6118.00 | |

PREPARED BY Jennifer Nashleamas | TELEPHONE NUMBER (360) 704-2401 | DATE 5/1/07 | AGENCY APPROVAL Chad R Melton 86 | DATE 5/02/07

DOC DATE 5/1/07 | PMT DUE DATE 5/15/07 | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059

ACCOUNTING (AGENCY)

| REF DOC SUF | TRAN CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | IDENTITY BUDGET UNIT | UNIT STRUCTURE MOS | PROJECT | SUB PROJ | PROJ PHASE | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | SISC | | | 6,118.00 | April |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6,118.00 | WARRANT NUMBER

TO BFS 5/2/07

FORM A19-1A (Rev. 1/91) (new online version 12/01)

STATE OF WASHINGTON

# INVOICE VOUCHER

Online Help
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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| 225 | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor SOLE PROPRIETOR (TITLE) 4/30/07 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY Jennifer Nashleanas

DATE RECEIVED 5/1/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/23/07 | LEIU/IALEIA Registration Fee | 1 | | | $365.00 | |
| 4/23/07 | Hotel Room Charges + room taxes | 4 | | $135 | $626.40 | |
| 4/23/07 | Hotel Parking Charges | 4 | | $26 | $104.00 | |
| 4/23/07 | Vehicle mileage to & from Vancouver, BC | 261 | | $ .485 | $126.58 | |
| 4/23/07 | Meal reimbursement | 1 | | | $27.30 | |
| 4/24/07 | Meal reimbursement | 1 | | | $27.07 | |
| 4/25/07 | Meal reimbursement | 1 | | | $47.94 | |
| 4/26/07 | Meal reimbursement | 1 | | | $41.02 | |

PREPARED BY Jennifer Nashleanas | TELEPHONE NUMBER (360) 704-2401 | DATE 5/1/07 | AGENCY APPROVAL [signature] 86 | DATE 5/02/07

DOC DATE 5/1/07 | PMT DUE DATE 5/15/07 | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | MOD | FUND | ATTN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | FORMULA ALLOC | QUANTITY OBJECT UNIT | UNIT UNIT MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 220 | TE6 | | | | | | SIS6 | | | 365.00 | Conference |
| | 210 | | 001 | 020 | 220 | GA | | | | | | SIS6 | | | 769.73 | Meals/Lodging |
| | 210 | | 001 | 020 | 220 | GD | | | | | | SIS6 | | | 104.00 | Parking |
| | 210 | | 001 | 020 | 220 | GC | | | | | | SIS6 | | | 126.58 | Travel |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $1,365.31 | WARRANT NUMBER

TO BFS 5/2/07

**LEIU/IALEIA**
5255 Heather St.
Vancouver, B.C.
tel: 604-264-2433
fax: 604-264-2226

## *Receipt*

**Customer:**

Receipt #: wbrxyawvpr

| | | | |
|---|---|---|---|
| Name: | Chad R MELTON | Agency: | Washington State Patrol |
| Address: | 1110 3rd Ave | | |
| City: | Seattle | Province/State: | Washington |
| Postal/Zip Code: | 98101 | Phone: | 206 262-2075 |

**Description:**

Registration Fee for LEIU/IALEIA,
Vancouver B.C.

Amount: $ 365

April 23 - 27, 2007

Companion

Paid: KW

Total: $365

---

**LEIU/IALEIA**
5255 Heather St.
Vancouver, B.C.
tel: 604-264-2433
fax: 604-264-2226

Copy

## *Receipt*

**Customer:**

Receipt #: wbrxyawvpr

| | | | |
|---|---|---|---|
| Name: | Chad R MELTON | Agency: | Washington State Patrol |
| Address: | 1110 3rd Ave | | |
| City: | Seattle | Province/State: | Washington |
| Postal/Zip Code: | 98101 | Phone: | 206 262-2075 |

**Description:**

Registration Fee for LEIU/IALEIA,
Vancouver B.C.

Amount: $365

April 23 - 27, 2007

Companion

Paid: KW

Total: $365

The Sutton Place Hotel

Mr Chad Melton
[redacted]
United States

INVOICE
Membership No. :

| | | |
|---|---|---|
| Room Number | : | 1925 |
| Arrival Date | : | 04-23-07 |
| Departure Date | : | 04-27-07 |
| Page | : | 1 of 2 |
| Folio Number | : | 113217 |
| Confirmation | : | 1162908 |
| Cashier | : | 101 |

Company Name : Government Rates GST No. : 135760569 RT 000 04-27-07

| Date | Description | | | Charges CAD | Credits CAD |
|---|---|---|---|---|---|
| 04-23-07 | Room Charge | | | 135.00 | |
| 04-23-07 | Room PST | | | 13.50 | |
| 04-23-07 | Room GST | | | 8.10 | |
| 04-23-07 | Daily Parking Self | | | 26.00 | |
| 04-24-07 | Mini Bar | | | 11.93 | |
| 04-24-07 | Telephone Long Distance | | | 3.54 | |
| 04-24-07 | Room Charge | | | 135.00 | |
| 04-24-07 | Room PST | | | 13.50 | |
| 04-24-07 | Room GST | | | 8.10 | |
| 04-24-07 | Daily Parking Self | | | 26.00 | |
| 04-25-07 | Mini Bar | | | 8.48 | |
| 04-25-07 | Room Service Dinner | | | 32.09 | |
| 04-25-07 | Room Charge | | | 135.00 | |
| 04-25-07 | Room PST | | | 13.50 | |
| 04-25-07 | Room GST | | | 8.10 | |
| 04-25-07 | Daily Parking Self | | | 26.00 | |
| 04-26-07 | Room Service Dinner | | | 16.31 | |
| 04-26-07 | Room Charge | | | 135.00 | |
| 04-26-07 | Room PST | | | 13.50 | |
| 04-26-07 | Room GST | | | 8.10 | |
| 04-26-07 | Daily Parking Self | | | 26.00 | |
| 04-27-07 | Mini Bar | | | 24.71 | |
| 04-27-07 | Visa | XXXXXXXXXXXX7853 | XX/XX | | 827.46 |

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME
Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)
CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor SOLE PROPRIETOR 3/30/07
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) [redacted]

RECEIVED BY: Jennifer Nashkevas

DATE RECEIVED: 3/30/07

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/30/07 | Contract Service Hours for C060694PSC | 170 | | $ 38 | $6460.00 | |

PREPARED BY: Jennifer Nashkevas
TELEPHONE NUMBER: (360) 704-2401
DATE: 3/30/07
AGENCY APPROVAL: [signature]
DATE: 4/02/07

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 3/30/07 | 4/15/07 | | | | | | 602 111 059 |

| REF DOC SUF | TRANS CODE | MOD | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOE | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | S156 | | | 6,460.00 | March |

ACCOUNTING APPROVAL FOR PAYMENT

DATE

WARRANT TOTAL: $6,460.00

WARRANT NUMBER

Send to BFS 4/2/07

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| 225 | 34100/34107 | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 2/28/07 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| [redacted] | Jennifer Nishkumas | 2-28-07 |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/28/07 | Contract Service Hours for C060694PSC | 160 | | $ 38 | $6080.00 | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| Jennifer Nishkumas | (360) 704-2401 | 2/28/07 | [signature] | 2-28-07 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 2/28/07 | 3/15/07 | | | | | | 602 111 069 |

| REF DOC SUF | TRANS CODE | MOD | FUND | AGPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | S156 | | | 6,080 | February |
| | | | | | | | | | | | | | | | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $ 6,080.00 | |

Sent to BFS 2/28/07

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| 225 | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 1/31/07 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| [redacted] | Jennifer Nashleanas | 1/31/07 |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/07 | Contract Service Hours for C060694PSC | 190 | HR | $ 38 | $7220.00 | |

| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| Jennifer Nashleanas | (360) 704-2401 | 1/31/07 | [signature] | 02/01/07 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 1/31/07 | 2/15/07 | | | | | | 602 111 089 |

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | MOB | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | S156 | | | 7,220 | |

| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $7,220.00 | |

Sent to BFS 2/1/07

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)

# INVOICE VOUCHER

(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | C060694PSC |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprictor (TITLE) 1/31/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY LT 86

DATE RECEIVED 2/6/06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 1/31/06 | Contract Service Hours for C051041PSC | 29 | HR | $ 38 | $1102.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL M. Lowery | DATE 2/7/06

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC CUR | TRANS CODE | MOD | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKLOAD ALLOC | COUNTY BUDGET UNIT | CITY (OR MOE) | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WA54 | | | $1,102.00 | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $1,102.00 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | C060694PSC |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 2/28/06 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | KWH LT 86 | |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 2/28/06 | Contract Service Hours for C060694PSC | 150 | HR | $ 38 | $5700.00 | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | [signature] | 3-2-06 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| REF DOC ALF | TRANS CODE | MOD | FUND | AGENCY APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | CFDA INDEX | ALLOC | BUDGET UNIT | UNIT TRANS MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WA54 | | | $5,700.00 | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $5,700.00 | |

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | C060644PSC |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 3/31/06 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | KWM LT 86 | |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 3/31/06 | Contract Service Hours for C060694PSC | 180 | | $ 38 | $6840.00 | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | [signature] | 4-4-06 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 059 |
|---|---|---|---|---|---|---|---|

Master Data

| REF DOC NUM | TRANS CODE | MOD | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | UTIL TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 021 | 020 | 271 | CE | | | | | | WAT4 | | | $6,840.00 | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $6,840.00 | |

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | C060694PSC |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 4/28/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY FW HUNTLEY LT 86

DATE RECEIVED

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 4/30/06 | Contract Service Hours for C060694PSC | 157 | HR | $ 38 | $5966.00 | |
| 4/7/06 | Mileage/Spokane Intell Training | 571 | | $ .445 | $ 254.09 | |
| 4/5/06 | Dinner/Spokane Intell Training | 1 | | | $ 16.53 | |
| 4/6/06 | Dinner/Spokane Intell Training | 1 | | | $ 24.61 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL M. Covey | DATE 5-2-06

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|

| REF DOC #/F | TRANS CODE | MOD | FUND | AFPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | BIEN/BIENN MOA | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21S | | 001 | 02S | 271 | CE | | | | | | WAJ4 | | | $5,966.00 | |
| | | | | | | | | | | | | | | | $295.23 | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6,261.23 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | C060694PSC |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 5/31/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY KWM LT SC | DATE RECEIVED

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 5/31/06 | Contract Service Hours for C060694PSC | 169 | HR | $ 38 | $6422.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL M. Conroy | DATE 6.1.06

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC S/F | TRANS CODE | M O D | FUND | AGYN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | TOWN MOS | PROJECT | SUB PROJ | PHSQ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WATY | | | $6,422.00 | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6,422.00 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) (new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | C060694PSC |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 6/30/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY LT 86 | DATE RECEIVED

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 6/30/06 | Contract Service Hours for C060694PSC | 142 | | $ 38 | $5396.00 | |
| 6/8/06 | Mileage Reimbursement/Spokane Mtg | 563 | | $0.445 | $250.53 | |
| 6/8/06 | Meal/Breakfast | 1 | | | $10.00 | |
| 6/8/06 | Meal/Lunch | 1 | | | $6.23 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL For Cooley | DATE 7/3/06

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | CHC INDEX | ALLOC | BUDGET UNIT | CITY TOWN MOE | PROJECT | SUB PROJ | PHSU PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WA34 | | | $5,396.00 | |
| | 210 | | 001 | 020 | 271 | GA | | | | | | WA34 | | | $266.76 | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $5,662.76 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

Online Help
This document is a protected form for use online. Use the Tab key to advance from text field to text field. Shift-Tab will go to prior text field. Date fields are formatted to return m/d/yyyy format. Calculations will automatically occur as you fill in the number fields, with the total at the bottom. The form can be printed blank and filled in by hand as needed. After completion and appropriate signatures, forward to the Fiscal Office for payment.

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 7/31/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY [signature]

DATE RECEIVED 8/18/06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 7/31/06 | Contract Service Hours for C060694PSC | 142 | | $ 38 | $5396.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE

AGENCY APPROVAL [signature] 86 — DATE 8/22/06

DOC DATE 8/18/06 | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY CNTY MOB | PROJECT | SUB PROJ | PHSQ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WAJ4 | | | $5,396.00 | |

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $5,396.00 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
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**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad M. Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 8/31/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY [signature]

DATE RECEIVED 9/5/06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 8/31/06 | Contract Service Hours for C060694PSC | 168 | | $ 38 | $6384.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL [signature] LT | DATE 9/7/06

DOC DATE 9/6/06 | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 502 111 069

| REF DOC SUF | TRANS CODE | MOD | FUND | AFPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | CITY CODE | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WAJ4 | | | $6,384.00 | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $6,384.00 | WARRANT NUMBER

FORM A19-1A

ST, OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON
[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 9/29/06
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY Billy McMahon

DATE RECEIVED 10/2/06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 9/30/06 | Contract Service Hours for C060694PSC | 142 | | $ 38 | $5396.00 | |
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PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL: Lance B Lobin FOR LT HUNTLEY | DATE: 10-2-06

DOC DATE 10/2/06 | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069

| REF DOC SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOT | BUDGET UNIT | MDS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | | WSP4 | | | $5,396.00 | |
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ACCOUNTING APPROVAL FOR PAYMENT: Lance B Lobin FOR LT Huntley | DATE: 10-02-06 | WARRANT TOTAL: $5,396.00 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor (TITLE) 10/31/06 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY Sheila McMahon

DATE RECEIVED 11/01/06

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 10/31/06 | Contract Service Hours for C060694PSC | | | $ 38 | $6384.00 | |
| 10/12/06 | 2006 Domestic Terrorism Workshop fee | | | | $95.00 | |
| 10/12/06 | Mileage Reimbursement/DT Workshop | 604 | | $0.445 | $268.78 | |
| 10/12/06 | The Davenport Hotel bill | | | | $301.42 | |
| 10/09/06 | Davenport Hotel meal | 1 | | | $51.51 | |
| 10/10/06 | Red Robin meal | 1 | | | $16.81 | |
| 10/11/06 | Davenport Hotel/Rock City Grill meals | 3 | | | $44.03 | |
| | | | | | | |
| | | | | | | |

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE 11-02-06

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 069 |
|---|---|---|---|---|---|---|---|
| 10/31/06 | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | AFMS INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | ALLOC | BUDGET UNIT | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 271 | CE | | | | | WTY4 | | | $6,384.00 | |
| | 210 | | 001 | 020 | 271 | GA | | | | | | | | 777.55 | |
| | | | | | | | | | | | | | | | |
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ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL $7,161.55 | WARRANT NUMBER

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91) INVOICE VOUCHER
(new online version 12/01)

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AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|---|---|---|
| | | |

AGENCY NAME

Washington State Patrol

VENDOR OR CLAIMANT (Warrant is to be payable to)

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad Melton
(SIGN IN INK)

Owner / Sole Proprietor Sole Proprietor 11/30/06
(TITLE) (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | Amy Frazier | 12-5-06 |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 11/30/06 | Contract Service Hours for C060694PSC | 150 | | $ 38 | $5700.00 | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | Lance B Lobe | 12-05-06 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER 602 111 089 |
|---|---|---|---|---|---|---|---|
| 12-5-06 | | | | | | | |

| REF DOC SUF | TRANS CODE | M O D | FUND | AGENCY INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | UNIT TIMEKEEPING MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 080 | 271 | CE | | | | | | WFQ4 | | | 5,700.00 | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $ 5,700.00 | |

BFS 12/7/06 ag

FORM A19-1A

STATE OF WASHINGTON

(Rev. 1/91)
(new online version 12/01)

# INVOICE VOUCHER

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| AGENCY USE ONLY | | |
|---|---|---|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
| | | |

**AGENCY NAME**

Washington State Patrol

**VENDOR OR CLAIMANT (Warrant is to be payable to)**

CHAD RUSSELL MELTON

[redacted]

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY Chad R Melton (SIGN IN INK)

Owner / Sole Proprietor — Sole Proprietor (TITLE) — 12/31/06 (DATE)

| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S. | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | Jennifer Williams | 1/3/07 |

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|---|---|---|---|---|---|---|
| 12/31/06 | Contract Service Hours for C060694PSC | 139 | | $ 38 | $5282.00 | |
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| PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | [signature] LT PG | 01/03/07 |

| DOC DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE | USE | UBI NUMBER |
|---|---|---|---|---|---|---|---|
| 1/3/07 | | | | | | | 602 111 069 |

| REF DOC AUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | WORKCLASS ALLOC | COUNTY BUDGET UNIT | CITY TOWN MOD | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 210 | | 001 | 020 | 270 | CE | | | | | | S156 ~~W56~~ | | | $ 5,282.00 | |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
| | | $ 5,282.00 | |

Sent to BFS 1/3/07

Washington State Patrol

# CONTRACTOR SERVICE HOURS

**Period:** Beginning 12/1/2006 mm/dd/yr - Ending 12/31/2006 mm/dd/yr

**Name:** CHAD RUSSELL MELTON

**Location:** WAJAC 1110 Third Ave Seattle, WA 98101

| Mo. | Day | Hrs. | Description of Services Provided | |
|---|---|---|---|---|
| 12 | 1 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 2 | | | |
| 12 | 3 | | | |
| 12 | 4 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 5 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 6 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 7 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 8 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 9 | | | |
| 12 | 10 | | | |
| 12 | 11 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 12 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 13 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 14 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 15 | 6 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 16 | | | |
| 12 | 17 | | | |
| 12 | 18 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 19 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 20 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 21 | 9 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 22 | 8 | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 23 | | | |
| 12 | 24 | | | |
| 12 | 25 | | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 26 | | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 27 | | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 28 | | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 29 | | Analyst, WSP, WAJAC | WSP Contract # C060694PSC |
| 12 | 30 | | | |
| 12 | 31 | | | |
| Total Hours: | | 139 | | |

Chad R Melton 12/31/06

Contractor Signature/Date

Local Reviewer Name

**I CERTIFY THAT THE INFORMATION REPORTED IS TRUE AND COMPLETE.**

(To ensure reimbursement, this form must be accompanied by a State of Washington Voucher Distribution Form A19-2A)

Local Reviewer Signature/Date

002