

EV00017

- CIRCLE IF SPECIAL TYPE
- 1. VENDOR TRAVEL
- 2. DESCRIPTIVE RECORD
- 3. LISTING ATTACHED

STATE OF SOUTH CAROLINA
VOUCHER

To THE COMPTROLLER GENERAL,
The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS
AGENCY NO. AGENCY NAME
DATE 08-05-2008 2009
FY

AMERICAN EXPRESS
PO BOX 650448

VENDOR NO SOCIAL SECURITY NO. 3497
V S 1099

STREET ADDRESS

DALLAS TX 75265-0448

VENDOR REF NO

C C D CODE

CITY COUNTY DISTRICT NAME

CHECK NUMBER \$ 1,723.68

ACCOUNTING MANAGER

Kathy S. Bellin
SIGNATURE

DATE

COMPTROLLER GENERAL'S WARRANT NUMBER

T	D17	20080805
6	001	001

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

FM CODE	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT / GRANT CODE	TRAVELER'S LAST NAME	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL		CG USE ONLY	
												NO MILES	NO TRIPS		
02	617	0028	1001				PROFFITT	J	0512	1,723.68	0028001000	S			
TOTAL										512	1,723.68				

TO PAYEE: The attached check is in payment of: (To be filled in by Department)

AMERICAN EXPRESS
PROFFITT

C.G. AUDITOR

DEPARTMENT



**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyourbill

Prepared For
**BRENDA DAY
ST OF SC-OFC OF GOV**

Account Number
XXXX-XXXXX8-11000

Closing Date
07/25/08

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$
495.00	1,723.68	0.00	0.00	0.00

**Balance Please Pay By
Due \$ 08/09/08**

2,218.68 For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Corporate Card Snapshot

Card Number	Card	New Charges + Other Debits	Payments + Other Credits
XXXX-XXXXX8-11000	BRENDA DAY	0.00	0.00
XXXX-XXXXX8-11588	JACK S PROFFITT	1,723.68	0.00
	Total	1,723.68	0.00

Activity

Date reflects either transaction or posting date

Card Number XXXX-XXXXX8-11000

Reference Code

Amount \$

Total for BRENDA DAY

New Charges/Other Debits	0.00
Payments/Other Credits	0.00

2008 JUL 31 AM 11 43

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
3782-920808-11000

Please Pay By 08/09/08 Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

Amount Due \$2,218.68



**BRENDA DAY
ST OF SC-OFC OF GOV
1205PENDLETON ST 471
COLUMBIA SC 29201**

Mail Payment to:

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448

0000378292080811000 000221868000172368 25HH



Prepared For
B RENDA DAY
 ST OF SC-OFC OF GOV

Account Number
 XXXX-XXXXX8-11000

Closing Date
 07/25/08

Page 3 of 3

Activity Continued

Card Number XXXX-XXXXX8-11588

		Reference Code	Amount \$
07/14/08	RITZ CARLTON PHILADELPHIA PA FOL# 1240003 LODGING 07/14/08 ARRIVAL DATE DEPARTURE DATE 07/14/08 07/14/08 00 ROC NUMBER 1240003	12400030000	861.84
07/14/08	RITZ CARLTON PHILADELPHIA PA FOL# 1240004 LODGING 07/14/08 ARRIVAL DATE DEPARTURE DATE 07/14/08 07/14/08 00 ROC NUMBER 1240004	12400040000	861.84
Total for JACK S PROFFITT			
		New Charges/Other Debits	1,723.68
		Payments/Other Credits	0.00



Mr. Mark Sanford

United States

Guest Name

Room Number: 2104
 Arrival Date: 07/10/08
 Departure Date: 07/14/08
 CRS Number: 84726855
 Page No: 1 of 1

INVOICE

Folio No: 52870

07/14/08

Date	Description	Charges	Credits
07/10/08	Room Charge	189.00	
07/10/08	City Room Tax - 7%	13.23	
07/10/08	State Tax - 6%	11.34	
07/10/08	Local Tax - 1%	1.89	
07/11/08	Room Charge	189.00	
07/11/08	City Room Tax - 7%	13.23	
07/11/08	State Tax - 6%	11.34	
07/11/08	Local Tax - 1%	1.89	
07/12/08	Room Charge	189.00	
07/12/08	City Room Tax - 7%	13.23	
07/12/08	State Tax - 6%	11.34	
07/12/08	Local Tax - 1%	1.89	
07/13/08	Room Charge	189.00	
07/13/08	City Room Tax - 7%	13.23	
07/13/08	State Tax - 6%	11.34	
07/13/08	Local Tax - 1%	1.89	
07/14/08	American Express XXXXXXXXXXXX1588	XX/XX	861.84
Total		861.84	861.84
Balance		0.00	

EV00053

- CIRCLE IF SPECIAL TYPE
- 1 VENDOR TRAVEL
- 2 DESCRIPTIVE RECORD
- 3 LISTING ATTACHED

STATE OF SOUTH CAROLINA
VOUCHER

To THE COMPTROLLER GENERAL,
The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS
AGENCY NO. AGENCY NAME
DATE 09-08-2008 2009
FY

AMERICAN EXPRESS
PO BOX 650448

VENDOR NO SOCIAL SECURITY NO. 3497
V S 1099

STREET ADDRESS - DALLAS TX 75265-0448
VENDOR REF NO. C C D CODE CITY COUNTY DISTRICT NAME
CHECK NUMBER \$ 350.00

CITY STATE ZIP PROJECT / GRANT PH AGENCY REFERENCE
TX 75265-0448 PROFITTT J

COMPTROLLER GENERAL'S WARRANT NUMBER

T	D17	20080908
6	001	001

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

SIGNATURE *Kathy S. Bell* DATE

ACCOUNTING MANAGER
OFFICIAL TITLE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	TRAVELERS LAST NAME	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL NO MILES	NO TRIPS	C G R	CG USE ONLY	
03	617	0028	1001			PROFITTT	J	0512	350.00	0028001000					
TOTAL										512	350.00				

TO PAYEE: The attached check is in payment of (To be filled in by Department)
PROFITTT AMERICAN EXPRESS

DEPARTMENT

C.G. AUDITOR



**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyou

Prepared For
**BRENDA DAY
ST OF SC-OFC OF GOV**

Account Number
XXXX-XXXXX8-11000

Closing Date
08/25/08

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$
2,218.68	350.00	0.00	2,218.68	0.00

**Balance Please Pay By
Due \$ 09/09/08**

350.00 For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Corporate Card Snapshot

Card Number	Card	New Charges + Other Debits	Payments + Other Credits
XXXX-XXXXX8-11000	BRENDA DAY	0.00	-2,218.68
XXXX-XXXXX8-11588	JACK S PROFFITT	350.00	0.00
	Total	350.00	-2,218.68

Activity

Date reflects either transaction or posting date

Card Number XXXX-XXXXX8-11000	Reference Code	Amount \$
07/26/08 PAYMENT RECEIVED - THANK YOU 07/26	00038000000	-495.00
08/16/08 PAYMENT RECEIVED - THANK YOU 08/16	00159000000	-1,723.68
Total for BRENDA DAY	New Charges/Other Debits Payments/Other Credits	0.00 -2,218.68

Please fold on the perforation below, detach and return with your payment

Do not staple or use paper clips

Payment Coupon

Account Number
3782-920808-11000

**Please Pay By
09/09/08**

Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

**Amount Due
\$350.00**

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.



**BRENDA DAY
ST OF SC-OFC OF GOV
1205PENDLETON ST 471
COLUMBIA SC 29201**

6h 8 WY 0 JES 0002

Mail Payment to:

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448



0000 292080811000 000035000000035000 25HH

11837 R0488A2A 07000 0010Z. (2)



Prepared For
JRENDA DAY
 ST OF SC-OFC OF GOV

Account Number
 XXXX-XXXXX8-11000

Closing Date
 08/25/08

Activity Continued

Card Number XXXX-XXXXX8-11588

		Reference Code	Amount
07/25/08	SGA ONLINE 000000017 LEXINGTON REF# 99999998208 8592448129 REFER TO RECEIPT ROC NUMBER 9999999820839328	KY 99999998208 07/25/08	350.00

Total for JACK S PROFFITT

New Charges/Other Debits 350.00
 Payments/Other Credits 0.00

11838 R048A2A 07000



Prepared For
BRENDA DAY
 ST OF SC-OFC OF GOV

Account Number
 XXXX-XXXXX8-11000

Closing Date
 08/25/08

Activity Continued

Card Number XXXX-XXXXX8-11588		Reference Code	Amount
07/25/08	SGA ONLINE 000000017 LEXINGTON KY REF# 99999998208 8592448129 07/25/08 REFER TO RECEIPT ROC NUMBER 9999999820839328	99999998208	350.00
Total for JACK S PROFFITT		New Charges/Other Debits Payments/Other Credits	350.00 0.00

11838 R0488A2 07000

SGA'S 74TH ANNUAL MEETING

JULY 11TH

Registration Payment Information

SGA accepts: American Express®, VISA®, MasterCard®, Diners Club® or Check.
Your credit card statement will show a charge to: SGA Online.

Registration Fees	By June 27	By July 11
Governor	\$350	\$350
Governor's Spouse	No charge	No charge
Governor's Family	No charge	No charge
Governor's Security	No charge	No charge
Governor's Official Party	\$265	\$340
Corporate Affiliate	No charge*	No charge*
Government/Academic/Nonprofit	\$265	\$340**
SSEB Member or Association Member	\$265	\$340**
General Registration	\$450	\$525**
Spouse/Guest	\$200	\$275
Media	No charge	No charge
Hotel Only	No charge	No charge

*Based on membership level.

**After July 11, 2008 a \$75 late fee will be charged to these categories.

Sponsorship Opportunities

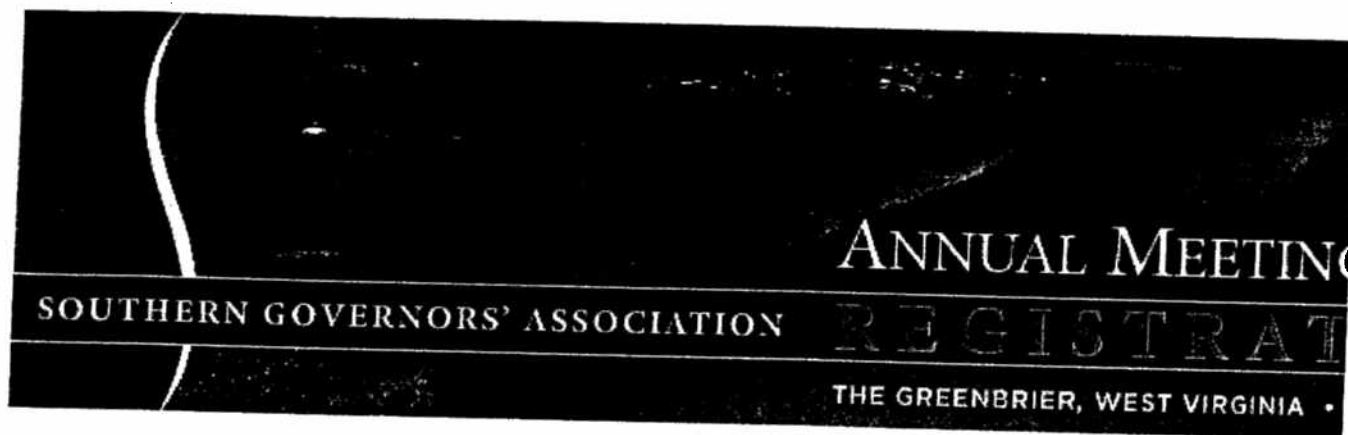
SGA is grateful to its Corporate Affiliates Program (CAP) members, without whom this meeting would not be possible.

Representatives from CAP companies receive complimentary registrations to the conference and invitations to the Governors Reception on Saturday evening based on membership level. Preferred seating for some CAP members will be arranged on a space available basis for the Sunday evening State Dinner. All CAP members will be recognized in conference materials.

For information about becoming a CAP Member, please call 202.624.5897 or email sga@sso.org
SGA reserves the right to accept or reject outside contributions at the will of the organization.

State House SLED - Confirmation of Registration - SGA 74th Annual Meeting

From: "SGA Annual Meeting Registration" <registration@sgaannualmeeting.org>
To: [REDACTED]
Date: 7/11/2008 2:49 PM
Subject: Confirmation of Registration - SGA 74th Annual Meeting



SGA 74th Annual Meeting
The Greenbrier Resort, West Virginia
August 8-11, 2008

Thank you for registering to attend the 74th Annual Meeting of the Southern Governors' Association. The meeting will be held at The Greenbrier Resort in White Sulphur Springs, West Virginia, August 8-11, 2008. We look forward to your participation in this engaging and entertaining conference.

Please print this page for your records.

Your registration confirmation number is #1347
Your registration was completed on: 7/11/2008 2:48:34 PM ET

Name: Mark Sanford
Title: Governor
Organization: State of South Carolina
Address: Post Office Box 12267
City/State/Zip: Columbia, SC 29211
Phone: 8037345191
Fax: 8037345167
Email: mstroud@gov.sc.gov

Registration Fee/Payment Summary

You can access your registration statement online at anytime to update your information, guest, book or modify your hotel reservation.

Registration Statement for Mark Sanford

Security Notice: Valid photo identification and an additional form of I.D., such as a busin must be presented onsite to register and receive meeting materials and credentials.

Onsite Registration:

General attendee registration for the meeting will be open at 1:00 p.m. (EDT) on Friday, 2 and remain in operation daily throughout the meeting. General registration will be located hotel registration on the Shops level.

Change/Cancellation Information:

Changes/cancellations to your meeting registration can be made until 12 midnight (EDT) July 31, 2008 through the SGA Registration Center. All requests must be submitted in wr

Refund Information:

Refund of prepaid registration fees will be made (minus a nonrefundable \$100.00 process written cancellation notice is received at the SGA Registration and Housing Center no late midnight (EDT), Thursday, July 31. No refunds will be issued for cancellations received a All approved refunds will be issued within 60 days after the meeting.

Housing:

Cancellations of reservations made at The Greenbrier Resort must be made 15 days prior

Disclaimer:

This acknowledgement serves to confirm receipt by SGA of your preregistration request a constitute a guarantee of registration. SGA reserves the right to reject the registration appl anyone who misrepresents themselves or does not have a legitimate and demonstrated int issues and areas being covered during the meeting. In addition, SGA reserves the right to credentials of anyone whose behavior is deemed by SGA to be disruptive to the meeting. your cooperation.

We look forward to seeing you in West Virginia. Please visit www.southerngovernors.org updates on this event.

Sincerely,

SGA Registration and Housing Center

Phone: 1.866.812.3804

Fax: 1.877.969.9092

Email: registration@sgaannualmeeting.org

STATE OF SOUTH CAROLINA
VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

EV00165

CIRCLE IF SPECIAL TYPE
1 VENDOR TRAVEL
2 DESCRIPTIVE RECORD
3 LISTING ATTACHED

To THE COMPTROLLER GENERAL,
The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS 01-29-2009 2009
AGENCY NO AGENCY NAME DATE FY

T	D17	20090129
6	002	001

MARK SANFORD
800 RICHLAND STREET

VENDOR NO SOCIAL SECURITY NO [REDACTED] S V S 1099

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

STREET ADDRESS COLUMBIA SC 29202
VENDOR REF. NO C C D CODE CITY COUNTY DISTRICT NAME CHECK NUMBER \$ 131.30

CITY STATE ZIP PROJECT / GRANT PH AGENCY REFERENCE

SIGNATURE *Ray B. Barker* DATE
DIRECTOR OFFICIAL TITLE

FM CODE	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	TRAVELER'S LAST NAME	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL		CG USE ONLY	
										NO MILES	NO TRIPS		
08	615	0028	1001				0504	131.30	0028001000	S	260		
								TOTAL	504	131.30			

TO PAYEE The attached check is in payment of (To be filled in by Department)
012709

MARK SANFORD

C.G. AUDITOR

DEPARTMENT

**STATE OF SOUTH CAROLINA
COMPTROLLER GENERAL'S OFFICE
TRAVEL SUPPORT DOCUMENT**

NAME Mark Sanford AGENCY NUMBER D05
 RESIDENCE Governor's Mansion, 800 Richland Street, Columbia, SC 29201 SOCIAL SECURITY NUMBER [REDACTED] DATE 1/27/2009
 OFFICIAL HEADQUARTERS [REDACTED] Governor's Office - State House

**MEALS & SUBSISTENCE ARE REPORTABLE AS INCOME IF THERE WAS NO OVERNIGHT STAY INVOLVED.			**REPORTABLE IN OR OUT OF STATE																
DATE	DEP	TIME	NON-REPORTABLE--IN STATE		NON-REPORTABLE--OUT OF STATE		OR	MILES	DIEM	MEALS	LODGING	TRANS	TRANS	TRAVEL	MISC	SUBSIST	FEES	EMPLOYEE TRAVEL	TOTAL
			DEPARTURE	DESTINATION OF TRAVEL	DEPARTURE	DESTINATION OF TRAVEL													
12/31	Dep	7:00 AM					260												131.30
12/31	Arr	9:00 AM																	
12/31	Dep	1:00 PM																	
12/31	Arr	3:00 PM																	

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of state laws, rules and regulations.

SIGNATURE Mark Sanford

STARS FORM 62 3-96

TRAVEL ADVANCE (0599) \$ _____

1	2	0504	0172	0501	0502	0503	0505	0506	0508	0507*	0232*	TOTAL 1
1	1	260	0.505									131.30
2	2	131.3										TOTAL 2
GRAND TOTAL												\$131.30

2009 JAN 29 AM 7 26

Employee Signature _____ Date _____ 01/27/09

Office Director Signature _____ Date _____

Director of Administration Signature _____ Date _____

Charge _____ Funding Source: _____ %State 100% _____ %Federal _____ %Other _____

**If lodging does not meet federal per diem guidelines, please explain below

<input type="checkbox"/> Lodging meets Federal Perdiem guidelines. <input type="checkbox"/> Lodging does not meet Federal Perdiem guidelines.		* Must be justified for approval <input type="checkbox"/> Motor Pool <input checked="" type="checkbox"/> Personal Vehicle <input type="checkbox"/> Super Saver Airline <input type="checkbox"/> Other Airline* <input type="checkbox"/> Other
Travel Dates Depart Date 12/31/2008 8:00 a.m. Return Date 12/31/2008 1:00 p.m.	Cost Estimate Lodging ** Transporta \$131.30 Registratio Meals Total \$131.30	

Name Mark Sanford Office Governor's Office - StateHouse

Social Security _____ Work Phone 734-2100

Home Address Governor's Mansion, 800 Richland Street, Columbia, South Carolina 29201

Travel Destination Columbia, South Carolina

Purpose of Trip Travel from Beaufort home to Columbia to handle time-sensitive state business and to hold press conference.

Other Personnel Traveling N/A

EV00195

CIRCLE IF SPECIAL TYPE
 1 VENDOR TRAVEL
 2 DESCRIPTIVE RECORD
 3 LISTING ATTACHED

STATE OF SOUTH CAROLINA
 VOUCHER

TO THE COMPTROLLER GENERAL,
 The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS
 AGENCY NO AGENCY NAME DATE DATE
 03-11-2009 2009
 FY

AMERICAN EXPRESS
 PO BOX 650448

VENDOR NO SOCIAL SECURITY NO V S 1099

STREET ADDRESS

DALLAS TX 75265-0448
 CITY STATE ZIP
 VENDOR REF NO C C D CODE CITY COUNTY DISTRICT NAME
 CHECK NUMBER \$ 1,142.52

SIGNATURE *Fanny Banks* DATE
 DIRECTOR OFFICIAL TITLE

COMPTROLLER GENERAL'S WARRANT NUMBER

T	D17	20090311
6	001	004

I hereby certify that the articles purchased or services rendered as shown here have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

FM CODE	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT / GRANT CODE	TRAVELERS LAST NAME	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL		CG USE ONLY	
												NO MILES	NO TRIPS		
09	617	0028	1001				PROFITTT	J	0512	647.52	0028001000	S			
09	617	0028	1001				PROFITTT	J	0517	495.00	0028002000	S			
TOTAL										1,029	1,142.52				

TO PAYEE: The attached check is in payment of (To be filled in by Department)
 PROFITTT AMERICAN EXPRESS

C.G. AUDITOR

DEPARTMENT



**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyc

Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
02/25/09

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$
0.00	1,142.52	0.00	0.00	0.00

Balance Please Pay By
Due \$ 03/12/09

1,142.52 For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Corporate Card Summary

Card Number	Card	New Charges + Other Debits	Payments + Other Credits
XXXX-XXXXX8-11000	BRENDA DAY	0.00	0.00
XXXX-XXXXX8-11588	JACK S PROFFITT	1,142.52	0.00
Total		1,142.52	0.00

Activity Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX8-11000		
Total for BRENDA DAY		
	New Charges/Other Debits	0.00
	Payments/Other Credits	0.00

FEB 25 5 PM 11 25


↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
3782-920808-11000


Please Pay By
03/12/09 Payable upon receipt in U.S. Dollars.


 BRENDA DAY
 ST OF SC-OFC OF GOV
 1205PENDLETON ST 471
 COLUMBIA SC 29201

Amount Due
\$1,142.52 Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

Mail Payment to:


 AMERICAN EXPRESS
 P.O. BOX 650448
 DALLAS TX 75265-0448



03386 R0488A2A 01976 0010Z. (2)

0000378292080811000 000114252000114252



Prepared For
BRENDA DAY
 ST OF SC-OFC OF GOV

Account Number
 XXXX-XXXXX8-11000

Closing Date
 02/25/09

Activity Continued

Card Number XXXX-XXXXX8-11588				Reference Code	Amount
01/29/09	National Governors A Fairfax REF# 858988	2026241512	01/29/09	65898800000	495.
02/24/09	MARRIOTT 33769JWWASH WASHINGTON FOL# 15999	LODGING	DC 02/24/09	15999000000	647.
ARRIVAL DATE DEPARTURE DATE 02/21/09 02/23/09 00 ROC NUMBER 15999					
Total for JACK S PROFFITT				New Charges/Other Debits Payments/Other Credits	1,142.5 0.0

03387 R0488A2A 01976

For questions regarding this folio,
 please call Marriott Business Services
 toll-free 1-866-435-7627.



JW MARRIOTT.
 PENNSYLVANIA AVENUE

1331 Pennsylvania Avenue, N.W.
 Washington, DC 20004
 Telephone (202) 393-2000
 Facsimile (202) 626-6991
 Marriott.com/WASJW

1162 SANFORD/MARK/JENNY

279.00 02/23/09 20:07

GUEST FOLIO

STATE SOUTH CAROLINA

RATE 02/21/09 08:03

15999 13606
 ACCT# GROUP

TYPE 98 POST OFFICE BOX 1226
 COLUMBIA SC 29211

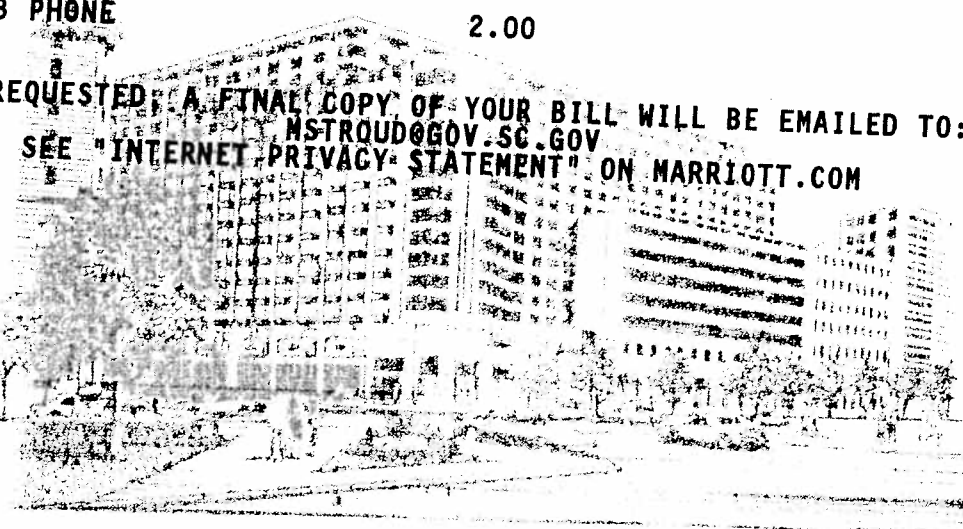
PASSPORTIVE TIME
 AXXXXXXXXXXXXX1588

MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
02/21	ROOM 1162, 1	279.00		
02/21	ROOMTX 1162, 1	40.46		
02/22	REF CTR 10702	6.60		
02/22	ROOM 1162, 1	279.00		
02/22	ROOMTX 1162, 1	40.46		
02/23	LOCAL 4816-LOC	1.00		
02/23	LOCAL 5756-LOC	1.00		
02/23	CCARD-AX ROOM C/O		647.52	
02/23	CCARD-AX	.00		

----- EXP. REPORT SUMMARY ----- .00
 02/21 ROOM&TAX 319.46
 02/22 REF CTR 6.60
 ROOM&TAX 319.46
 02/23 PHONE 2.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
 HSTRQUD@GOV.SC.GOV
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM



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.

This statement is a summary of your current charges. If you need assistance with luggage, our bellstand can be reached at extension 00.

CHECK OUT TIME IS 12:00 NOON

Please see reverse side for check out options.

From: <nga@jspargo.com>
To: [REDACTED]
Date: 1/29/2009 11:25:08 AM
Subject: NGA 2009 Winter Meeting Acknowledgement - 910747

National Governors Association 2009 Winter Meeting
February 21-23, 2009
Washington, DC

Your registration confirmation number is # 910747

Your registration was completed on: 01/29/2009

Please print this page for your records.

Name: Jenny S Sanford
Title: First Lady
Representing: South Carolina
Address: Post Office Box 12267
Address2:
City/State/Zip: Columbia, SC 29211
Country: USA
Phone: (803) 734-5191
Fax: (803) 734-5167
Email: mstroud@gov.sc.gov

Registration Summary

2009 Winter Meeting Registration - Governor's Spouse
Total Registration Fee: \$0.00

Meeting registration for all attendees opens at 7:00AM
Saturday, February 21, 2009 and is in operation daily
throughout the meeting. Registration is located in the
Garden Terrace on the lobby level of the JW Marriott.

If you need to cancel a hotel reservation, contact the
hotel at least 48 hours prior to arrival to ensure a refund
of your room deposit.

Security Notice

Photo ID meeting credentials are prepared in advance for
Governors and their spouses based on NGA file photographs.
All staff accompanying Governors have their photo ID
credentials prepared onsite as part of the meeting
registration process. Governors' security personnel use
their NGA pins and are not issued photo ID credentials.

Security Notice

From: <nga@jspargo.com>
To: [REDACTED]
Date: 1/29/2009 11:23:08 AM
Subject: NGA 2009 Winter Meeting Acknowledgement - 910746

National Governors Association 2009 Winter Meeting
February 21-23, 2009
Washington, DC

Your registration confirmation number is # 910746

Your registration was completed on: 01/29/2009

Please print this page for your records.

Name: Mark C Sanford
Title: Governor
Representing: South Carolina
Address: Post Office Box 12267
Address2:
City/State/Zip: Columbia, SC 29211
Country: USA
Phone: (803) 734-5191
Fax: (803) 734-5167
Email: mstroud@gov.sc.gov

Registration Fee/Payment Summary

2009 Winter Meeting Registration - Governor
Total Registration Fee: \$495.00

Payment Type: CCD Payment
Reference: American Express
3xxx1588 Exp: 03/11
Payment Amount: \$495.00

Amount Due: \$495.00
Amount Paid: \$495.00
Balance Due: \$0.00

Meeting registration for all attendees opens at 7:00AM Saturday, February 21, 2009 and is in operation daily throughout the meeting. Registration is located in the Garden Terrace on the lobby level of the JW Marriott.

If you need to cancel a hotel reservation, contact the hotel at least 48 hours prior to arrival to ensure a refund of your room deposit.

From: State House SLED
To: bday@oepp.sc.gov
Date: 2/17/2009 2:24:21 PM
Subject: Sanford's NGA Registration

Brenda,

Attached is the National Governor's Association registration for Governor Sanford and Mrs Sanford. After conference, I'll forward invoices for overnight accommodations at the J. W. Marriott.

All have been place on my ST OF SC-OFC OF GOV American Express Corporate Card, Card Number 3782 920808 11588.

Thank you and please call me with any questions.

It jack proffitt
s.c. executive protection detail
(803)734-9403 (o)
(803)260-0939 (blackberry)
shsled@gov.sc.gov
jproffitt@sled.sc.gov
jackproffitt@yahoo.com

EV00220

STATE OF SOUTH CAROLINA
VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

CIRCLE IF SPECIAL TYPE
1 VENDOR TRAVEL
2 DESCRIPTIVE RECORD
3 LISTING ATTACHED

TO THE COMPTROLLER GENERAL,
The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS
AGENCY NO AGENCY NAME DATE FY
04-08-2009 2009

T	D17	20090408
6	001	001

AMERICAN EXPRESS
PO BOX 650448

VENDOR NO SOCIAL SECURITY NO V S 1099

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

STREET ADDRESS

VENDOR REF. NO

C C D CODE

CITY COUNTY DISTRICT NAME

DALLAS

TX

STATE ZIP 75265-0448

CHECK NUMBER

\$ 330.00

SIGNATURE

Mark Swartz

DATE

DIRECTOR

OFFICIAL TITLE

FM CODE	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	SOCIAL SECURITY NUMBER	PROJECT / GRANT CODE	TRAVELER'S LAST NAME	AGENCY REFERENCE	OBJECT CODE	AMOUNT	MULTI PURPOSE CODE	TRAVEL		G R	CG USE ONLY	
													NO MILES	NO TRIPS			
10	640	0028	1001							0417	330.00	0028001000					
TOTAL											417	330.00					

TO PAYEE: The attached check is in payment of: (To be filled in by Department)

MAZYCK

PROFFITT

THOMAS

AMERICAN EXPRESS

JOHNSON

BENFIELD

LUMLEY

DEPARTMENT

C.G. AUDITOR



**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyour

Prepared For
**BRENDA DAY
ST OF SC-OFC OF GOV**

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 1 of 13

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$
1,142.52	0.00	330.00	1,142.52	0.00

**Balance Please Pay By
Due \$ 04/11/09**

330.00 For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Corporate Card Snapshot

Card Number	Card	New Charges + Other Debits	Payments + Other Credits
XXXX-XXXXX8-11000	BRENDA DAY	0.00	-1,142.52
XXXX-XXXXX8-11562	B DOUGLAS MAZYCK	55.00	0.00
XXXX-XXXXX8-11588	JACK S PROFFITT	55.00	0.00
XXXX-XXXXX8-11604	MICHAEL PAUL THOMAS	55.00	0.00
XXXX-XXXXX8-11612	DEAN JOHNSON	55.00	0.00
XXXX-XXXXX8-11620	BRIAN S BENFIELD	55.00	0.00
XXXX-XXXXX8-11646	KRISTIE LUMLEY	55.00	0.00
	Total	330.00	-1,142.52

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXXX8-11000		
03/21/09	PAYMENT RECEIVED - THANK YOU 03/21	-1,142.52
	Total for BRENDA DAY	-1,142.52
	New Charges/Other Debits	0.00
	Payments/Other Credits	-1,142.52

2009 APR 3 AM 11 26

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
3782-920808-11000

**Please Pay By
04/11/09**

Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

**Amount Due
\$330.00**

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.



BRENDA DAY
ST OF SC-OFC OF GOV
1205PENDLETON ST 471
COLUMBIA SC 29201

Mail Payment to:



AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448



0000 292080811000 000033000000000000 27HH

000-49 80488A3A 00011 0020Z. (2)



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 3 of 13

Activity Continued

Card Number XXXX-XXXXX8-11562

Reference Code

Amount \$

02/25/09 ANNUAL MEMBERSHIP RENEWAL FEE
PERIOD 04/09 THRU 03/10

03900000409

55.00

Total for B DOUGLAS MAZYCK

New Charges/Other Debits
Payments/Other Credits

55.00
0.00



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 5 of 13

Activity Continued

Card Number XXXX-XXXXX8-11588		Reference Code	Amount \$
02/25/09	ANNUAL MEMBERSHIP RENEWAL FEE PERIOD 04/09 THRU 03/10	03900000409	55.00
Total for JACK S PROFFITT		New Charges/Other Debits Payments/Other Credits	55.00 0.00



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 7 of 13

Activity Continued

Card Number XXXX-XXXXX8-11604

Reference Code

Amount \$

02/25/09 ANNUAL MEMBERSHIP RENEWAL FEE
PERIOD 04/09 THRU 03/10

03900000409

55.00

Total for MICHAEL PAUL THOMAS

New Charges/Other Debits
Payments/Other Credits

55.00

0.00



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 9 of 13

Activity Continued

Card Number XXXX-XXXXX8-11612

	Reference Code	Amount \$
02/25/09 ANNUAL MEMBERSHIP RENEWAL FEE PERIOD 04/09 THRU 03/10	03900000409	55.00

Total for DEAN JOHNSON

New Charges/Other Debits	55.00
Payments/Other Credits	0.00



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Activity Continued

Card Number XXXX-XXXXX8-11620

	Reference Code	Amount \$
02/25/09 ANNUAL MEMBERSHIP RENEWAL FEE PERIOD 04/09 THRU 03/10	03900000409	55.00

Total for BRIAN S BENFIELD

New Charges/Other Debits	55.00
Payments/Other Credits	0.00



Prepared For
BRENDA DAY
ST OF SC-OFC OF GOV

Account Number
XXXX-XXXXX8-11000

Closing Date
03/27/09

Page 13 of 13

Activity Continued

Card Number XXXX-XXXXX8-11646

Reference Code

Amount \$

02/25/09	ANNUAL MEMBERSHIP RENEWAL FEE PERIOD 04/09 THRU 03/10	03900000409	55.00
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Total for KRISTIE LUMLEY

New Charges/Other Debits	55.00
Payments/Other Credits	0.00

EV00248

CIRCLE IF SPECIAL TYPE
1 VENDOR TRAVEL
2 DESCRIPTIVE RECORD
3 LISTING ATTACHED

OFFICE OF SOUTH CAROLINA
VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

To THE COMPTROLLER GENERAL,
The attached bills are approved for payment as follows:

D05 GOVERNORS OFFICE - ECOS
AGENCY NO AGENCY NAME DATE FY
05-08-2009 2009

T	D17	20090508
6	001	002

MARK SANFORD
800 RICHLAND STREET

VENDOR NO SOCIAL SECURITY NO S V S 1099

I hereby certify that the articles purchased or services rendered as shown here have been received and are in accordance with law and that the payee is entitled to payment therefore by the State of South Carolina

STREET ADDRESS COLUMBIA SC 29202

VENDOR REF. NO C C D CODE CITY COUNTY DISTRICT NAME CHECK NUMBER AMOUNT \$ 72.54

SIGNATURE *Mark Sanford* DATE
OFFICIAL TITLE DIRECTOR

FM CODE	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT / GRANT CODE	TRAVELER'S LAST NAME	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL		CG USE ONLY	
												NO MILES	NO TRIPS		
11	615	0028	1001						0504	72.54	0028001000	S	156		
TOTAL										504	72.54				

TO PAYEE: The attached check is in payment of (To be filled in by Department)
043009 MARK SANFORD

DEPARTMENT

