

Mrs. Patricia  
O'Neill

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>JAN</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1/2	CARVER	BUDGET	22.0		
1/3	CARVER	INTERVIEW	22.0		
1/7	CARVER	DR. STARR	22.0		
1/9	USG	JOINT BOARDS	24.0		
1/13	CARVER	ITEMS MEET	22.0		
1/15	CARVER	ORAL ANG.	22.0		
1/16	CARVER	BUDGET HEAR	22.0		
1/23	CARVER	BUDGET WORK	22.0		
1/26	USG	WOMENS LEG.	24.0		
1/29	CARVER	ITEMS STARR	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	224	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page		
	GRAND TOTAL	224	

Signature, Employee: Patricia O'Neill Date: 2/2/14  
 Signature, Principal/Supervisor: [Signature] Date: 2/14/14

APPROVED  
 Signature, Account Manager: [Signature] Date: 2/14/14  
 ACCOUNT NUMBER: [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>Feb</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2/4	CARVER	AGENDA SET.	22.0		
2/5	NEW FORTUNE	LUNAR NEW YEAR	24.0		
2/18	CANVER	ITEMS SPARR	22.0		
2/25	CARVER	POLICY PLANNING	22.0		
2/26	CARVER	QUARTERLY CON.	22.0		
2/27	CARVER	DSA	22.0		
(continue on back)			Total This Page	134	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	
			GRAND TOTAL	134	
				For Accounting Use Only _____ miles @ _____ Other _____ Pay _____	

Patricia O'Neill 3/6/14  
Signature, Employee Date

[Signature] 3/14/14  
Signature, Principal/Supervisor Date

APPROVED [Signature] 4/4/14  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name (Last) (First) (Middle) O'Neill Patricia	Board of Education
Address (Street No.) (Street) (Apt. No.) [REDACTED]	No. Miles to and from Home and Base Location 22.0
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Job Title Board Member
	Submitted for Month of <u>MARCH</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3/4	CARVER	INTERVENTIONS	22.0		
3/10	COUNTY COUNCIL	ED. COM	20.0		
3/14	CARVER	PLAN RETREAT	22.0		
3/15	CARVER	NAACP PENELOPE	22.0		
3/17	EOB	BUDGET	20.0		
3/18	CARVER	POLICY	22.0		
3/19	CARVER	J. CIVILIZED F.	22.0		
3/20	COUNTY COUNCIL	REAL FOODS	20.0		
3/23	MCAP - CARVER	MCAP MILE	22.0		
3/26	CARVER	INTERAGES	22.0		
3/27	MONT. VILMS	CLUSTER	36.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	251	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	251	

Patricia O'Neill 4/13/14  
Signature, Employee Date

[Signature] 4/14/14  
Signature, Principal/Supervisor Date

**PAID**  
14056

APPROVED  
[Signature] 4/21/14  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of <b>JAN 2013</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1/9	WAMU	KNOX SHOW	11.0		
1/10	CARVER	BUDGET HEARING	22.0		
1/15	CARVER	POLICY COM.	22.0		
1/16	CARVER	SCHOOL SAFETY	22.0		
1/19	CONF CENTER	MLK BREAK	10.0		
1/23	CARVER	ED. FOUNDATION	22.0		
1/24	CARVER AM	STRAT. PLAN	22.0		
1/24	CARVER PM	BUDGET WORK	22.0		

(continue on back)	Total This Page	153	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page		
	GRAND TOTAL	153	

Patricia O'Neill 2/1/13  
 Signature, Employee Date  
[Signature] 2/1/13  
 Signature, Principal Supervisor Date  
 860 211  
 565

APPROVED  
[Signature] 2/19/13  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill

School/office name Board of Education

Work location CESC, Room 123

For the period: From December 29, 2012 To January 28, 2013

## USE SEPARATE LOG FOR EACH ACCOUNT

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
01/23/2013	01/24/2013	\$52.20	Clydes Tower Oaks, Rockville	Lunch meeting with Board member	01/28/2012	[REDACTED]
				Rebecca Smondrowski		
		Total				
		\$52.20				

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Patricia O'Neill  
Signature, Card Member

3/12/13  
Date

[Signature]  
Signature, Approving Official

3/13/13  
Date



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Cardholder For  
PATRICIA O'NEILL  
MCPS MDTAX

Account Number  
XXXX-XXXX

Closing Date  
01/28/13

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	52.20	0.00	0.00	0.00	52.20

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX		
1/24/13 CLYDES TOWER OAKS LG ROCKVILLE MD REF# 156 301-294-0200 01/23/13	1580000000	52.20
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits	52.20
	Payments/Other Credits	0.00

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
[Redacted]

Please enter account number on all correspondence.

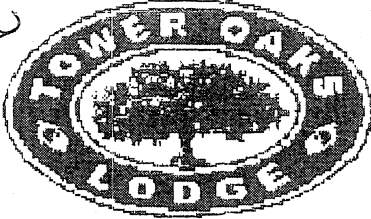
PATRICIA O'NEILL  
MCPS MDTAX [Redacted]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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

01/23/2013 - Patricia O'Neill - Lunch meeting  
with Rebecca Smondrowski

level  
T 604  
687



301-294-0200  
WWW.CLYDES.COM

0156 Table 345 #Party 2  
VICTORIA Y SvrCk: 7 1:16p 01/23/13  
RESTAURANT

2 WATER	0.00
1 CLUB SODA	2.85
1 ICED TEA	3.00
1 BACON CHZBURGER, medium	11.95
1 JUMBO CRAB SAND	16.95
1 HOT TEA	3.50
1 DECAF COFFEE	3.50

Sub Total: 41.75

TaxSt : 51

3 1:53p TOTAL: 44.26

Stop By Our Bars To Check Out  
the NE 4 6,8 MENU

0156

Server: VICTORIA Y

Rec:111

01/23/13 14:00, Sw d T: 345 Term: 10

CLYDES TOWER OAKS LOUGE

2 PRESERVE PARKWAY

ROCKVILLE, MD 20859

(301)294-0200

MERCHANT #:

CARD TYPE

ACCOUNT NUMBER

AMERICAN EXPRES

XXXXXXXXXXXX

Name: PO NEILL

TRANSACTION APPROVED

AUTHORIZATION #: 504317

Reference: 0123010000156

IS TYPE: Credit Card SALE

ECK: 44.26

P: 8.00

TAL: 52.20

Rebecca Smondrowski  
PAT O'NEILL

x Patricia Bost  
LEGISLA

PHONE: ( ) 703

\*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY CARD ISSUER ABOVE  
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

\*\*\*\*\*

YOUR COMMENTS PLEASE AT WWW.CLYDES.COM

\*\*\*\*\*

BOTTOM>>>CUSTOMER



Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

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Employee ID No. 0 0 0 0 [REDACTED]

Name (Last) O'Neill (First) Patricia (Middle)

Address (Street No.) (Street) (Apt. No.)

(City) (State) (ZIP Code)

Base School Location New:  Yes  No  
Board of Education

No. Miles to and from Home and Base Location 22.0

Job Title Board Member

Submitted for Month of: Feb.  
Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2/1	CARVER	NEGOTIATIONS	22.0		
2/5	NEW FORTUNE	LUNAR NEW YEAR	24.0		
2/6	KENNEDY HS	CLUSTER MEET	18.0		
2/14	RAVEN	MEG	22.0		
2/21	COLD SPRING	INSPECTION	16.0		
2/21	WOODMAN HS	CLUSTER MEET	15.0		
2/25	CARVER	AM STRAT. PLANNING	22.0		
2/26	CARVER	MCLPTA BUDGET	22.0		

(continue on back)

\*APPROPRIATE RECEIPTS MUST BE ATTACHED

Total This Page	161	For Accounting Use Only 52 miles @ _____ Other _____ Pay \$0.00
Total Reverse Page		
GRAND TOTAL	161	

Signature: Patricia O'Neill Date: 3/1/13

Signature: [REDACTED] Date: 3/14/13

APPROVED Signature: [REDACTED] Date: 3/15/13

ACCOUNT NUMBER [REDACTED]



# PURCHASING CARD

## Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill  
 School/office name Board of Education Work location CESC, Room 123  
 For the period: From February 28, 2013 To March 30, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
03/19/2013	03/19/2013	\$56.04	Hard Times Cafe, Rockville	Dinner meeting prior to cluster meeting w/ O'Neill, Brandiman, Smondrowski	03/30/2013	██████████
Total		\$56.04				

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Patricia O'Neill      4/9/13  
 Signature, Card Member      Date

[Signature]      4/29/13  
 Signature, Approving Official      Date



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
03/30/13

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	56.04	0.00	0.00	0.00	56.04

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX [REDACTED]		
03/19/13 HARD TIMES CAFE ROCK ROCKVILLE MD REF# 82 301-294-9720 03/19/13	8200000000	56.04
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	56.04 0.00

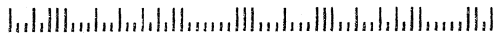
Do not staple or use paper clips

**Payment Coupon**

Account Number  
[REDACTED]

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



HARD TIMES CAFE  
ROCKVILLE

2 TABLE# 33 #Party 1

Server: JORDANA D (#821) Rec: 54  
03/19/13 18:37, Swiped T: 33 Term: 2

SERVER 2

EA	2.49
COFFEE	2.49
SODA	2.19
FRISK STRIP	14.99
1 CHEESEBURGER	10.38
1 BUN CHEESEBURGER	10.89

Sub Total:	43.43
FOOD TAX :	2.61
Sub Total:	46.04

03/19 6:37p TOTAL: 46.04

ASK YOUR SERVER  
ABOUT OUR  
GIFT CARDS!!!

CHECK#: 82

0062

Server: JORDANA D (#821) Rec: 54  
03/19/13 18:37, Swiped T: 33 Term: 2

HARD TIMES CAFE  
1117 NELSON ST  
ROCKVILLE  
(301)294-9720  
MERCHANT #:

CARD TYPE ACCOUNT NUMBER

AMERICAN EXPRESS XXXXXXXXXXXX

PO NEILL

TRANSACTION APPROVED

TRANSACTION #: 564252

Account #: 0319010000082

TYPE: Credit Card SALE

CHECK: 46.04

TAX: 10.00

TOTAL: 56.04

*Patricia B. Neill*

\*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY CARD ISSUING AGENCY AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

Shirley B.  
Rebecca.

PAT  
POLICY 9 ROCKVILLE

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>MARCH</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3/1	CONF CENTER ROLLING TERRACE	PRESS CONF	34.0		
3/13	MCEA	NET PINNING	23.0		
3/14	CARVER	TRANS HEARING	22.0		
3/15	CONF CENTER	PUBLIC SAFETY	10.0		
3/16	CARVER	NABCP PARENTS	22.0		
3/18	COUNTY COUNCIL	DLD REPORT	20.0		
3/19	CARVER & ROCKVILLE	POLICY & CLUSE	26.0		
3/20	DOUBLE TREE	LUV LUNCH	18.0		

(continue on back)	Total This Page	175	For Accounting Use Only _____ miles @ _____ Other Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page		
	GRAND TOTAL	175	

Patricia O'Neill 4/5/13  
Signature, Employee Date

[Signature] 4/18/13  
Signature, Principal/Supervisor Date

APPROVED  
[Signature] 4/17/13  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: APRIL Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4/8	COUNTY CA	BUDGET & DRAFTS	22.0		
4/9	CARVER	BUDGET PRIORITY	22.0		
4/10	CARVER	STANT. PLANNING	22.0		
4/15	COUNTY COUNCIL	ED. COM.	20.0		
4/15	CARVER	ED. COUNCIL	22.0		
4/19	COUNTY COUNCIL	ED COM	20.0		
4/24	USG	GRASMICK AWARD	24.0		
(continue on back)			Total This Page	130.0	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	130.0	

For Accounting Use Only  
\_\_\_\_\_ miles @ \_\_\_\_\_  
Other \_\_\_\_\_  
Pay \_\_\_\_\_

Patricia O'Neill  
Signature, Employee Date 5/11/13

[Signature]  
Signature, Principal/Supervisor Date 5/16/13

**PAID**  
5/22/13

APPROVED  
[Signature]  
Signature, Account Manager Date 5/10/13

ACCOUNT NUMBER [REDACTED]

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>MAY</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5/11	NORTHWOOD	CLUSTER	19.0		
5/12	COUNTY COUNCIL	ED COM.	20.6		
5/18	CARVER	DIST. SERV.	22.0		
5/19	CARVER	POLICY	22.0		
5/13	ROCKVILLE HS	SPEED AWARDS	20.0		
5/20	MONT LOUIS	DINNER	22.0		
5/21	CARVER	1977 II MEET	22.0		
5/22	CARVER	QUARTERLY COM.	22.0		
5/30	RICA	GRADUATION	24.0		
5/31	WJ	GRADUATION BUS	7.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	200	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	200	

Signature, Employee <i>Patricia O'Neill</i>	Date 6-21-13	<b>PAID</b> 113-113
Signature, Principal/Supervisor <i>[Signature]</i>	Date 6-11-13	
Signature, Account Manager <i>[Signature]</i>	Date 6-19-13	
<input checked="" type="checkbox"/> APPROVED	ACCOUNT NUMBER [REDACTED]	

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: *Local Travel*.) List all official stops in date order.

Employee ID No. <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> [REDACTED]				Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name (Last) (First) (Middle) O'Neill Patricia				Board of Education	
Address (Street No.) (Street) (Apt. No.) [REDACTED]				No. Miles to and from Home and Base Location 22.0	
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]				Job Title Board Member	
				Submitted for Month of: <b>JUNE</b> Use one form for each month	

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6/13	CARVER	CONF. CALL	22.0		
6/15	STEPHEN KING'S	GRADUATION	14.0		
6/16	BCL	BUS TO GRAD	6.0		
6/18	CARVER	ORAL ARG.	22.0		

*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	64	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	64	

Signature, Employee: Patricia O'Neill Date: 7/1/13

Signature, Principal/Supervisor: [Signature] Date: 7/22/13

APPROVED

Signature, Account Manager: [Signature] Date: 7/31/13

ACCOUNT NUMBER: [REDACTED]

**PAID**  
3610



Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: July Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
7/8	BCC	POLICY COM	6.0		
7/11	CARVER	POLICY COM	22.0		
7/22	COUNTY COUNCIL	ED. COM	20.0		
7/23	CARVER	BOARD DOCS	22.0		
(continue on back)			Total This Page	70	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	70	
				For Accounting Use Only	
				_____ miles @ _____	
				Other: _____	
				Pay: _____	

Patricia O'Neill Signature, Employee Date 7/30/13

[Signature] Signature, Principal/Supervisor Date 7/31/13

**PAID**  
3755

APPROVED [Signature] Signature, Account Manager Date 7/31/13

ACCOUNT NUMBER [REDACTED]



# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill

School/office name Board of Education

Work location CESC, Room 123

For the period: From June 29, 2013 To July 28, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
07/08/2013	07/10/2013	\$38.18	Dupars Hamburger Hamlet, Bethesda	Lunch meeting with Smondrowski	07/28/2013	[REDACTED]
07/17/2013	07/19/2013	\$38.93	Dupars Hamburger Hamlet, Bethesda	re: BCC Cluster and Policy CNE Breakfast meeting with Zuckerman	07/28/2013	[REDACTED]
				re: Transition		
		Total				\$77.11

## CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Patricia O'Neill  
Signature, Card Member

9/16/13  
Date

[Signature]  
Signature, Approving Official

9/18/13  
Date

**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Cardholder For  
PATRICIA O'NEILL  
MCPS MDTAX

Account Number  
XXXX-XXXX

Closing Date  
07/28/13

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	77.11	0.00	0.00	0.00	77.11	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
07/10/13 DUPARS HAMLET 542929 BETHESDA MD REF# 000253179 3018975350 07/08/13	00025317900	38.18
07/19/13 DUPARS HAMLET 542929 BETHESDA MD REF# 000262004 3018975350 07/17/13	00026200400	38.93
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	77.11 0.00

Do not staple or use paper clips

**Payment Coupon**

Account Number

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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

000( 02139 R04K9A0A 01488 0010Z. ( 0040 20850

Rebecca S.  
Pat O BLC CHUSER  
POLICY ONE

WELCOME TO DU-PAR'S  
HAMBURGER HAMLET!  
10400 Old Georgetown Rd  
Bethesda, MD 20814  
301-897-5350

Server: Olga  
6 PM  
e 443/1  
DOB: 07/08/2011  
07/08/2011  
2/20

#XXXXXXXXXX  
Credit card present: NEILL PO  
Card no: 549419

Amount: \$ 32  
+ Tip: 6.00  
= Total: 38.18

X *Tara [Signature]*

NOW OPEN 24 HOURS!  
Bethesda, MD 20814  
301-897-5350

Server: Olga  
Table 443/1  
Guests: 0  
07/08/2011  
1:51 PM  
#20004

Area: Restaurant

Iced Tea 2.95  
Soda Water 2.50  
Mushroom Burger 12.50  
The Morgan 12.25

Subtotal 30.20  
Tax 1.98

Total 32.18

Balance Due 32.18

NOW OPEN 24 HOURS!  
Tell us how we did today!  
Scan the QR code or text  
"dupars" to 240-205-7536  
for a free loaf of date or  
banana nut bread!

PAT O'NEILL  
ANDY ZUCKERMAN  
TRANSITION

WELCOME TO DU-PAR'S  
HAMBURGER HAMLET!  
10400 Old Georgetown Rd  
Bethesda, MD 20814  
301-897-5350

Server: Marlon  
AM  
543/1  
DOB: 07/17/2011  
07/17/2011  
5/50001

XXXXXXXXXX  
Credit card present: NEILL PO  
Card no: 503806

Amount: \$ 32.93  
+ Tip: 6.00  
= Total: 38.93

10400 Old Georgetown Rd  
Bethesda, MD  
301-897-5350

Server: Marlon  
Table 643  
Guests: 0  
07/17/2011  
9:54 AM  
#50001

Area: Restaurant

Coffee (2 @2.95) 5.90  
Denver Omelette 12.50  
Mushroom Omelette 12.50

Subtotal 30.90  
Tax 2.03

Total 32.93

Balance Due 32.93

NOW OPEN 24 HOURS!  
Tell us how we did today!  
Scan the QR code or text  
"dupars" to 240-205-7536  
for a free loaf of date or  
banana nut bread!

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0000 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>Sept.</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
9/4	CARVER	QUARTERLY CONV	22.0		
9/13	CARVER	ANDRE ARUND ELDRE	22.0		
9/18	CARVER	ED FOUNDATION	22.0		
9/20	CARVER	REAL FOODS	22.0		
9/26	CARVER	BELL TIMES	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	110.0	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	110.0	

Patricia O'Neill      10/5/13  
 Signature, Employee      Date

[Signature]      10/10/13  
 Signature, Principal/Supervisor      Date

APPROVED      [Signature]      10/14/13  
 Signature, Account Manager      Date

ACCOUNT NUMBER [REDACTED]

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>Oct.</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
10/10	UNIV. SHADYG.	IDENTITY	24.0		
10/15	CARVER	POLICY	22.0		
10/16	CARVER	SUP. EVAL	22.0		
10/17	CARVER	PLANNING BOARD	22.0		
10/24	CARVER	MCC PTA	22.0		
10/29	USC	BUS. HALLOWEEN	24.0		
10/30	CARVER	NEW HAMP.	22.0		
10/31	CARVER	SUP. EVAL.	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	180	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	180	

Signature, Employee: Patricia O'Neill Date: 11/1/13

Signature, Principal/Supervisor: [Signature] Date: 10/16

APPROVED

Signature, Account Manager: [Signature] Date: 11/2/17

ACCOUNT NUMBER: [REDACTED]



# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill

School/office name Board of Education

Work location CESC, Room 123

For the period: From September 29, 2013 To October 28, 2013

## USE SEPARATE LOG FOR EACH ACCOUNT

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
10/03/2013	10/04/2013	\$54.36	Clarion Fontainebleau Hotel,	Lunch during MABE Annual Conf. -	10/28/2013	██████
			Breakers Pub, O.C., MD	O'Neill, Hixson, Madaleno, Kaiser		
10/07/2013	10/07/2013	\$151.53	Clarion Fontainebleau Hotel, O.C., MD	Lodging, MABE Annual Conference	10/28/2013	██████
				10/02/2013 - 10/06/2013		
		<b>Total</b>				
		\$205.89				

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

*Patricia B. O'Neill*  
Signature, Card Member

11/7/13  
Date

*[Signature]*  
Signature, Approving Official

11/15/13  
Date

**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX

Account Number  
XXXX-XXXX

Closing Date  
10/28/13

Page 1 of 5

20850 000  
0 0 4 0

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	205.89	0.00	0.00	0.00	205.89

For important information regarding your account refer to page 2.

**See Page 3 For A Notice Of Changes To Your Agreement**

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX		
10/04/13 CLARION RESORT FONTA OCEAN CITY MD REF# 0 4105243535 10/03/13		54.36
10/07/13 CLARION RESORT HOTEL OCEAN CITY MD FOL# 684822 LODGING 10/07/13 ARRIVAL DATE DEPARTURE DATE 10/02/13 10/06/13 00 ROOM RATE \$145.00 ROC NUMBER 684822		151.53

<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits	205.89
	Payments/Other Credits	0.00

001 003 02063 R04K9A0A

Do not staple or use paper clips

**Payment Coupon**

Account Number

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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

06687 R04K9A0A 02063 0010Z. (



Clarion Fontainebleau Hotel  
Breakers Pub

CHECK: 1522 LUNCH  
GST CHKID: TABL 4  
SERVER: 2029 DeLaude  
DATE: OCT03'13 3:55pm  
CARD TYPE: American Express  
ACCT #: XXXXXXXXXX  
EXP DATE: XX/XX  
AUTH CODE: 566510  
PO NEILL

MARIE

SUBTOTAL: 47.36  
Gratuity: 7.00  
Total: 54.36

X. Petrea DeLaude

I agree to pay the above amount  
in accordance with card holder  
agreement.

SUZILLA HIXSON  
RICH MADALENO  
ANN KASER TATI O'NEIL

Clarion Fontainebleau Hotel  
 10100 Coastal Highway  
 Ocean City, MD 21842  
 United States  
 Tel: 410-524-3535 Fax: 410-524-3834

Patricia O'Neill  
 Montgomery County Bd Of Ed  
 850 Hungerford Drive  
 Rockville, MD 20850  
 United States  
 Email: becky\_gibson@mcpsmd.org  
 BE0930 - Mabe

Page Number : 1  
 Guest Number: [REDACTED] Arrive Date: 10-02-13 09:29  
 Folio ID : A Depart Date: 10-06-13 08:12  
 No. Of Guest: 1  
 Room Number : 1211  
 Room Rate : 145.00  
 Club Account:

Copy Invoice

Fontainebleau Hotel 10-06-13 08:14 VALERIEH

Date	Reference	Description	Charges	Credits
10-02-13	DEPOSIT	Deposit Applied		-151.53
10-02-13	RT1211	Room	145.00	
10-02-13	RT1211	4.5% Occupancy Tax	6.53	
10-03-13	RT1211	Room	145.00	
10-03-13	RT1211	4.5% Occupancy Tax	6.53	
10-06-13	AX	American Express		-151.53
		** Total	303.06	-303.06
		*** Balance	-0.00	

EXPENSE SUMMARY REPORT

Date	Room&Tax	Telephone	Food&Bev	Other	Total	Payment
10-02-13	151.53	0.00	0.00	-151.53	0.00	0.00
10-03-13	151.53	0.00	0.00	0.00	151.53	0.00
10-06-13	0.00	0.00	0.00	0.00	0.00	-151.53
Total	303.06	0.00	0.00	-151.53	151.53	-151.53

Clarion Fontainebleau Hotel  
10100 Coastal Highway  
Ocean City, MD 21842  
United States  
Tel: 410-524-3535 Fax: 410-524-3834

Patricia O'Neill  
Montgomery County Bd Of Ed  
850 Hungerford Drive  
Rockville, MD 20850  
United States

Page Number : 2  
Guest Number: [REDACTED] Arrive Date: 10-02-13 09:29  
Folio ID : A Depart Date: 10-06-13 08:12  
No. Of Guest: 1  
Room Number : 1211  
Room Rate : 145.00  
Club Account:

Email: becky\_gibson@mcpsmd.org  
BE0930 - Mabe

---

Signature \_\_\_\_\_

I agree to remain personally liable for the payment of this account. For your convenience, we have prepared this zero-balance folio. Please be advised that any charges not reflected on this folio will be charged to the credit card on file. You are ultimately responsible for paying all of your folio charges in full.

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. <span style="border: 1px solid black; padding: 2px;">0 0 0 0 [REDACTED]</span>	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>NOV.</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
11/5	CARVER	INNOV. & NEG	22.0		
11/7	CARVER	CIP WORKSHOP	22.0		
11/11	CARVER	PSYCH & HEARING	22.0		
11/14	CARVER	POLICY & HEARING	22.0		
11/19	CARVER	QUARTERLY CON	22.0		
11/25	CARVER	DR. STARR	22.0		
(continue on back)			Total This Page	132	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	132	
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Patricia O'Neill  
Signature, Employee 12/2/13  
Date

[Signature]  
Signature, Principal/Supervisor 12/11/13  
Date

7458

APPROVED [Signature]  
Signature, Account Manager 12/13/13  
Date

ACCOUNT NUMBER [REDACTED]

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: *Local Travel*.) List all official stops in date order.

Employee ID No. <span style="border: 1px solid black; padding: 2px;">0 0 0 0 [REDACTED]</span>			Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name (Last) (First) (Middle) O'Neill Patricia			Board of Education
Address (Street No.) (Street) (Apt. No.) [REDACTED]			No. Miles to and from Home and Base Location 22.0
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]			Job Title Board Member
			Submitted for Month of <b>DEC</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
12/13	CARVER	NEG. & HWY	22.0		
12/18	ROB & ALVER	PROTOCOL & PLAN	22.0		
12/19	CARVER	DEBRIEF REPORT	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	666	
	Total Reverse Page		
	GRAND TOTAL	666	
			For Accounting Use Only _____ miles @ _____ Other _____ Pay _____

<u>Patricia O'Neill</u> Signature, Employee	<u>12/14</u> Date	
<u>[Signature]</u> Signature, Principal/Supervisor	<u>11/14/14</u> Date	3722

<input checked="" type="checkbox"/> APPROVED	<u>[Signature]</u> Signature, Account Manager	<u>11/14/14</u> Date
--	--	-------------------------

ACCOUNT NUMBER [REDACTED]

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland


February 17, 2012


*Handwritten:* 2/17/12

**PAID**

MEMORANDUM

To: Mr. Robert J. Doody, Controller  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff 

Subject: Check Request Payable to Patricia O'Neill, ID No. 000 

Please issue a check in the amount of **\$30.00** in reimbursement of one ticket purchased to support the Asian American Education Association's scholarship and deposit check.

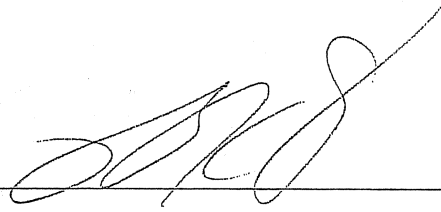
Please charge the account number for the Board Member/Staff Person indicated.

Mrs. Patricia O'Neill..... 

Thank you.

IRI:rlg

Attachment


Approved  \_\_\_\_\_

**PATRICIA BAIER O' NEILL**  
[REDACTED]  
[REDACTED] MD [REDACTED]

6312

Feb. 13, 2012  
Date

Pay to the Order of ATAA \$ 30.00/100  
Thirty dollars and no/100 Dollars

 [REDACTED]  
[REDACTED] 040

 Security Features Details on Back.

For \_\_\_\_\_ Patricia Baier O'Neill  
[REDACTED] 6312

*Asian American Education Association*

*Invites you to a*

# **Lunar New Year**

## **Banquet**

**Keynote Speaker**

**Dr. Frieda Lacey**

*Deputy Superintendent,  
Montgomery County Public Schools*



## **Year of the Dragon**

Date: Wednesday, February 15, 2012  
(Snow date is Wednesday, February 22, 2012)  
Location: New Fortune Restaurant  
16515 Frederick Avenue, Gaithersburg, MD 20877  
Time: Registration 5:30 p.m., dinner 6:00 p.m.  
Ticket Price: \$300.00 per table (\$30 per person)

Gold Sponsor: \$500.00 per table  
Silver Sponsor: \$400.00 per table

Tickets must be purchased in advance and will not be sold at the door. If you are unable to attend, donations are accepted. *Tickets are non-refundable*

*The Lunar New Year banquet is a scholarship fundraiser for Asian American high school students interested in pursuing a postsecondary degree in education*

For ticket information, please e-mail:  
Molly\_Hong@mcpsmd.org  
Checks written to AAEA can be mailed to:  
Molly Hong, CESC, Room #50, 850 Hungerford Dr., Rockville, MD 20850





# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill  
School/office name Board of Education Work location CESC, Room 123  
For the period: From August 1, 2012 To August 28, 2012

**USE SEPARATE LOG FOR EACH ACCOUNT**

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
08/02/2012	08/03/2012	\$42.99	Gordon Biersch, Rockville	Lunch mtg. w/Councilmember Ervin	08/28/2012	[REDACTED]
Total		\$42.99				

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Patricia O'Neill  
Signature, Card Member

[Signature]  
Signature, Approving Official

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
08/28/12

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	42.99	0.00	0.00	0.00	42.99

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX [REDACTED]		
08/03/12 GB-ROCKVILLE 513 005 ROCKVILLE MD REF# 146 423-424-2000 08/02/12 FOOD/BEVERAGE... ROC NUMBER 146	14600000000	42.99
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	42.99 0.00

Do not staple or use paper clips

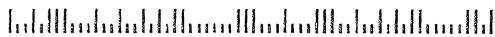
**Payment Coupon**

Account Number [REDACTED]

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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





# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21  
June 2009

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Patricia O'Neill  
School/office name Board of Education  
For the period: From August 29, 2012 To September 28, 2012

Work location CESC, Room 123

### USE SEPARATE LOG FOR EACH ACCOUNT

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
09/27/20120	09/28/2012	\$56.78	Mama Lucia, Rockville	Lunch mtg. to discuss legislation with Delegate Barkley, O'Neill and Dooca	09/28/2012	██████████
Total		\$56.78				

#### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Patricia O'Neill      11, 8, 12      Patricia O'Neill      11/21/12  
 Signature, Card Member      Date      Signature, Approving Official      Date



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
**MCPS MDTAX**

Account Number  
**XXXX-XXXX**

Closing Date  
**09/28/12**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
42.99	56.78	0.00	42.99	0.00	<b>56.78</b>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity**

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX		
09/07/12 CORPORATE REMITTANCE RECEIVED 09/07		-42.99
09/28/12 MAMA LUCIA OF FALLS ROCKVILLE MD REF# 85431382272 301-468-7084 09/27/12	85431382272	56.78
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	56.78 -42.99

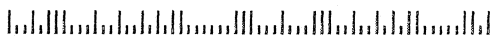
Do not staple or use paper clips  
**Payment Coupon**

Account Number

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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

09/27/2012 - Lunch meeting to discuss legislation with  
Delegate Barkley, O'Neill and Docca



**Mamma Lucia**  
14921 J Shady Grove Rd  
Rockville, MD 20850  
(301) 762-0635

150 PATEL

Tbl 406/1      Chk 239  
Sep27'12 12:02

2 Soft Drink @ 2.25	4.50
1 Gamb Milano	15.00
No	
1 Pollo Mascarp	13.00
1 Baked Z'ig	10.50
Sau	3.00
 Subtotal	 46.00
Tax	2.76
12:37PM Total	<b>48.76</b>

Tax1 Coll      2.76

Thank You for your Patronage  
Please Visit Our Website  
[www.mamalucia.net](http://www.mamalucia.net)

Online Ordering Now Available



*DISCUSS  
LEG.*

**Mamma Lucia**  
14921 J Shady Grove Rd  
Rockville, MD 20850  
(301) 762-0635

Date: Sep27'12 12:40PM  
Card Type: Amex  
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 523701  
Check: 239  
Table: 406/1  
Server: 150 PATEL

ubtotal:      48.76

GRATUITY:      8.00

Total:      56.78

*Patricia BONNE*

Signature

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\* Guest Copy \*\*\*

*CHARLES BARKLEY  
JUDY DOCCA  
PAT O'NEILL*





**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
10/28/12

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
56.78	174.55	0.00	56.78	0.00	<b>174.55</b>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity**

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX [REDACTED]		
10/09/12 CORPORATE REMITTANCE RECEIVED	10/09	-56.78
10/05/12 CLARION RESORT FONTA OCEAN CITY MD		23.02
REF# 0-4105243535	10/04/12	
10/08/12 CLARION RESORT HOTEL OCEAN CITY MD		151.53
FOL# 649888 LODGING	10/08/12	
ARRIVAL DATE DEPARTURE DATE		
10/03/12 10/07/12 00		
ROOM RATE \$145.00		
ROC NUMBER 649888		

**Total for PATRICIA O'NEILL**

New Charges/Other Debits 174.55  
Payments/Other Credits -56.78

Do not staple or use paper clips

**Payment Coupon**

Account Number [REDACTED]

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



10/04/2012 - Breakfast meeting while attending  
MABE's Annual Conference, O'Neill, Senator King

Clerion Fontainbleau Hotel  
Horizons Restaurant

1201 Ryan

CHK 177            46            GST 2  
OCT04'12 8:07AM

Dining

1 Omelet-Chz	9.00
1 add mushrooms	0.85
1 add peppers	1.00
1 Waffle w/ top	7.00
Food	17.85
0.5% City Tax	0.09
6.0% Food Tax	
T:	

Full Service Revenue Center

CHECK: 177  
GST CHK ID: 46  
SERVER: 1201 Ryan  
DATE: OCT04'12 8:38AM  
CARD TYPE: American Express  
ACCT #: XXXXXXXXXXXX  
EXP DATE: XX/XX  
AUTH CODE: 542568  
PO NEILL

BREAKFAST

SUBTOTAL: 19.02

Gratuity: 4.00

Total: 23.02

X. Patricia O'Neill  
I agree to pay the above amount  
in accordance with card holder  
agreement.

NANCY KING  
PAT O'NEILL  
MABE

Fontainebleau Hotel  
10100 Coastal Highway  
Ocean City, MD • 21842  
United States  
410-524-3535 Fax: 410-524-3834

Patricia O'Neill  
Montgomery Co Board Of Ed  
850 Hungerford Drive  
Room 123  
Rockville, MD 20850  
United States  
BE1001 - Mabe

Page Number : 1  
Guest Number: [REDACTED] Arrive Date: 10-03-12  
Folio ID : A Depart Date: 10-07-12  
No. Of Guest: 1  
Room Number : 1211  
Club Account:  
AR Account :

Copy Tax Invoice

Fontainebleau Hotel 10-07-12 09:01 GERRIH

Date	Reference	Description	Charges	Credits
10-03-12	DEPOSIT	Deposit Applied		-151.53
10-03-12	RT1211	Room	145.00	
		Exch Rate: 0		
10-03-12	RT1211	4.5% Occupancy Tax	6.53	
10-04-12	RT1211	Room	145.00	
		Exch Rate: 0		
10-04-12	RT1211	4.5% Occupancy Tax	6.53	
10-07-12	AX	American Express		-151.53
	***For Authorization Purpose Only***			
	xxxxxx [REDACTED]			
	Date	Code	Authorized	
	10-03-12	560338	602.47	
		** Total	303.06	-303.06
		*** Balance	-0.00	

Signature \_\_\_\_\_

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

James O'Neill

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: Jan Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1/5	CARVER	NEIG.	22.0		
1/7	CARVER	TENSION	22.0		
1/10	ANNAPOLIS	MADE LEG.	88.0		
1/17	STONE CENTER	MLK	10.0		
1/24	MADE ANN.	STRAT. PLANNING	22.0		
1/25	CARVER	LEG. COM	88.0		
1/27	CARVER	MCCPTA SEARCH	22.0		
1/31	CARVER	APPEAL	22.0		
		SEARCH	22.0		
(continue on back)			Total This Page	318	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	318	
				For Accounting Use Only	
				_____ miles @ 57	
				Other _____	
				Pay _____	

DRAFT  
1/62/11

Patricia O'Neill  
Signature, Employee 2/1/11  
Date

[Signature]  
Signature, Principal/Supervisor 2/8/11  
Date

APPROVED  
[Signature]  
Signature, Account Manager 2/10/11  
Date

ACCOUNT NUMBER [REDACTED]



# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**PATRICIA O'NEILL**  
**MCPS MDTAX**

Account Number  
**XXXX-XXXX**

Closing Date  
**01/28/11**

Page 1 of 2

20850 000  
0 0 4 0

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	26.02	0.00	0.00	0.00	<b>26.02</b>	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at **1-800-492-4920**.

### Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
<b>XXXX-XXXX</b>		
01/24/11 FAMOUS DAVE'S #2041 ANNAPOLIS MD REF# 86274507 9522941376 01/24/11 RESTAURANT CHARGES ROC NUMBER 86274507	86274507000	26.02
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	26.02 0.00

001 001 01702 R04K9A0A

Do not staple or use paper clips

### Payment Coupon

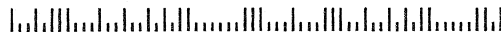
Account Number



Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



02441 R04K9A0A 01702 0010Z ( (000(



2/10/11

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>Feb.</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2/7	CARVER	POLICY	22.0		
2/7	EINSTEIN HS	CLUSTER	13.0		
2/19	COUNTY COUNCIL	NAAAP	18.0		
2/24	GAITHERS BLDG	AAEA	24.0		
2/25	CARVER	ED FOUND.	22.0		
2/28	ANNAPOLIS	MADE LEG.	89.0		

(continue on back)	Total This Page	187	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page		
	GRAND TOTAL	187	

Signature, Employee: Patricia O'Neill Date: 3.1.11  
 Signature, Principal/Supervisor: [Signature] Date: 3.10.2011  
 APPROVED Signature, Account Manager: [Signature] Date: 3.10.11  
 ACCOUNT NUMBER: [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles Paid from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of <b>MARCH</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3/1	CARVER	INTERAGES	22.0		
3/7	COUNTY COUNCIL	ED. COM	18.0		
3/11	CARVER	ED FOUNDATION	22.0		
3/14	CARVER	SPECIAL POPS	22.0		
3/15	CARVER	POLICY HEARING	22.0		
3/16	CARVER	ED FOUNDATION	22.0		
3/17	CARVER	AD HOC	22.0		
3/24	CARVER	CLOSED SESSION	22.0		
3/29	CARVER	ED FOUNDATION	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	194.00	For Accounting Use Only _____ miles @ .51 Other: _____ Pay: _____
	Total Reverse Page		
	GRAND TOTAL	194.00	

<u>Patricia O'Neill</u> Signature, Employee	4, 21 / 11 Date
<u>[Signature]</u> Signature, Principal/Supervisor	5, 6, 11 Date

<input checked="" type="checkbox"/> APPROVED	<u>[Signature]</u> Signature, Account Manager	5/3/11 Date
ACCOUNT NUMBER [REDACTED]		



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**PATRICIA O'NEILL**  
**MCPS MDTAX**

Account Number  
**XXXX-XXXX**

Closing Date  
**03/30/11**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	0.00	0.00	0.00	725.00	<b>725.00</b> <b>CR</b>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX		
03/16/11 AMERICANASSOCSCHOOL 730-875-0779 VA		-725.00
REF# 0 CHARITABLE ORG 03/16/11		Credit
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits	0.00
	Payments/Other Credits	-725.00

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
**[REDACTED]**

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



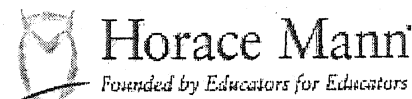
Gibson, Becky

From: aasareg@cmrus.com  
Sent: Wednesday, March 16, 2011 4:52 PM  
To: Gibson, Becky  
Subject: Cancellation # [REDACTED] Patricia O'Neill: AASA 2011 NCE - Confirmation of Registration

## The National Conference on Education

Feb. 17-19, 2011 - Denver, CO

Registration Confirmations  
sponsored by:



### AASA 2011 National Conference on Education

Your Registration Cancellation [REDACTED]

Patricia O'Neill  
850 Hungerford Drive  
Rockville, MD 20850  
United States

#### Cancellation Details:

1 - Cancellation Fee \$100.00

**Total Cancellation Fee: \$100.00**

**Total Payment To Date: \$100.00**

--9/22/2010 11:55:01 AM, Amex, ... [REDACTED], \$825.00

--3/16/2011 1:51:40 PM, Refund, .... [REDACTED] (\$725.00)

AASA 2011 National Confirmation on Education of Registration Cancellation.

We are in receipt of your registration cancellation request for the upcoming National Conference on Education, February 17 - 19, 2011 in Denver, CO.

Please keep a copy of this document for proof of refund transaction.

For Credit Card refunds, allow 6-8 weeks from the date of this email to appear on your statement. Check refunds will be issued after the Annual Meeting.

#### Did you cancel your Hotel reservation for the Annual Meeting?

Cancelling your Annual Meeting Registration does not automatically cancel your housing reservation. If you have made hotel accommodations through AASA Housing and have not received notification of cancellation, please contact AASA Housing at: [aasahousing@cmrus.com](mailto:aasahousing@cmrus.com), or contact the number below.

For additional questions, please contact AASA NCE Registration and Housing at (866) 226-4939 (US & Canada) or / (415) 268-2097 (outside US & Canada).

Thank you,

AASA National Conference on Education Registration



Join us in celebrating

# INTERAGES.

*25* years of Serving Montgomery County

*Honoring Interages Founder*  
**Austin Heyman**

*Mistress of Ceremonies*  
**J.C. Hayward**  
*WUSA 9 News Anchor*

**Honorary Co-Chairs**

**The Honorable Christopher Van Hollen**  
*U.S. Congressman, 8th District*

**The Honorable Isiah Leggett**  
*County Executive of Montgomery County*

**Mrs. Catherine Leggett**  
*ICMA Retirement Corporation*

***Thursday, May 5, 2011***  
6:00 P.M. to 9:00 P.M.

***VisArts Center***  
155 Gibbs Street, Rockville, MD

**Donation \$60**  
*(Tax deductible)*

*RSVP by Thursday, April 21, 2011*





# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**  
www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
04/29/11

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
725.00 CR	1,333.69	725.00	0.00	0.00	<b>1,333.69</b>	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

## Activity

Date reflects either transaction or posting date

Card Number	XXXX-XXXX [REDACTED]	Reference Code	Amount \$
04/07/11	ANNABELLE'S BAR & B 415-777-1200 CA REF# 85180891098 415-777-1200 04/07/11	85180891098	216.43 ✓
04/12/11	MARRIOTT 337F2SFMOSC SAN FRANCISCO CA FOL# 11437 LODGING 04/12/11 ARRIVAL DATE DEPARTURE DATE 04/07/11 04/11/11 00 ROC NUMBER 11437	1143700000	1,067.26 ✓
04/08/11	UNITED AIRLINES DULLAS VA TKT# [REDACTED] 04/07 TICKET BY MAIL NEILL/PO UNITED AIRLINES 1ST BAG FEE DULLAS VA FROM NOT RECORDED TO CARRIER CLASS NOT RECORDED	06057400000	25.00 ✓
04/12/11	UNITED AIRLINES SAN FRANCISCO CA TKT# [REDACTED] 04/11 TICKET BY MAIL NEILL/PO UNITED AIRLINES 1ST BAG FEE SAN FRANCISCO CA FROM NOT RECORDED TO CARRIER CLASS NOT RECORDED	06057580000	25.00 ✓

Continued on Page 3

Do not staple or use paper clips

## Payment Coupon

Account Number  
[REDACTED]

Please enter account number on all correspondence.

PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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





Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX 3000123-5

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
04/29/11

**Activity Continued**

Reference Code

Amount \$

04/07/11 CORPORATE DEDUCTION OF CREDIT BAL.04/07

05059000000

[REDACTED] 725.00

**Total for PATRICIA O'NEILL**

New Charges/Other Debits  
Payments/Other Credits

2,058.69  
0.00

[REDACTED]

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



GUEST FOLIO

55 Fourth Street, San Francisco, California 94103 • 415.896.1600 • Marriott.com/SFODT

2756	ONEILL/PATRICIA	224.00	04/11/11	12:00	11437	13403
Room	Name	Rate	Depart	Time	ACCT#	GROUP
DG	MONTGOMERYCOUNTYPUBL		04/07/11	16:23		
Type			Arrive	Time		
140						

MRW#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
------	-----------	---------	---------	-------------

04/07	ROOM	2756, 1	224.00	
04/07	RM TAX	2756, 1	31.36	
04/07	CA TRSM	2756, 1	.25	
04/07	SF TRSM	2756, 1	3.36	
04/08	MSSN GRL	24272756	31.38	BREAKFAST
04/08	ROOM	2756, 1	224.00	
04/08	RM TAX	2756, 1	31.36	
04/08	CA TRSM	2756, 1	.25	
04/08	SF TRSM	2756, 1	3.36	
04/09	ROOM	2756, 1	224.00	
04/09	RM TAX	2756, 1	31.36	
04/09	CA TRSM	2756, 1	.25	
04/09	SF TRSM	2756, 1	3.36	
04/10	ROOM	2756, 1	224.00	
04/10	RM TAX	2756, 1	31.36	
04/10	CA TRSM	2756, 1	.25	
04/10	SF TRSM	2756, 1	3.36	
04/11	AX CARD			\$1067.26

TO BE SETTLED TO: AMEX CURRENT BALANCE .00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

NSBA Conference  
 San Francisco, CA - April 7 - 11, 2011

Wir bedanken uns für Ihren Besuch  
 Gracias Por Su Patrocino  
 Thank You For Your Business

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 checkout, you will owe us interest from the checkout 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.

Signature X \_\_\_\_\_

Annabelle's Bar & Bistro  
 68 Fourth Street  
 San Francisco CA 94103  
 415.777.1200

Server: Jason 04/07/2011  
 Table 48/1 7:45 PM  
 Guests: 5 50042  
 Order Type: Order

1/2 Caesar 5.00  
 1/2 Caesar 8.00  
 Add anchovies  
 Caesar Salad 9.00  
 Asparagus App 10  
 er 15  
 d Bacon  
 k Frites 23.  
 lant (2 @18.00) 36.00  
 d Tomato 12.  
 3..  
 3.1  
 Tea 24.0  
 olate Cake (3 @8.00) 10.5  
 ee (3 @3.50) 3.5  
 berry Juice 4.00  
 inger Beer

21 Items

Sub Total 167.50  
 Tax 18.78  
 Total 186.28  
 Gratuity 18.00% 30.15  
 Total 216.43

Balance Due 216.43

Join us for Happy Hour  
 25% off food & drink specials!

CHRIS MIKE  
 PAT PHIL  
 JUDY SHIRLEY  
 DINNER NSBA

Annabelle's Bar & Bistro  
 68 Fourth Street  
 San Francisco CA 94103  
 415.777.1200

er: Jason DOB: 04/07/2011  
 O PM 04/07/2011  
 e 48/1 5/50042

5242931

#XXXX [REDACTED]

Magnetic card present: NEILL PO  
 Approval: 506046

Amount: 186.28

+ Included Gratuity: 30.15

+ Additional Tip \_\_\_\_\_

= Total: 216.43

X Patricia O'Neill  
 Approval: 506046



**UNITED**

7APR11 IADCS 36047-4

AGENT ID: V000721

CUSTOMER: NEILL/PO

TKT NBR: [REDACTED]

ITEMS:

25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

[REDACTED]

CPN: 1 ORIGIN: IAD DESTINATION: SFO

FORM OF PAYMENT: AXXXXXXXXXXXX [REDACTED] XXXX  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK

TOTAL USD25.00

[REDACTED]



**UNITED**

11APR11 SF0CS 36086-1

AGENT ID: V000088

CUSTOMER: NEILL/PO

TKT NBR: [REDACTED]

ITEMS:

25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

[REDACTED]

CPN: 1 ORIGIN: SFO DESTINATION: IAD

FORM OF PAYMENT: AXXXXXXXXXXXX [REDACTED] XXXX  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK

TOTAL USD25.00

[REDACTED]



Do not expose to excessive heat or direct sunlight.

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX F087 RUN 1-11

Do not expose to excessive heat or direct sunlight.

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX F087 RUN 1-11

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>MAY</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5/4	CARVER	TAFE WEAST	22.0		
5/9	CARVER	BUDGET & MCPSA	22.0		
5/11	CARVER	CONTRACT SIGNING	22.0		
5/13	CARVER	RETIREMENT	22.0		
5/17	CA & CARVER	BUDGET & POLICY	22.0		
5/19	CARVER	4135 ASKS SCHOLARSHIPS	22.0		
5/25	CARVER	STRAT. PLANNING	22.0		
5/26	COUNTY COUNCIL	REDISTRIBUTIONS	18.0		
5/27	CARVER	ED FOUNDATION	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	194	For Accounting Use Only _____ miles @ _____ Other Pay <b>PAID</b>
	Total Reverse Page		
	GRAND TOTAL	194	

Patricia O'Neill 6/10/11  
Signature, Employee Date

[Signature] 6/8/11  
Signature, Principal/Supervisor Date

APPROVED [Signature] 6/8/11  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

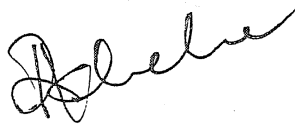
May 12, 2011


Hand  
5/16

PAID

MEMORANDUM

To: Mr. Robert J. Doody, Controller  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff 

Subject: Check Request Payable to Patricia O'Neill, ID No. 

Please issue a check in the amount of **\$144.00** in reimbursement of the attached receipts for ground transportation while attending the NSBA conference in San Francisco and deposit check.

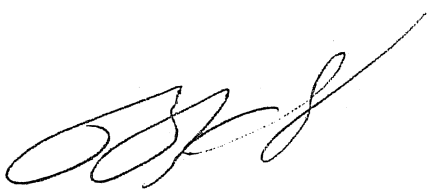
Please charge the account number for the Board Member/Staff Person indicated.

Mrs. Patricia O'Neill ..... 

Thank you.

RI:rlg

Attachment

Approved  \_\_\_\_\_

ARROW CAB CO. - 415-648-3181

San Francisco, California

Date 4/9/11  
From FISH WARE  
To MARQUIS  
Amount 12.00  
Driver's Name \_\_\_\_\_  
Cab Number \_\_\_\_\_

BARWOOD TAXI  
CAB # 516  
04/07/11 09:49  
04/07/11 10:20  
DELAY 00:07:19  
TRIP # 3915  
DIST 21.55 mi  
Rate 1 \$ 50.00  
EXTRAS \$ 3.00  
TOTAL \$ 53.00  
THANK YOU FOR  
CHOOSING BARWOOD  
FOR RESERVATIONS  
TEL 301-984-1900  
+ 7.00  
TIP

04/09/11 - Ground Transportation -  
Participants - Pat O'Neill, Judy Docca, Mike Durso, Alan Xie

04/07/11 - Ground Transportation to Dulles Airport -  
Participants - Pat O'Neill, Judy Docca, Shirley Brandman

ARROW CAB CO. - 415-648-3181

San Francisco, California

Date 4/10/11  
From MARQUIS  
To FISH WARE MAR.  
Amount 12  
Driver's Name \_\_\_\_\_  
Cab Number \_\_\_\_\_

DATE 4/11/11 AMOUNT \$ 600  
RECEIVED FROM \_\_\_\_\_  
FROM DULLES  
DESTINATION 6716 LANDON LAKE  
CAB# \_\_\_\_\_ DRIVER I.D.# \_\_\_\_\_

DRIVER'S NAME  
PAT JUDY HOME

04/10/11 - Ground Transportation -  
Participants - Roland Ikheoa, Pat O'Neill, Alan Xie

04/11/11 - Ground Transportation from Dulles Airport to home -  
Participants - Pat O'Neill, Judy Docca

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>June</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6/1	MARRIOTT CONF	CHAMBER	9.0		
6/2	DCL	GRADUATION	7.0		
6/3	STRATHMORE	ROCKVILLE GRAD	8.0		
6/6	CARVER	ED FOUNDATION	22.0		
6/18	CARVER	ORAL ARG.	22.0		
6/19	MARRIOTT CONF.	LEADERSHIP MONT	9.0		
6/12	CARVER	MEET COUSIN	22.0		
6/15	CARVER	ED FOUNDATION	22.0		
6/28	CARVER	REDISTRIBUTING	22.0		
6/30	CARVER	PLANNING BOARD	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page		For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	165	

Patricia O'Neill Signature, Employee Date 7/2/11  
[Signature] Signature, Principal/Supervisor Date 8/1/11

**PAID**  
8/1/11

APPROVED  
[Signature] Signature, Account Manager Date 8/1/11

ACCOUNT NUMBER [REDACTED]



# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**  
www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
07/28/11

Page 1 of 2

001 001 02074 R04K9A0A 0 0 4 0 20850 000

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	31.01	0.00	0.00	0.00	<b>31.01</b>	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

## Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX [REDACTED]		
07/20/11 HAMBURGER HAMLET 21 BETHESDA MD REF# 1 RESTAURANT 07/19/11	00000000001	31.01
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	31.01 0.00

Do not staple or use paper clips

### Payment Coupon

Account Number [REDACTED]

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



03007 R04K9A0A 02074 0010Z. (

WELCOME TO HAMBURGER HAMLET  
10400 Old Georgetown Rd  
Bethesda, MD 20814  
301-897-5350

Server: Elmer 07/19/2011  
Table 650/1 02:17 PM  
Guests: 0

10400 Old Georgetown Rd  
Bethesda, MD 20814  
Hamburger Hamlet Restaurant

Iced Tea 2.95  
Soda Water 2.95  
Classic Cheese Burger 11.95  
Napa Valley Burger 12.50

Subtotal 30.35  
50% Mng -5.98  
Disc Sub Total 24.37  
Tax 1.64

Total 26.01

Balance Due 26.01

MON - 50% OFF ALL WINE BOTTLES  
TUES - 50% OFF CLASSIC BURGERS  
WED - \$10 OFF YOUR BILL OF \$40

WELCOME TO HAMBURGER HAMLET  
10400 Old Georgetown Rd  
Bethesda, MD 20814  
301-897-5350

Server: Elmer DOB: 07/19/2011  
02:17 PM 07/19/2011  
Table 650/1 6/60018

Amex 6291467  
Card #XXXXXXXXXX  
Approval: 125638

Amount: \$ 26.01

+ Tip: 5.00

= Total 31.01

X *Patricia B O'Neill*

MON - 50% OFF ALL WINE BOTTLES  
TUE - 50% OFF CLASSIC BURGERS  
WED - \$10 OFF YOUR BILL OF \$40

\*\*\* GUEST COPY \*\*\*

*MICHAEL A. CHANDLER  
PAT O'NEILL*

Jan 10/11

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>JEPT</u> Use one form for each month.

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
9/6	CARVER	JOINT COM.	22.0		
9/20	CARVER	POLICY	22.0		
9/21	CARVER	FOUNDATION	22.0		
9/22	CARVER	SEIU	22.0		
1/27	CARVER	MCDAP	22.0		
(continue on back)			Total This Page	110.0	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	110.0	
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

[Signature]  
Signature, Employee  
10/20/11  
Date

[Signature]  
Signature, Principall/Supervisor  
10, 24 11  
Date

APPROVED  
[Signature]  
Signature, Account Manager  
10, 24, 11  
Date

PAID  
10/25/11

ACCOUNT NUMBER [REDACTED]







# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbil

Prepared For  
**PATRICIA O'NEILL**  
**MCPS MDTAX**

Account Number  
XXXX-XXXX

Closing Date  
10/28/11

Page 1 of 2

0 0 4 0 20850 000

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	89.59	0.00	0.00	0.00	<b>89.59</b>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

## Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX		
10/07/11 CLARION RESORT FONTA OCEAN CITY MD REF# 0 4105243535 10/06/11		89.59

<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits	89.59
	Payments/Other Credits	0.00

001 001 00831 R04K9A0A

Do not staple or use paper clips  
**Payment Coupon**

Account Number

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



(000( 01178 R04K9A0A 00831 0010Z. (





Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

*January 2010*

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) O'Neill (First) Patricia (Middle)	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <i>Jan</i> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1/4	CARVER	BUDGET MEETING	22.0		
1/5	CARVER	BECKY NEWMAN	22.0		
1/7	CARVER	PRE AGENDA	22.0		
1/15	PAINT BRANCH / CARVER	PRESSURE AGENDA	42.0		
1/19	CARVER	THE ARC	22.0		
1/21	CARVER	ADHOC / VALERIE	22.0		
1/22	CARVER	CATH GIBB	22.0		
1/25	MARBE	LEG.	89.0		
1/26	CARVER	POLICY	22.0		
1/27	CARVER & MCKE	PINNING MEETING	22.0		
1/28	CARVER & COUNTY CO.	WORKSESSION / DEB / LINDA	22.0		

**PAID**  
1/16/10

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	328	For Accounting Use Only _____ miles @ .5 Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	328	

<i>Patricia O'Neill</i> Signature, Employee	2/1/10 Date
<i>[Signature]</i> Signature, Principal/Supervisor	2/4/10 Date
<i>[Signature]</i> Signature, Account Manager	2/16/10 Date
APPROVED	
ACCOUNT NUMBER [REDACTED]	



Jan 11/14

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>MARCH</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3/2	CARVER 4 LL	BOARD - CIP	22		
3/3	EXEL. CARVER	LEBBETE HEARING	22.0		
3/4	CARVER	PARENT ACADEMY	22.0		
3/8	KE & MCARD	FRANCHISE NEWMAN	36.0		
3/10	CARVER	TRIP TO ANNAPOLIS	22.0		
3/11	COUNTY COUNCIL	CIP	18.0		
3/15	CARVER	BUDGET	22.0		
3/16	CARVER	POLICY	22.0		
3/17	CARVER	AP HOVED FOUND	22.0		
3/20	PAINT BRUSH	CROWD BREAK	30.0		
3/25	CARVER	NEWARK AREA	22.0		
3/30	CARVER	TAFE ED MATTERS	22.0		

**PAID**  
141

(continue on back)	Total This Page	282	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page		
	GRAND TOTAL	282	

Patricia O'Neill Signature, Employee 4/7/10 Date

[Signature] Signature, Principal/Supervisor 4/14/10 Date

APPROVED [Signature] Signature, Account Manager 4/19/10 Date

ACCOUNT NUMBER [REDACTED]





June 4/10

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation D1E-BA: Local Travel.) List all official stops in date order.

REVIEWED

Employee ID No. 0 0 0 [REDACTED]	Base School Location: New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>May</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5/1	KEY	DEDICATION	31.0		
5/3	CARVER	TAPED MATTERS	22.0		
5/4	CARVER	MAGNET BRIEFING	22.0		
5/5	CARVER	LEGAL MEETING	22.0		
5/8	RICA	MEETING	24.0		
5/15	GIBBS	DEDICATION	36.0		
5/16	CHABELL	DEDICATION	39.0		
5/17	FESTIVAL CENTER	SALICIA TEACHER	31.0		
5/18	CARVER	BROAD REVIEW	22.0		
5/19	CARVER	FLOUS BUDGET	22.0		
5/20	COUNCIL	BUDGET VOTE	18.0		
5/21	CARVER	BUDGET BOARD	22.0		
5/25	CARVER	MSB - MOE	22.0		
5/26	CARVER	STRAT. PLANNING	22.0		
5/27	COUNCIL	AUDGET	18.0		
5/28	CARVER	BUDGET MEETING	22.0		
(continue on back)			Total This Page	395.0	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	395.0	

RECEIVED  
JUN 10 2010  
DIVISION OF CONTROLLER

For Accounting Use Only  
\_\_\_\_\_ miles @ \_\_\_\_\_  
Other: \_\_\_\_\_  
Pay: \_\_\_\_\_

[Signature] 6/1/2010  
Signature, Employee Date

[Signature] 6/7/10  
Signature, Principal/Supervisor Date

[Signature] 6/7/10  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**PATRICIA O'NEILL**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
05/29/10

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	52.10	0.00	0.00	0.00	52.10	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity**

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX [REDACTED]		
05/17/10 MAMA LUCIA OF FALLS ROCKVILLE MD REF# 85431380138 301-468-7084 05/17/10	85431380138	52.10
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	52.10 0.00

Do not staple or use paper clips

**Payment Coupon**

Account Number

[REDACTED]

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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



14921 J Shady Grove Rd  
Rockville, MD 20850  
(301) 762-0635

Date: May17'10 12:46PM  
Card Type: Amex  
Acct #: XXXXXXXX  
Exp Date: XX/XX  
Auth Code: 520533  
Check: 5436  
Table: 406/1  
Server: 224 Cahni B

Amount: 44.10

Gratuuity: 8.00

Total: 52.10

*Patricia B O'Neill*

Signature

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\*\* Guest Copy \*\*\*\*

KRIS TRIBLE  
SHIRLEY BRANDMAN  
PAT O'NEILL  
MCCATA-BUDGET

14921 J Shady Grove Rd  
Rockville, MD 20850  
(301)

224 Cahni B

Tbl 406/1

Ma

2 Iced Tea @ 1.9 3.80  
1 Soft Drink 1.50  
1 Side Caesar 3.75  
Insalata  
1 Eggplant Parm 11.00  
Veggies \$ 3.00  
TORTELLINI POMODORO  
1 Open Food 3.00  
1 Spag Carbonara

Subtotal 41.60  
Tax 2.50  
12:41PM Total 44.10

Thank You,  
Join us again.

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

*Handwritten notes:*  
 6/21/10  
 6/21/10

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>JUNE</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6/1	CARVER	BUDGET	22.0		
6/2	ICC	GRADUATION	7.0		
6/3	MONT. COLL. TO	GRADUATION	14.0		
6/4	INTERACTIONS	VOL. AWARDS	28.0		
6/10	CARVER	SIGN CONTRACTS	22.0		
6/16	ICB	AM. CLUB	17.0		
6/16	CARVER	AM. FOUNDATION	22.0		
6/17	CARVER	ALAN KIE	22.0		
6/28	ROLLING TERRACE	ARE. CONF.	24.0		
6/29	CARVER	AGENDA SETTING	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	210	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	210	

<u>Patricia O'Neill</u> Signature, Employee	7, 6, 10 Date
<u>[Signature]</u> Signature, Principal/Supervisor	7, 7, 10 Date

<input checked="" type="checkbox"/> APPROVED	<u>[Signature]</u> Signature, Account Manager	7, 21, 10 Date
--	--	-------------------

ACCOUNT NUMBER [REDACTED]

**PAID**  
6/25/10

July 8/10

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No.	0 0 0 0	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name (Last)	O'Neill	Board of Education
Name (First)	Patricia	No. Miles to and from Home and Base Location
Name (Middle)		22.0
Address (Street No.)		Job Title
Address (Street)		Board Member
Address (Apt. No.)		
(City)		Submitted for Month of: July
(State)	Maryland	Use one form for each month
(ZIP Code)		

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
7/6	CARVER	TRADE ED MATTERS	22.0		
7/7	CARVER	PENSION	22.0		
7/14	COUNTY COUNCIL	BUDGET	18.0		
7/16	CARVER	ED FOUNDATION	22.0		
8/19	CARVER	CONF CALL	22.0		
(continue on back)			Total This Page	For Accounting Use Only	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	_____ miles @ _____	
			GRAND TOTAL	Other _____	
			106	Pay _____	

\_\_\_\_\_  
 Signature, Employee  
 8/5/10  
 Date

\_\_\_\_\_  
 Signature, Principal/Supervisor  
 8/10/10  
 Date

PAID 8/31

APPROVED  
 \_\_\_\_\_  
 Signature, Account Manager  
 8/12/10  
 Date

ACCOUNT NUMBER \_\_\_\_\_

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

9/15/10

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>AUG</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
8/11	RM	TAKE BACK TO SCHOOL	18.0		
8/16	RMA CARVER	NEWED 9 SIGN	22.0		
8/18	M CARP	BELKY MAMA	23.0		
8/24	CARVER	JERRY WEA ST	22.0		
8/25	TWIND BROOK	PRE K	20.0		
(continue on back)			Total This Page	105.00	\$0.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	\$0.00
			GRAND TOTAL	105.00	\$0.00

**PAID**  
22.50

Patricia O'Neill 9/8/10  
Signature, Employee Date

[Signature] 9/15/10  
Signature, Principal/Supervisor Date

[Signature] 9/16/10  
Signature, Account Manager Date

APPROVED

ACCOUNT NUMBER [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

10/5/10

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>SEPT.</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
9/8	CARVER	KRIS TRIBLE	22.0		
9/9	SHERWOOD	BUILD SERVICE	34.0		
9/15	STRATHMORE	BCC LAZULIS	10.0		
9/15	CARVER	TAKE TRAIL	22.0		
9/20	CARVER	TAKE ED MATTERS	22.0		
9/21	CL & CARVER	CC AGENDA	22.0		
9/22	CARVER	SETU	22.0		
9/24	CARVER	AD HOC	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	176	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	176	

Patricia B O'Neill 10/4/10  
Signature, Employee Date

[Signature] 10/8/10  
Signature, Principal/Supervisor Date

PAID 88

APPROVED

[Signature] 10/10/10  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**  
www.americanexpress.com/checkyourbill

Prepared For  
PATRICIA O'NEILL  
MCPS MDTAX

Account Number  
XXXX-XXXX

Closing Date  
09/28/10

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	1,520.00	0.00	0.00	0.00	1,520.00

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
09/22/10 AMERICANASSOCSCHOOLLA 730-875-0779 VA REF# 155249 CHARITABLE ORG 09/22/10	15524900000	825.00
09/24/10 NSBA-0115 ALEXANDRIA VA REF# 39400025 703-838-6722 09/24/10 CONTRIBUTIONS/ ROC NUMBER 39400025	39400025000	695.00
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	1,520.00 0.00

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
[Redacted]

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



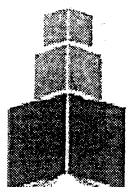
Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.



**Gibson, Becky**

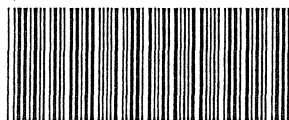
---

**From:** aasareg@cmrus.com  
**Sent:** Wednesday, September 22, 2010 2:55 PM  
**To:** Gibson, Becky  
**Subject:** Confirmation [REDACTED] Patricia O'Neill: 1/17/2011 12:00:00 AM



NATIONAL CONFERENCE ON  
EDUCATION

**AASA 2011 National Conference on Education**



**Your Registration Confirmation #** [REDACTED]

Patricia O'Neill  
850 Hungerford Drive  
Rockville, MD 20850  
United States

**Registration Details:**

1 - National Conference on Education Annual Meeting Registration \$825.00

**Total Registration Fees:** \$825.00

**Total Payment To Date:** \$825.00

--9/22/2010 11:55:01 AM, Amex, ... [REDACTED], \$825.00

We are pleased to confirm your registration for the AASA National Conference on Education, to be held on February 17-19, 2011 at the Colorado Convention Center in Denver, CO.

**BRING YOUR BARCODE WITH YOU AND BREEZE THROUGH REGISTRATION!** To improve the registration process, badges and tickets will not be mailed in advance of the meeting. Confirmations will be sent via e-mail or faxed to all attendees who have pre-registered. The barcode included on this confirmation will speed you through the registration and materials pick-up area. If you do not see the barcode prior to printing, right-click on the image above to display the barcode.

Because education is your passion and it's the cornerstone of your career, AASA, through the National

Conference on Education, is providing you the opportunity to strengthen your foundation with fresh knowledge and make new connections. You'll find presentations by the nation's premier thought leaders, plus educational sessions that explore innovative solutions to your most pressing challenges that you can put to use immediately. You'll also have plenty of time for networking, visiting the NCE Marketplace, and getting inspired by our General Session Speakers.

If you paid for your registration by credit card a charge from "AASA/NCE Reg" will appear on your credit card statement. For the latest information about the annual meeting, visit [www.aasa.org/nce](http://www.aasa.org/nce).

We look forward to welcoming you to Colorado!

**Cancellations:**

- \* Cancellation must be made in writing and received by Monday, January 17, 2011.
- \* Send cancellation or refund requests to AASA NCE Registration by email at [aasareg@cmrus.com](mailto:aasareg@cmrus.com) or by fax at (415) 293-4070.
- \* AASA does not accept cancellation requests made by phone.
- \* No refunds or name changes will be allowed after Monday, January 17th.
- \* Refunds will be processed by April 30, 2011.
- \* Cancellations are subject to a \$100 administrative fee.
- \* If registration is paid by PO, the \$25 PO fee will also be assessed.
- \* Tour, special event and meal ticket refunds are given only for full conference cancellations before January 20, 2010.
- \* No-shows will not receive a refund.
- \* No refunds are granted for "no-shows", and full payment is required and will be invoiced until full payment is received.
- \* Substitutions must be made in writing and received by Monday, January 17, 2011. Substitution requests can be emailed to [aasareg@cmrus.com](mailto:aasareg@cmrus.com).

**Housing:**

If you haven't made your housing reservations yet, [click here](#) to reserve now! You will need your registration confirmation ID# available to make your housing reservations.

Please review this information carefully. Changes and corrections can be made by email at [aasareg@cmrus.com](mailto:aasareg@cmrus.com), or by fax at (415) 293-4070. A new confirmation will be sent after each change or correction.

---

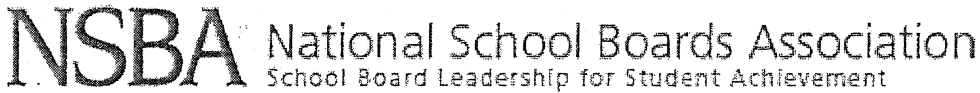
To make changes to your registration record, visit the following link:

[https://www2.cmrrreg.com/aasa\\_1a/register.aspx](https://www2.cmrrreg.com/aasa_1a/register.aspx)

---

**Gibson, Becky**

**From:** registration@nsba.org  
**Sent:** Thursday, September 23, 2010 3:13 PM  
**To:** O'Neill, Patricia  
**Cc:** Gibson, Becky  
**Subject:** 2011 Annual Conference Confirmation Letter



09/23/2010

**Confirmation ID #:** [REDACTED]

Dear Mrs. O'Neill:

We are delighted you will be joining us for NSBA's 71<sup>st</sup> Annual Conference to be held April 9 – 11, 2011, at the Moscone Convention Center in San Francisco, California. The programs you have chosen are listed below.

Registration Details For: Mrs. Patricia B. O'Neill  
 Board Member  
 Montgomery County Board of Education

Qty	Item	Sub-Total	Discount	Paid	Balance
1	National Affiliate Early Rate Registration Fee	695.00	0.00	695.00	0.00

NSBA conference registration is located in the Moscone Convention Center – North Upper Foyer. **All registrants must pick up their registration packet in person.**

Registration hours are:

Friday, April 8	8:00 a.m. – 5:00 p.m.
Saturday, April 9	7:30 a.m. – 5:00 p.m.
Sunday, April 10	8:00 a.m. – 4:30 p.m.
Monday, April 11	7:30 a.m. – 1:00 p.m.

**IF YOU ARE REGISTERED FOR THE COUNCIL OF SCHOOL ATTORNEYS' SCHOOL LAW SEMINAR**, please pick up your badge and seminar materials at the **Hilton San Francisco Union Square, Yosemite Foyer**. If you are also registered for NSBA's conference, your conference badge will be available with your seminar materials at the Hilton. Registration begins on Thursday, April 7 at 12 noon. The School Law Seminar begins on Thursday, April 7 with Early Bird Concurrent Sessions at 3:00 p.m. and General Session at 5:00 p.m. The seminar will adjourn on Saturday, April 9 at 12 Noon.

Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>OCT.</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
10/4	CARVER	DR POLLARD	22.0		
10/5	CARVER	RET. & INTERAGIS	22.0		
10/6	CARVER	TRIP FOR BALDRICE	22.0		
10/4	CARVER	STAT. FORUM	22.0		
10/14	CARVER	PENSION	22.0		
10/15	RM	PARADE	18.0		
10/18	CARVER	B. ALDRIDGE	22.0		
10/20	CARVER	BALDRICE	22.0		
10/27	CARVER	RM TOUR	22.0		
10/28	CARVER	PENSION	22.0		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	216	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page		
	GRAND TOTAL	216	

Signature, Employee: Patricia O'Neill Date: 11/4/10

Signature, Principal/Supervisor: [Signature] Date: 10/5/10

APPROVED  
 Signature, Account Manager: [Signature] Date: 11/8/10

ACCOUNT NUMBER: [REDACTED]

PAID  
108



**Corporate Purchasing  
Gardmember Report**

**Sign-up For Online  
Statements**  
www.americanexpress.com/checkyourbill

Prepared For  
**PATRICIA O'NEILL**  
**MCPS MDTAX**

Account Number  
**XXXX-XXXX**

Closing Date  
**10/28/10**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
1,520.00	39.41	0.00	1,520.00	0.00	<b>39.41</b>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
10/12/10 CORPORATE REMITTANCE RECEIVED 10/12	0505900000	-1,520.00
10/02/10 CLARION RESORT HOTEL OCEAN CITY MD FOL# 572580 LODGING 10/02/10 ARRIVAL DATE DEPARTURE DATE 09/28/10 10/01/10 00 ROOM RATE \$145.00 ROC NUMBER 572580		18.12 ✓
10/18/10 TIDEWATER LANDING RE WASHINGTON DC REF# 08840139 301-695-9750 10/18/10 FOOD/BEVERAGE ROC NUMBER 08840139	08840139000	21.29 ✓
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits Payments/Other Credits	39.41 -1,520.00

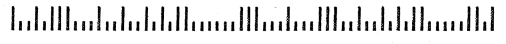
Do not staple or use paper clips  
**Payment Coupon**

Account Number  
**[REDACTED]**

Please enter account number on all correspondence.



**PATRICIA O'NEILL**  
**MCPS MDTAX**  
**850 HUNGERFORD RM123**  
**ROCKVILLE MD 20850-1718**



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

Fontainebleau Hotel  
 10100 Coastal Highway  
 Ocean City, MD 21842  
 United States  
 410-524-3535 Fax: 410-524-3834

Patricia O'Neill  
 Montgomery County B O E  
 850 Hungerford Drive  
 Room 123  
 Rockville, MD 20850  
 United States  
 BE0927 - Mabe

Page Number : 1  
 Guest Number: [REDACTED] Arrive Date: 09-28-10  
 Folio ID : A Depart Date: 10-01-10  
 No. Of Guest: 1  
 Room Number : 1508  
 Club Account:  
 AR Account :

Copy Invoice

Fontainebleau Hotel 10-01-10 09:56 VALERIE

Date	Reference	Description	Charges	Credits
09-30-10	5400	Gift Shop	1.59	
10-01-10	398	Horizons	16.53	
10-01-10	AX	American Express		-18.12
		** Total	18.12	-18.12
		*** Balance	0.00	

Signature \_\_\_\_\_

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

10/18/2010

BROAD Prize announcement

Meal on trip home

Pat O'Neill Airport

Tidewater Landing  
Reagan National Airport  
Terminal B South Pier

25 Oct 10

Tbl 14/1

852

Pat O

02:07PM

Tidewater Landing  
Reagan National Airport  
Terminal B South Pier

Date: Oct 18 '10 02:05PM

Order Type: [unclear]

Order #: [unclear]

Table: [unclear]

Server: [unclear]

Guests: 11

Table: 14/1

Server: [unclear]

Subtotal: 18.29

Tip: 3.00

Total: 21.29

*Patricia O'Neill*

I agree to pay the total  
according to the server  
statement.

\*\*\* Guest Copy \*\*\*

PAT O'NEILL  
LUNCH  
BROAD

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) O'Neill Patricia	No. Miles to and from Home and Base Location 22.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <b>NOV</b> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
11/8	CARVER	ED FOUNT	22.0		
11/9	ANNAPOLIS	MADE LEG	88.0		
11/11	CARVER	PENSI NOW	22.0		
11/12	FESTIVAL CER.	PSYCH.	26.0		
11/16	CARVER	POLICY & DEL.	22.0		
11/17	VIS ARTS	COLLABORATION	19.0		
11/18	BLAIR	DUNCAN VISIT	16.0		
11/19	CARVER	SEARCH	22.0		
11/22	CARVER	AD HOC SEARCH	22.0		
11/23	CARVER	TAPE ED MATTER	22.0		
11/24	COUNTRY GOLF	EARLY	18.0		

*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	299	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page		
	GRAND TOTAL	299	

Signature, Employee: Patricia O'Neill Date: 12/1/10

Signature, Principal/Supervisor: [Signature] Date: 12/7/10

APPROVED

Signature, Account Manager: [Signature] Date: 12/10/10

ACCOUNT NUMBER: [REDACTED]





**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For

**PATRICIA O'NEILL  
MCPS MDTAX**

Account Number

XXXX-XXXX-XXXX

Closing Date

11/28/10

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
39.41	88.44	0.00	39.41	0.00	88.44

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity**

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
XXXX-XXXX-XXXX		
11/05/10 CORPORATE REMITTANCE RECEIVED 11/05	05059000000	-39.41
11/08/10 FAMOUS DAVE'S #2041 ANNAPOLIS MD	53728701000	27.06
REF# 53728701 9522941376 1-1/08/10		
RESTAURANT CHARGES		
ROC NUMBER 53728701		
11/08/10 VICINO RISTORANTE IT SILVER SPRING MD	85185640313	61.38
REF# 85185640313 301-588-3372 11/08/10		
<b>Total for PATRICIA O'NEILL</b>	New Charges/Other Debits	88.44
	Payments/Other Credits	-39.41

Do not staple or use paper clips

**Payment Coupon**

Account Number

XXXXXXXXXXXX

Please enter account number on all correspondence.



PATRICIA O'NEILL  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718



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

181 Jennifer Road  
Annapolis, MD 21401  
(410) 224-2207

3002 Victori

131/1 Chk 3964 Gst 2  
Nov08'10 12:46PM

DINE IN  
\* BRISKET SAND  
COLE SLAW  
CUP SOUP

Tax  
01:24PM

6

Indus Dave's #2041  
181 Jennifer Road  
Annapolis, MD 21401  
(410) 224-2207

Nov08'10 01:26PM

Card Type AmExpress  
Acct # XXXXXXXXX  
Key CIC003403702537  
Date XX/XX  
Code 509863  
1964  
131/1  
3002 Victori

Subtotal: 23.00

\*\*\* GUEST COPY \*\*\*

Total 27.00

\*\*\*\*\* GUEST COPY \*\*\*\*\*  
Please Retain For Your Records

PAT O'NEILL  
LAURA STEWART  
MABLE LEE

DINNER  
MOE

VICINO RISTORANTE ITALIA  
950 SLIGO AVE  
SILVER SPRING MD 20910  
(301) 588-3372

COPY

11/08/2010 22:56:5

Sale:

Transaction #  
Card Type A  
Acc: \*\*\*\*\*  
Entry Swiped  
Base Amt 10.00

10.00

61.38

Total Amt: \$ 61.38

Trace ID: 1222  
Reference No.: 00040721311  
Code: 52  
pos. flag/TKT 5  
Merchant number \*

SHEILA HIXSON

CUSTOMER COPY  
VALERIE TRIN  
PAT O'NEILL

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

November 9, 2010

*Handwritten:* 11/9/10

*Handwritten:* 11/9/10

MEMORANDUM

To: Mr. Robert J. Doody, Controller  
Division of Controller

From: Roland Ikheloa, Chief of Staff

*Handwritten signature of Roland Ikheloa*

Subject: Check Request Payable to Patricia O'Neill, ID No. [REDACTED]

*Handwritten:* f < the  
Please issue a check in the amount of \$75.34 in reimbursement of the attached two cash taxi receipts (fair plus \$5.00 tip for each) while attending the BROAD Prize Announcement Activities in New York.

Please charge the account number for the Board Member/Staff Person indicated.

Mrs. Patricia O'Neill..... [REDACTED]

Thank you.

RI:rlg

Attachment

Approved *[Handwritten Signature]*

BROAD Prize Announcement Activities  
10/18 - 10/19 - Transportation to/from Airport and Hotel

MED# 4P72  
10/18/10 TR 4578  
START -END MILES  
17:45 18:15 8.9  
Regular Fare  
RATE 1:\$ 24.90  
SURCH: \$ 1.00  
QMTnl:\$ 4.57  
StSrch:\$ 0.50  
TOTAL: \$ 30.97

THANKS  
TO CONTACT TLC  
DIAL 3-1-1

MED# 9V63  
10/19/10 TR 684  
START -END MILES  
~~14.18~~ 14.49 10.1  
REGULAR FARE  
RATE 1:\$ 29.30  
SURCH: \$ 0.00  
TRIBB:\$ 4.57  
STSRCH:\$ 0.50  
TOTAL: \$ 34.37

THANKS  
TO CONTACT TLC  
DIAL 3-1-1

+5<sup>00</sup> Tip  

---

35 97

+5<sup>00</sup> Tip  

---

39 37



MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

December 6, 2010

*Handwritten:* 12/10/10

*Stamp:* RECEIVED

MEMORANDUM

To: Mr. Robert J. Doody, Controller  
Division of Controller

From: Roland Ikheloa, Chief of Staff

*Handwritten signature:* R. Ikheloa

Subject: Check Request Payable to **Patricia O'Neill, ID No. [REDACTED]**

Please issue a check in the amount of **\$45.35** in reimbursement of the attached receipt for a lunch meeting with members of the Montgomery County Senate and Delegation.

Please charge the account number for the Board Member/Staff Person indicated.

Mrs. Patricia O'Neill..... [REDACTED]

Thank you.

RI:rlg

Attachment

Approved *[Handwritten Signature]*

