



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-100252
Protectee: Lt Governor Kevin Bryant
Hours Worked (overtime hours only) N/A
Detail Dates 10-2-17 to 10-2-17
Event/Purpose: Republican Womens Club
From: 1301 Gervais St Columbia SC
To: 207 W 5th N St Summerville SC
To:

SL# DPS # C34652
Total Miles (event only) 97.6 (x 0.535 = \$52.22)
Meals N/A
Lodging N/A
Other N/A (Explain)
Total \$ 52.22

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett Lind
Agent's Name (Print)

Agent's Signature

Date

[Signature]
Approval Signature

Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1005S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>240(x 0.535= 128.40)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/05/17</u> to <u>10/05/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Columbia Tea Party</u>	Other <u>N/A</u> (Explain)
From: <u>1104 Harpers Way. Anderson S.C.</u>	
To: <u>200 Leisure Ln Irmo S.C.</u>	
To: <u>1104 Harpers Way. Anderson S.C.</u>	Total <u>\$128.40</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-100852

SL# DPS # C34652

Protectee: Lt. Gov. Kevin Bryant

Total Miles (event only) 58.8 mi ($58.8 \text{ mi} \times 0.535 = 31.46$)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 10-08-2017 to 10-08-2017

Lodging N/A

Event/Purpose: Arizona Children's Charities Concert

Other N/A (Explain)

From: 1104 Harpers Way Anderson, SC

To: 1 Aviation Ln Greenville, SC

To: 1104 Harpers Way Anderson, SC

Total \$ 31.46

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett W. Lind
Agent's Name (Print)

Brett W. Lind
Agent's Signature

01-30-2018
Date

[Signature]
Approval Signature

2-2-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1013S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>1.6 (x 0.535=.86)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/12/17</u> to <u>10/12/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Silver Elephant</u>	Other <u>N/A</u> (Explain)
From: <u>601 Main St. Columbia S.C. 29201</u>	
To: <u>1101 Lincoln St. Columbia S.C. 29201</u>	
To: <u>601 Main St. Columbia S.C. 29201</u>	
	Total <u>\$0.86</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1013S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>491 (x 0.535=262.69)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/13/17</u> to <u>10/13/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Laura Ingraham</u>	Other <u>N/A</u> (Explain)
From: <u>301 Old Rock House Rd. Greenville S.C. 29609</u>	
To: <u>3346 Reed St. Myrtle Beach S.C. 29577</u>	
To: <u>2 Grasslawn Ave. Hilton Head Island S.C. 29928</u>	Total <u>\$262.69</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-1016S2

SL# 1629

Protectee: Lt. Gov Bryant

Total Miles (event only) 13 (x 0.535= 6.96)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 10/16/17 to 10/16/17

Lodging N/A

Event/Purpose: Charleston Co Republican Club ¹⁷² ~~(172)~~

Other N/A (Explain)

From: 225 Seven Farms Dr. Daniel Island S.C.

To: 2500 City Hall Ln. North Charleston S.C.

Total \$6.96

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Steven Christofides
Agent's Name (Print)

[Signature]
Agent's Signature

2/5/18
Date

[Signature]
Approval Signature

2-6-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1017S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>78.6 (0.535 x 78.6) = \$42.05</u>
Hours Worked (overtime hours only) _____	Meals <u>N/A</u>
Detail Dates <u>10/17/17</u> to <u>10/17/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Radio Interview/</u>	Other <u>N/A</u> (Explain)
From: <u>601 Main St. Columbia, S.C. 29201</u>	_____
To: <u>2429 Highway 160 W. Tege Cay, S.C. 29708</u>	Total <u>\$42.05</u>
To: _____	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1017S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>32 (0.535 x 32) = \$17.12</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/17/17</u> to <u>10/17/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Nutramax Lab</u>	Other <u>N/A</u> (Explain)
From: <u>2429 Highway 160 W. Tega Cay, S.C. 29708</u>	
To: <u>946 Quality Dr. Lancaster, S.C. 29720</u>	Total <u>\$17.12</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1017S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>11.5 (0.535 x 11.5) = 36.15</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/17/17</u> to <u>10/17/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Shane Martin Event</u>	Other <u>N/A</u> (Explain)
From: <u>946 Quality Dr. Lancaster, S.C. 29720</u>	
To: <u>4420 Tabernacle Rd. Lancaster, 29720</u>	
To:	
	Total <u>\$6.15</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1017S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>150(x 0.535= 80.25)</u>
Hours Worked (overtime hours only) <u>5</u>	Meals <u>N/A</u>
Detail Dates <u>10/17/17</u> to <u>10/17/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Shane Martin Event</u>	Other <u>N/A</u> (Explain)
From: <u>4420 Tabernacle Rd. Lancaster S.C.</u>	
To: <u>1104 Harpers Way. Anderson S.C.</u>	
To:	Total <u>\$80.25 + 5 Hrs OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-101952

SL# 1629

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 37 ($\times 0.535 = \$19.80$)

Hours Worked (overtime hours only) 1.0

Meals N/A

Detail Dates 10-19-17 to 10-19-17

Lodging N/A

Event/Purpose: Washington DC Trip (1/5)

Other N/A (Explain)

From: 1104 ~~1407~~ Harpers Way Anderson SC

To: 2000 GSP Drive Greer SC

Total \$19.80 + 1.0 Hr OT

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Steven Christofides
Agent's Name (Print)

[Signature]
Agent's Signature

2/5/18
Date

[Signature]
Approval Signature

2-6-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-101952

SL# N/A

Protectee: Lt Gov Kevin Bryant

Total Miles (event only) N/A

Hours Worked (overtime hours only) 3.0

Meals N/A

Detail Dates 10-19-17 to 10-19-17

Lodging N/A

Event/Purpose: Washington DC Trip (2/5)

Other \$ 396.71 (Flight) (Explain)

From: 2000 GSP Drive Greer SC

To: 1 Aviation Circle Washington DC

Total \$ 396.71 + 3.0 Hr OT

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Jeremy Weiss
Agent's Name (Print)

[Signature]
Agent's Signature

2-2-18
Date

[Signature]
Approval Signature

2/6/18
Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-101952

SL# 1814

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 12.5 (x 0.535 = \$6.69)

Hours Worked (overtime hours only) 10.5

Meals \$45.40

Detail Dates 10-19-17 to 10-19-17

Lodging \$112.68

Event/Purpose: Washington DC Trip (3/5)

Other N/A (Explain)

From: 1 Aviation Circle Washington DC

To: 2899 Jefferson Davis Hwy Arlington VA

To: 210A Street NE Washington DC

To: 2899 Jefferson Davis Hwy Arlington VA

Total \$158.08 + 10.5 Hrs OT

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Ryan Shipley
Agent's Name (Print)

[Signature]
Agent's Signature

2/5/18
Date

[Signature]
Approval Signature

2-5-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-102052

SL# 1814

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 1.2 (x 0.535 = \$0.64)

Hours Worked (overtime hours only) 3.0

Meals N/A

Detail Dates 10-20-17 to 10-20-17

Lodging N/A

Event/Purpose: Washington DC Trip (4/5)

Other N/A (Explain)

From: 2899 Jefferson Davis Hwy Arlington VA

To: 1 Aviation Circle Washington DC

Total \$0.64 + 3.0 Hr OT

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Ryan Shipley
Agent's Name (Print)

[Signature]
Agent's Signature

2/5/18
Date

[Signature]
Approval Signature

2-5-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-1020

SL# 1724

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 22.9 ($\times 0.535 = \$12.25$)

Hours Worked (overtime hours only) 5.0

Meals N/A

Detail Dates 10-20-17 to 10-20-17

Lodging N/A

Event/Purpose: Washington DC Trip (5/5)

Other \$389.14 (Flight) (Explain)

From: 1 Aviation Circle Washington DC

To: 1100 Jetport Road Myrtle Beach SC

To: 202 Main St North Myrtle Beach SC

Total \$412.04 + 5.0 Hrs OT

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Jeremy Weis
Agent's Name (Print)

[Signature]
Agent's Signature

2-2-18
Date

[Signature]
Approval Signature

2/6/18
Date

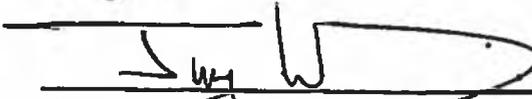


Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1023S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>3.3 (x 0.535= 1.77)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/23/17</u> to <u>10/23/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>BJU President/ Public Policy Group</u>	Other <u>N/A</u> (Explain)
From: <u>807 E. Washington St. Greenville S.C.</u>	
To: <u>1700 Wade Hampton Blvd. Greenville S.C.</u>	Total <u>\$1.77</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1024S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>8.9 (x 0.535= 4.77)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/24/17</u> to <u>10/24/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Lunch</u>	Other <u>N/A</u> (Explain)
From: <u>1 Exposition Dr. Greenville S.C.</u>	
To: <u>1275 Thornblade Blvd. Greer S.C.</u>	
To:	
	Total <u>\$4.77</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-102452

SL# 1724

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 0.6 (x 0.535 = \$0.32)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 10-24-17 to 10-24-17

Lodging N/A

Event/Purpose: Bob McClain Show

Other N/A (Explain)

From: 1125 Woodruff Road Greenville SC

To: 25 Garlington Road Greenville SC

To:

Total \$ 0.32

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Jocmy W
Agent's Name (Print)

Jocmy W
Agent's Signature

3-26-18
Date

Approval Signature

Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1025S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>98.3 (x 0.535= 52.60)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10/25/17</u> to <u>10/25/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Event</u> (1/25)	Other <u>N/A</u> (Explain)
From: <u>1400 A O Jones Blvd. Fort Mill S.C.</u>	
To: <u>410 Hudson Rd. Greenville S.C.</u>	Total <u>\$52.60</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/15/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1026SZ</u>	SL# <u>DPS # C346SZ</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>10.8 (x 0.535 = \$ 5.78)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>10-26-17</u> to <u>10-26-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Meeting</u>	Other <u>N/A</u> (Explain)
From: <u>917 Standard St Rock Hill SC</u>	
To: <u>1309 Broadcloth St Fort M.II SC</u>	
To: _____	Total <u>\$ 5.78</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Brett Lind</u> Agent's Name (Print)	<u>Brett Lind</u> Agent's Signature	<u>02-03-2018</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-4-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-102652

SL# DPS # C34652

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 1.2 (x 0.535 = \$0.64)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 10-26-17 to 10-26-17

Lodging N/A

Event/Purpose: York County Republicans ~~(1/2)~~ ^{1/2}

Other N/A (Explain)

From: 1309 Broadcloth St Fort Mill SC

To: 1520 Carolina Place Drive Fort Mill SC

Total \$0.64

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett Lind

Agent's Name (Print)

Brett Lind

Agent's Signature

02-03-2018

Date

[Signature]

Approval Signature

2-4-18

Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-1030SZ

SL# 1724

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 6.8 ($\times 0.535 = \$3.64$)

Hours Worked (overtime hours only) 3.0

Meals N/A

Detail Dates 10-30-17 to 10-30-17

Lodging N/A

Event/Purpose: Anderson GOP

Other N/A (Explain)

From: 1104 Harpers Way Anderson SC

To: 1115 Salem Church Rd Anderson SC

To: 1104 Harpers Way Anderson SC

Total \$3.64 + 3.0 Hrs OT

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Jeremy Weis
Agent's Name (Print)

[Signature]
Agent's Signature

2-2-18
Date

[Signature]
Approval Signature

2/6/18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1102S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>6.2 (x 0.535= 3.32)</u>
Hours Worked (overtime hours only) <u>30 ² Minutes</u>	Meals <u>N/A</u>
Detail Dates <u>11/02/17</u> to <u>11/02/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private event</u>	Other <u>N/A</u> (Explain)
From: <u>110 Walker Rd. Anderson S.C.</u>	
To: <u>1104 Harpers Way Anderson S.C.</u>	
To:	
	Total <u>\$ 3.32</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-5-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1103S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>27.5(x 0.535= 14.72)</u>
Hours Worked (overtime hours only) <u>3 hours</u>	Meals <u>N/A</u>
Detail Dates <u>11/03/17</u> to <u>11/03/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Video Recording</u>	Other <u>N/A</u> (Explain)
From: <u>1104 Harpers Way Anderson S.C.</u>	
To: <u>28 Global Dr. Greenville S.C.</u>	
To:	
	Total <u>\$ 14.72 + 3.0 Hr OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1103S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>95.6(x 0.535= 51.15)</u>
Hours Worked (overtime hours only) <u>6 hours</u>	Meals <u>N/A</u>
Detail Dates <u>11/03/17</u> to <u>11/03/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Ducks Unlimited</u>	Other <u>N/A</u> (Explain)
From: <u>28 Global Dr. Greenville S.C.</u>	
To: <u>3262 Lincoln Rd. York S.C.</u>	Total <u>\$51.15 + 6.0 Hrs OT</u>
To: <u>1856 Remount Rd. Gastonia N.C.</u>	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1106SZ</u>	SL# <u>1814</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>39.1</u> ($\times 0.535 = \$20.92$)
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-6-17</u> to <u>11-6-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Hilton Head First Monday</u>	Other <u>N/A</u> (Explain)
From: <u>122 Robert Smalls Parkway Beaufort SC</u>	
To: <u>69 Pope Ave Hilton Head SC</u>	
To:	Total _____

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-111752</u>	SL# <u>1724</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>25.9 (x 0.535 = \$13.87)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-7-17</u> to <u>11-7-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Greenville Tea Party (1/2)</u>	Other <u>N/A</u> (Explain)
From: <u>1104 Harpers Way Anderson SC</u>	
To: <u>924 S Main St Greenville SC</u>	
To:	Total <u>\$ 13.87</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Jeremy Weiss</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2-2-18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2/6/18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-110752</u>	SL# <u>1629</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>29.7 (* 0.535 = +13.75)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-7-17</u> to <u>11-7-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Greenville Tea Party (2/2)</u>	Other <u>N/A</u> (Explain)
From: <u>924 S Main Street Greenville SC</u>	
To: <u>1104 Harpers Way Anderson SC</u>	Total <u>\$ 13.75</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-110952</u>	SL# <u>DPS# C34652</u>
Protectee: <u>Lt. Gov. Kevin Bryant</u>	Total Miles (event only) <u>32mi (32mi x .535 = 17.12)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-09-2017</u> to <u>11-09-2017</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Peggy Denny TV Show</u>	Other <u>N/A</u> (Explain)
From: <u>1104 Harpers Way Anderson, SC</u>	
To: <u>3409 Rutherford Ext. Taylors, SC</u>	
To:	Total <u>\$ 17.12</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Brett W. Lind</u> Agent's Name (Print)	<u>Brett W. Lind</u> Agent's Signature	<u>1-30-2018</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-3-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-110952

SL# DPS # C 34652

Protectee: Lt. Gov Kevin Bryant

Total Miles (event only) 128mi (128mi x .535 = 68.48)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 11-09-2017 to 11-09-2017

Lodging N/A

Event/Purpose: Pickens GOP

Other N/A (Explain)

From: 3409 Rutherford Ext Taylors, SC

To: 1020 Powdersville Rd. Easley, SC

To: 601 Main St. Columbia, SC

Total \$ 68.48

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett W. Lind
Agent's Name (Print)

Brett W. Lind
Agent's Signature

1-30-2018
Date

[Signature]
Approval Signature

2-3-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-111052</u>	SL# <u>1724</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>2.0 (x 0.535 = \$1.07)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-10-17</u> to <u>11-10-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Citadel Patriots Dinner</u>	Other <u>N/A</u> (Explain)
From: <u>66 George Street Charleston SC</u>	
To: <u>69 Hagar Avenue Charleston SC</u>	
To:	Total <u>\$1.07</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Jeremy Wells</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2-2-18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2/6/18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17111052

SL# DPS# C34652

Protectee: Lt. Gov Kevin Bryant

Total Miles (event only) 232mi (232mi x .535 = 124.12)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 11-10-2017 to 11-10-2017

Lodging N/A

Event/Purpose: Citadel Patriots Dinner

Other N/A (Explain)

From: 69 Hugood Ave. Charleston, SC

To: 1104 Harpers Way Anderson, SC

To:

Total \$124.12

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett W. Lind
Agent's Name (Print)

Brett W. Lind
Agent's Signature

01-30-2018
Date

[Signature]
Approval Signature

2-3-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1113S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>0.6(x 0.535=^{TRW}0.32)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11/13/17</u> to <u>11/13/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Georgetown County GOP</u> (^{TRW} 4/2)	Other <u>N/A</u> (Explain)
From: <u>14360 Ocean Hwy. Pawleys Island S.C.</u>	
To: <u>41 St. Paul Pl, Pawleys Island S.C.</u>	Total <u>\$0.33 ^{TRW} \$0.32</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-111452</u>	SL# <u>1814</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>170 (x 0.535 = \$ 92.02)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-14-17</u> to <u>11-14-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Darlington GOP</u>	Other <u>N/A</u> (Explain)
From: <u>120 S. Main Street Greenville SC</u>	
To: <u>136 W Carolina Ave Hartsville SC</u>	
To:	Total <u>\$ 92.02</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1115S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>175 (0.535 x 175) = \$93.63</u>
Hours Worked (overtime hours only) <u>7.5</u>	Meals <u>N/A</u>
Detail Dates <u>11/15/17</u> to <u>11/15/17</u>	Lodging <u>\$61.60</u>
Event/Purpose: <u>Beaufort GOP</u>	Other <u>N/A</u> (Explain)
From: <u>601 Main St. Columbia S.C. 29201</u>	
To: <u>2001 Boundary St. Beaufort, S.C.</u>	
To: <u>1000 William Hilton Parkway Hilton Head Island, S.C.</u>	Total <u>\$ 155.23 + 7.5 Hrs OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-5-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1116S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>19.1(x 0.535= 10.22)</u>
Hours Worked (overtime hours only) <u>3</u>	Meals <u>\$9.61</u>
Detail Dates <u>11/16/17</u> to <u>11/16/17</u>	Lodging <u>\$61.60</u>
Event/Purpose: <u>Sun City Event</u>	Other <u>N/A</u> (Explain)
From: <u>1000 William Hilton Parkway Hilton Head Island S.C.</u>	
To: <u>114 Sun City Ln. Bluffton S.C.</u>	Total <u>\$19.83 + 3.0 Hrs OT</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1116S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>19.4(x 0.535= 10.38)</u>
Hours Worked (overtime hours only) <u>4.5</u>	Meals <u>\$10.26</u>
Detail Dates <u>11/16/17</u> to <u>11/16/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Lunch</u>	Other <u>N/A</u> (Explain)
From: <u>114 Sun City Ln. Bluffton S.C.</u>	
To: <u>11 State of Mind St. Bluffton S.C.</u>	Total <u>\$ 20.64 + 4.5 Hours OT</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date

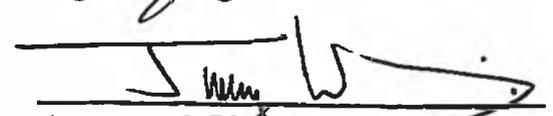


Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1116S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>111(x 0.535= 59.39)</u>
Hours Worked (overtime hours only) <u>4</u>	Meals <u>N/A</u>
Detail Dates <u>11/16/17</u> to <u>11/16/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Meeting</u>	Other <u>N/A</u> (Explain)
From: <u>11 State of Mind St. Bluffton S.C.</u>	
To: <u>699 Citadel Rd. Orangeburg S.C.</u>	
To:	
	Total <u>\$ 59.39 + 4.0 Hrs OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	 Agent's Signature	<u>2/5/18</u> Date
	 Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1116S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>165.5(x 0.535= 88.55)</u>
Hours Worked (overtime hours only) <u>4.5</u>	Meals <u>\$14.12</u>
Detail Dates <u>11/16/17</u> to <u>11/16/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Orangeburg GOP</u>	Other <u>N/A</u> (Explain)
From: <u>699 Citadel Rd. Orangeburg S.C.</u>	
To: <u>1058 Russell St. Orangeburg S.C.</u>	
To: <u>1104 Harpers Way. Anderson S.C.</u>	Total <u>\$ 102.67 + 4.5 Hrs OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/5/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-6-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1117S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>26.2(x 0.535= 14.02)</u>
Hours Worked (overtime hours only) <u>4</u>	Meals <u>N/A</u>
Detail Dates <u>11/17/17</u> to <u>11/17/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Meeting</u>	Other <u>N/A</u> (Explain)
From: <u>21 Interstate Ct. Greenville S.C.</u>	
To: <u>855 Gossett Rd. Spartanburg S.C.</u>	
To:	
	Total <u>\$14.02 + 4.0 Hr OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-111752</u>	SL# <u>1629</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>19.4 (x 0.535 = 10.38)</u>
Hours Worked (overtime hours only) <u>3</u>	Meals <u>N/A</u>
Detail Dates <u>11-17-17</u> to <u>11-17-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Spartanburg GOP</u>	Other <u>N/A</u> (Explain)
From: <u>855 Gossett Road Spartanburg SC</u>	
To: <u>100 Player Blvd Duncan SC</u>	
To:	
	Total <u>\$ 10.38 + 3.0 Hrs OT</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-112052</u>	SL# <u>1629</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>0,8 (x 0.535 = 0.43)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-20-17</u> to <u>11-20-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Greenwood Republican Women</u>	Other <u>N/A</u> (Explain)
From: <u>1104 600 Monument St Greenwood SC</u>	
To: <u>115 Hampton Ave Greenwood SC</u>	Total <u>\$ 0.43</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christides</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1121S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>1.8 (0.535 x 1.8) = 0.96</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11/21/17</u> to <u>11/21/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Chester GOP</u>	Other <u>N/A</u> (Explain)
From: <u>1631 J A Cochran Bypass #C, Chester, S.C. 29706</u>	
To: <u>116 Columbia St., Chester, S.C. 29706</u>	Total <u>\$0.96</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-112952</u>	SL# <u>DPS # C34652</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>19.9 (x0.535 = \$10.65)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-29-17</u> to <u>11-29-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Lancaster Young Republicans</u>	Other <u>N/A</u> (Explain)
From: <u>1520 Pageland Hwy Lancaster SC</u>	
To: <u>301 Clubhouse Drive Kershaw SC</u>	
To:	Total <u>\$ 10.65</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Brett Lind</u>	_____	_____
Agent's Name (Print)	Agent's Signature	Date
	_____	_____
	Approval Signature	Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1130S2</u>	SL# <u>1814</u>
Protectee: <u>Lt. Gov Kevin Bryant</u>	Total Miles (event only) <u>70.7 (0.535 x 70.7) = \$37.82</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11/30/17</u> to <u>11/30/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>WHRI Radio</u>	Other <u>N/A</u> (Explain)
From: <u>601 Main St. Columbia, S.C. 29201</u>	
To: <u>142 N. Confederate Ave. Rock Hill, SC 29730</u>	
To:	
	Total <u>\$37.82</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-113052</u>	SL# <u>1814</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>107 (x 0.535 = \$57.25)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>11-30-17</u> to <u>11-30-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Fort Mill HS</u>	Other <u>N/A</u> (Explain)
From: <u>142 N Confederate Ave Rock Hill SC</u>	
To: <u>215 N US21 Bypass Fort Mill SC</u>	
To: <u>1657 Fairview Road Simpsonville SC</u>	
	Total <u>\$ 57.25</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-113052

SL# 1814

Protectee: Lt Governor Kevin Bryant

Total Miles (event only) 20.5 (x 0.535 = \$10.97)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 11-30-17 to 11-30-17

Lodging N/A

Event/Purpose: Private Meeting

Other N/A (Explain)

From: 657 Fairview Road Simpsonville SC

To: 4200 East North Street Greenville SC

To: 299 N Church St Spartanburg SC

Total \$ 10.97

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Ryan Shipley

Agent's Signature

Date

Approval Signature

Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1202S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>122(x 0.535= 65.27)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals N/A <u>\$24.70</u>
Detail Dates <u>12/02/17</u> to <u>12/02/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Fort Mill Christmas Parade</u>	Other <u>N/A</u> (Explain)
From: <u>1104 Harpers Way. Anderson S.C.</u>	
To: <u>200 Tom Hall St. Fort Mill S.C.</u>	
To: <u>1342 BroadCloth St. Fort Mill S.C.</u>	Total <u>\$65.27</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1202S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>126(x 0.535= 67.41)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12/02/17</u> to <u>12/02/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Oyster Roast</u>	Other <u>N/A</u> (Explain)
From: <u>1342 BroadCloth St. Fort Mill S.C.</u>	
To: <u>54 Marina Rd. Clover S.C.</u>	
To: <u>1104 Harpers Way. Anderson S.C.</u>	Total <u>\$67.41</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-120452

SL# DPS # C34652

Protectee: Lt. Gov. Kevin Bryant

Total Miles (event only) 5.2 mi; (5.2 mi x .535 = 2.78)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 12-04-2017 to 12-04-2017

Lodging N/A

Event/Purpose: Anderson First Monday

Other N/A (Explain)

From: 1104 Hurgers Way Anderson, SC

To: 2921 N Main St. Anderson, SC

To:

Total \$ 2.78

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett W. Lind
Agent's Name (Print)

Brett W. Lind
Agent's Signature

01-30-2018
Date

[Signature]
Approval Signature

2-2-18
Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-120652</u>	SL# <u>1814</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>21.2 (x 0.535 = \$11.34)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12-6-18</u> to <u>12-6-18</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Chamber Forum</u>	Other <u>N/A</u> (Explain)
From: <u>865 Riverband Dr. Charleston SC</u>	
To: <u>One Sanctuary Beach Dr Kiawah Island SC</u>	
To:	Total <u>\$ 11.34</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	_____ Agent's Signature	_____ Date
	_____ Approval Signature	_____ Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1207S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>0.6(x 0.535) = .33</u> ^{TRJ} <u>0.321</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12/07/17</u> to <u>12/07/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Greenville Republican Womens Club</u>	Other <u>N/A</u> (Explain)
From: <u>1 E. Coffee St. Greenville S.C.</u>	
To: <u>807 East Washington St. Greenville,</u>	
To:	Total <u>\$0.33 + 0.32</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u>	<u>[Signature]</u>	<u>2/1/18</u>
Agent's Name (Print)	Agent's Signature	Date
	<u>[Signature]</u>	<u>2-2-18</u>
	Approval Signature	Date



Protection/Candidate

Cost Accounting Form

Event Number: 45-17-120752

SL# DPS # C34652

Protectee: Lt. Gov. Kevin Bryant

Total Miles (event only) 212mi (212mi x .535 = 113.42)

Hours Worked (overtime hours only) N/A

Meals N/A

Detail Dates 12-07-2017 to 12-07-2017 (1/2)

Lodging N/A

Event/Purpose: Charleston City Ballet (1/3) _{IN}

Other N/A (Explain)

From: 807 E Washington St. Greenville, SC

To: 95 Calhoun St. Charleston, SC

Total \$113.42

To:

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

Brett W. Lind

Agent's Name (Print)

Brett W. Lind

Agent's Signature

01-30-2018

Date

[Signature]

Approval Signature

2-2-18

Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-ATF 12075Z</u>	SL# <u>1629</u>
Protectee: <u>Lt Governor Kevin Bryant</u>	Total Miles (event only) <u>113 (x 0.535 = \$60.46)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12-7-17</u> to <u>12-7-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Charleston City Ballet</u> ^(2/2) (2/3)	Other <u>N/A</u> (Explain)
From: <u>95 Calhoun St Charleston SC</u>	
To: <u>3239 Sunset Blvd West Columbia SC</u>	Total <u>\$60.46</u>
To:	

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Ryan Shipley</u> Agent's Name (Print)	 Agent's Signature	<u>2/2/18</u> Date
	 Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-1211S2</u>	SL# <u>1629</u>
Protectee: <u>Lt. Gov Bryant</u>	Total Miles (event only) <u>137.7(x 0.535= 73.67)</u>
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12/11/17</u> to <u>12/11/17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Meeting</u>	Other <u>N/A</u> (Explain)
From: <u>211 S. College St. Walhalla S.C.</u>	
To: <u>119 Professional Park Dr. Seneca S.C.</u>	
To: <u>2790 Waganer Rd. Aiken S.C.</u>	
	Total <u>\$73.67</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Steven Christofides</u> Agent's Name (Print)	<u>[Signature]</u> Agent's Signature	<u>2/1/18</u> Date
	<u>[Signature]</u> Approval Signature	<u>2-2-18</u> Date



Protection/Candidate

Cost Accounting Form

Event Number: <u>45-17-121252</u>	SL# <u>DPS # C34652</u>
Protectee: <u>Lt. Governor Kevin Bryant</u>	Total Miles (event only) <u>208 (x 0.535)</u> ^{= \$ 111.28}
Hours Worked (overtime hours only) <u>N/A</u>	Meals <u>N/A</u>
Detail Dates <u>12-12-17</u> to <u>12-12-17</u>	Lodging <u>N/A</u>
Event/Purpose: <u>Private Event (1/2)</u>	Other <u>N/A</u> (Explain)
From: <u>100 Ann Edwards Ln Mount Pleasant SC</u>	
To: <u>28 Global Drive Greenville SC</u>	
To:	Total <u>\$ 111.28</u>

I certify the above information for the indicated date to be true and correct to the best of my knowledge.

<u>Brett Lind</u> Agent's Name (Print)	<u><i>Brett Lind</i></u> Agent's Signature	<u>02-03-2018</u> Date
	<u><i>J. W. W.</i></u> Approval Signature	<u>2-4-18</u> Date