Friday, January 18, 2013 - Tuesday, January 22, 2013

### HOTEL REGISTRATION FORM

| Name George Klupp Guest Name George & Liz Krupp   |
|---|
| Name George Klupp Guest Name George of Liz Krupp  Occupation CEOr Chairman Employer Re Berkohire Groyr  |
| Business Address One Bencer Street, Suite 1500  |
| City Bostc State M Zip 02/08  |
| Phone 617-574-8350 Fax E-Mail george kryp or bertishine-gray  |
| Names and Ages of Children attending  |
| Cell Phone 6/7-538-8351   |
| Emergency Contact Liz Krupp 617-680-1466  |
| Arrival/Departure Flight info (time, date, etc.)  |
| ACCOMMODATIONS  |
| The Liaison Capitol Hill Hotel 415 New Jersey Avenue Washington, DC 20001 \$829/per night, plus applicable tax and fees   |
| The DCCC has a limited block of rooms on a first-come, first-served basis and <u>must</u> be reserved through the DCCC no later than January 3, 2013. The DCCC room block begins on Friday, January 18, 2013 with check out on Tuesday, January 22, 2013— no exceptions will be made. Those who wish to extend their stay will do so based on room availability at the discretion of the hotel. |
| **Please fill out the attached Liaison Hotel Reservation Document to confirm your room reservation and fax to Brittany Sherrill at (202) 478-9499 by January 3, 2013**  All authorization forms must be accompanied by a copy of the front of the credit card and photo ID  |
| ✓ I am reserving my hotel room through the DCCC and I understand the DCCC will forward the Liaison Reservation Document to the hotel and is not responsible for charges to my account including cancellation charges. A 100% deposit is required at the time of booking to guarantee all reservations.  |
| I am making my own hotel arrangements and will <u>not</u> be staying in the DCCC block  |
| Arrival Date / 18/3 Departure/Check Out / 22, 2013  |
| Credit Card Type MMEX Credit Card Number 37/3 - 875/33 - 57006  |
| Expiration Date 5/16 Name as it appears on the card 600 100 140pp   |
| Please return the completed form along with a copy of the front and back of your credit card and photo ID<br>by January 3, 2013 to Brittany Sherrill at fax: (202) 478-9499   |
| Address: DCCC, 430 South Capitol Street SE, Washington, DC 20003  To confirm that we received your form, please call (202) 741-1851   |
| Paid for by the Democratic Congressional Campaign Committee. 430 South Capitol Street, SE • Washington, DC 20003 • (202) 863-1500 • www.dccc.org Not authorized by any candidate or candidate's committee   |

Friday, January 18, 2013 - Tuesday, January 22, 2013

#### HOTEL REGISTRATION FORM

| Name Michael Krypp  | Guest Name Michael & Liona Kyp   |
|---|--|
| Occupation Restaurat owner  | Employer <u>Area For</u>   |
| Business Address 500 Technolog  | Square State MA Zip 02/39  |
| City Cumbridge  | State MA Zip 02/39   |
| Phone 6/7 758 - 4444 Fax  | E-Mail Mhk 9993 ogmail con   |
| Names and Ages of Children attending  |  |
| Cell Phone 9/7-846-9977   |  |
| Emergency Contact Lian 140pp:   | 646 - 247 - 4574   |
| Arrival/Departure Flight info (time, date, etc.)  |  |
| ACCOM   | MODATIONS  |
| 415 New Washing   | Capitol Hill Hotel<br>Jersey Avenue<br>ton, DC 20001<br>s applicable tax and fees  |
| later than January 3, 2013. The DCCC room block beging<br>January 22, 2013—no exceptions will be made. Those wave availability at the discretion of the hotel.  **Please fill out the attached Li | irst-served basis and must be reserved through the DCCC nos on Friday, January 18, 2013 with check out on Tuesday, who wish to extend their stay will do so based on room aison Hotel Reservation Document ctany Sherrill at (202) 478-9499 by January 3, 2013** |
| All authorization forms must be accompanied by  | by a copy of the front of the credit card and photo ID   |
| $\frac{}{}$ 1 am reserving my hotel room through the DCCC and Liaison Reservation Document to the hotel and is not reincluding cancellation charges. A 100% deposit is require                    | sponsible for charges to my account  |
| I am making my own hotel arrangements and will <u>not</u>   | be staying in the DCCC block   |
| Arrival Date  | Departure/Check Out 1/9/3  |
| Credit Card Type  | Credit Card Number 37/3-875/33-57006   |
|   | ecard George D. Kupp   |
| Please return the completed form along with a cop   | y of the front and back of your credit card and photo ID<br>y Sherrill at fax: (202) 478-9499  |
| Address: DCCC, 430 South Capi   | tol Street SE, Washington, DC 20003<br>our form, please call (202) 741-1851  |
| 430 South Capitol Street, SE • Washingto  | ngressional Campaign Committee.<br>n, DC 20003 • (202) 863-1500 • www.dccc.org<br>lidate or candidate's committee  |

Friday, January 18, 2013 - Tuesday, January 22, 2013

#### HOTEL REGISTRATION FORM

| Name $\overline{I}$   | ) anid Kupp   | Guest Nam  | ie Donic  | 1 Kupp o Ryc   | n Winter                       |
|---|---|--|---|--|--------------------------------|
| Occupation  | $n \frac{N/A}{}$  | Guest Nam<br>Employer  | 11/   | 4  |                                |
| Business A  | ddress  | 1/1  |   |  |                                |
| City  | np  | Stat   | e   | Zip  |                                |
| Phone   | N/A   | Fax  | E-Mail_   | Kupp. donid 6  | rgmaileca                      |
|   | · ·   | ng   |   |  |                                |
| Cell Phone  | 617- 694  | - 1110<br>c 14upp -617-53  |   |  | ·                              |
|   |   |  |   |  |                                |
| Arrival/Dep   | parture Flight info (time,  | date, etc.) <u> </u>   |   |  |                                |
|   |   | ACCOMMODATION  | <u>NS</u>   |  |                                |
|   |   | ne Liaison Capitol Hill<br>415 New Jersey Avenue<br>Washington, DC 20001<br>9/per night, plus applicable ta  |   |  |                                |
| later than Janu<br>January 22, 20<br>availability at<br>to confii | nary 3, 2013. The DCCC roo<br>013– no exceptions will be<br>the discretion of the hotel.<br>**Please fill out t<br>myour room reservation | n a first-come, first-served bas<br>om block begins on Friday, Ja<br>made. Those who wish to ext<br>ne attached Liaison Hotel I<br>and fax to Brittany Sherrill<br>accompanied by a copy of th | muary 18, 20<br>tend their st<br>Reservation<br>at (202) 47 | ol3 with check out<br>ay will do so based c<br>n Document<br>8-9499 by January | on Tuesday, on room  3, 2013** |
| Liaison Reser   | vation Document to the ho   | the DCCC and I understand t<br>tel and is not responsible for c<br>eposit is required at the time o  | harges to m   | y account  | ations.                        |
| I an makin  | g my own hotel arrangemer   | its and will <u>not</u> be staying in t  | he DCCC bl  | ock i  | 7                              |
| Arrival Date  | 1,14,13   | Departure/Che  | eck Out   | 1,18,1   | <u> </u>                       |
| Credit Card T   | Type  | Credit Card N  | umber 37  | 13-875133-5  | 7006                           |
| Expiration Da   | nte5 //6Name as   | it appears on the card $6e$  | 03e D   | 1. Kupp  |                                |
| Please  | return the completed form a<br>by January   | long with a copy of the front ar<br>3, 2013 to Brittany Sherrill at fax  | nd back of yo<br>v: (202) 478-                              | our credit card and ph<br>9499   | oto ID                         |
| ,   |   | 430 South Capitol Street SE, V<br>at we received your form, pleas  |   |  | n                              |
| ,   | 430 South Capitol Street,   | Democratic Congressional Car<br>SE • Washington, DC 20003 • (<br>zed by any candidate or candid  | (202) 863-15  | 00 • www.decc.org  |                                |

Friday, January 18, 2013 - Tuesday, January 22, 2013

#### HOTEL REGISTRATION FORM

| Name                              | Bernice Kupp  | Guest Name   |
|-----------------------------------|---|--|
| Occupation                        | Retired   | Guest Name Employer  |
| Business Ac                       | ddress ///  | F .  |
| City                              | N/1   | StateZip   |
| Phone                             | Fax_  | E-Mail   |
| Names and                         | Ages of Children attending                              |  |
| Cell Phone                        | 781-234-2   | 643 (home)   |
| Emergency                         | Contact 6 e c/ze  | 643 (Lome)<br>144p - 617-538-8351  |
| Arrival/Dep                       | parture Flight info (time, date,                        | etc.)  |
|                                   | <u>A</u>  | CCOMMODATIONS  |
| •                                 |   | aison Capitol Hill Hotel<br>415 New Jersey Avenue<br>Washington, DC 2000l<br>night, plus applicable tax and fees   |
| later than Janu<br>January 22, 20 | ary 3, 2013. The DCCC room blo                          | st-come, first-served basis and <u>must</u> be reserved through the DCCC nock begins on Friday, January 18, 2013 with check out on Tuesday. Those who wish to extend their stay will do so based on room |
| to confir<br>All auth             | m your room reservation and f                           | ached Liaison Hotel Reservation Document<br>ax to Brittany Sherrill at (202) 478-9499 by January 3, 2013**<br>apanied by a copy of the front of the credit card and photo ID                             |
| Liaison Reser                     | vation Document to the hotel an                         | OCCC and I understand the DCCC will forward the d is not responsible for charges to my account is required at the time of booking to guarantee all reservations.   |
| I am makin                        | g my own hotel arrangements and                         | d will <u>not</u> be staying in the DCCC block   |
| Arrival Date                      | //  | Departure/Check Out/   |
| Credit Card T                     | ype AMEX  | Credit Card Number 37/3 - 875/33 - 57 00 6   |
|                                   |   | ears on the card George D. 144pp   |
|                                   | return the completed form along v<br>by January 3, 2013 | vith a copy of the front and back of your credit card and photo ID to Brittany Sherrill at fax: (202) 478-9499 outh Capitol Street SE, Washington, DC 20003  |
|                                   | To confirm that we                                      | received your form, please call (202) 741-1851   |
|                                   | 430 South Capitol Street, SE • V                        | ocratic Congressional Campaign Committee.<br>Vashington, DC 20003 • (202) 863-1500 • www.dccc.org<br>y any candidate or candidate's committee  |



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