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\*\*\* ACTIVITY REPORT \*\*\*  
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D2322  
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TRANSMISSION OK

TX/RX NO.	2231
CONNECTION TEL	7p2895859
CONNECTION ID	
START TIME	03/22 15:17
USAGE TIME	03'35
PAGES	5
RESULT	OK

22 MAR 93



SECRETARY OF THE ARMY  
WASHINGTON



10 March 1993

SECRET HAS SEEN

MAR 22 1993

MEMORANDUM FOR SECRETARY OF DEFENSE

SUBJECT: Army Support to Federal Law Enforcement  
Agencies in Waco, Texas -- INFORMATION  
MEMORANDUM

*INFORMATION:*

In the aftermath of the March 1, 1993, confrontation between Bureau of Alcohol, Tobacco, and Firearms (BATF) agents and cult members in Waco, Texas Federal law enforcement agencies requested Department of Defense equipment support. The support furnished by the Army was coordinated with the Office of the Secretary of Defense Executive Secretariat and has been provided by both the Active and Reserve components.

a. Active component support includes:

- (1) two utility helicopters (UH-1);
- (2) two main battle tanks (M1 Abrams)
- (3) two support vehicles for the main battle tanks (one High Mobility Multi-wheeled Vehicle (HMMWV) and one 2 1/2 ton truck);
- (4) miscellaneous night vision goggles, tents, generator, light sets, cots, and sandbags;
- (5) and 23 soldiers in liaison/maintenance roles (All active component personnel were briefed on the legal restrictions on direct law enforcement support).

b. Reserve Component support provided by the Texas Army National Guard includes:

- (1) ten Bradleys (M2A1 Infantry Fighting Vehicles);
- (2) two Combat Engineer Vehicles (M728 Combat Engineer Vehicles);

79545

D-774



DAILY ISSUES OF PETROLEUM PRODUCTS  
 For use of this form, see AR 703-1; the proponent agency is DCSLOG

D2768

MILE USA REGISTRATION NUMBER	TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED						ORGANIZATION AND ADDRESS  (Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps)	SIGNATURE, GRADE
	ISSUES			RECEIPTS				
	a	b	c	d	e	f		
053566	54	-					BUS ARMY NATIONAL GUARD	
01200	95						M-2 1ST JC ARLWJ	
2AA01016	12						FA B - M 2	
2AA01221	17						FA B - M 2	
2AA01202	18						ISA M 2	
2AA01203	10						FA M 2	
2AA01222	45						FA B M-2	
2AA01175	32						ISA M-2	
TOTAL RECEIPTS								
TOTAL ISSUES	283							
POST OFFICE OR STATION						DATE		NAME OF ATTENDANT
						22 MAR 93		

1  
2  
3  
4  
5  
6  
7  
8

283

3/22/93

MFR

[REDACTED] LEFT TODAY FOR WACO, TX.  
MCOM COS APPROVED ~~5~~ LAST THURS AFTER-  
NOON

[REDACTED] CALLED:

Effort discontinued.  
Called FBI re: sending Tech Rep fwd.  
Lost couple of more cables  
RF tested Saturday to MCOM - must, now EW  
cut where Gov cannot go. RT checked  
system out - isolated antenna - high tech.  
Deployment  
1 Veh - half way - RF link 1 km  
1 Veh - back on RF  
1 Veh - stuck (1st Veh) - lost signal again - 45 min  
of video  
CABLE CUT AT VEH!

FBI

- \* FO won't work - FBI  
Like it when it works
- \* Like video @ TOC (can't do w/ RF)  
FO IS A LOG PROBLEM  
TRUCK WORKING w/ FO - BURDEN
- \* COURT PROBLEM [REDACTED]

\* VEH MUST BE TOTALLY EXPENSIVE [REDACTED]  
IT....!

- \* MUST EXTENSION INCLUDES TOWING STV
- \* FBI put people in charge....!

\* STV HAS NOT BEEN RUN OUT

\* ACCEPTANCE TESTING!

24V CONNECTION REMAINS OPEN  
INTERACTIONS BETWEEN BUTTONS

\* MOISTURE PROBLEM



\* THREE MAIN ISSUES

RF CAPABILITY

MOISTURE / CONDENSATION

FO

\* STV not robust reliable enough

\* FC log burden - won't work for many systems

COMPLETE ALL PERTINENT INFORMATION

State Counterdrug Support Operations Report

Proponent: Agency NGB-CDD

TO: Counterdrug Task Force			1. FROM (STATE): AGTX-CD (Texas)			
			2. DATE: 22 March 93			
3. Operation Number:	State TX	Serial # 0502	FY 93	Agency VAR	NGB # 14	4. Operation Code Name: PLUS UP
5. POC: <span style="background-color: black; color: black;">[REDACTED]</span>		6. Telephone: (512) 465-5622		7. Fax Line: (512) 465-5695		
8. Initial <input type="checkbox"/>		Situation/ In-Process <input checked="" type="checkbox"/>		Seizure <input type="checkbox"/>		Termination <input type="checkbox"/>
9. Agency Supported:						
10. Location of Operations: WACO, TX						
11. Start Date:			12. Scheduled Ending Date:			
13. Counterdrug Funded						
Title 32 <input type="checkbox"/>		Title 10 <input type="checkbox"/>		AFTP <input type="checkbox"/>		Incidental to Training <input type="checkbox"/>
14. ARNG Commissioned/Warrant: 3			ARNG Enlisted: 12			
Units:						
15. ANG Commissioned:			ANG Enlisted:			
Units:						
16. Equipment (Including uniforms, weapons, vehicles, radios, etc.):						
Aircraft by type:						

FYTD NATIONAL GUARD ASSISTED SEIZURE INFORMATION

17. (Cumulative- Expressed in pounds and decimals thereof)

A. # MJ Plants:	B. Cocaine Lbs:	C. Heroin Lbs:
D. MJ Lbs:	E. Oplym Lbs:	F. Hashish Lbs:
G. Vehicles:	H. Weapons:	I. Ammo Rounds:
J. Arrest:	K. Currency (\$\$):	L. Other Drugs Lbs:
M. Property \$ Value:	N. Property by Type:	

18. FLYING HOURS

Aircraft Hrs Flown:	UH-1:	OH-58:	OH-6:	C-130:	C-12:
F-16:	RF-4C:	T-42:	UH-60:	C-26:	OV-10:
Other:					

FYTD CARGO INSPECTION (IN-PROCESS) INFORMATION

19. This information is required (Cumulative FYTD)

A. Containers:	B. Aircraft:	C. Vehicles:
D. Buses:	E. Vessels:	F. 55 Gal. Drums:
G. Pallets Full:	H. Crates Full:	I. Trailers Full:
Pallets Empty:	Crates Empty:	Trailers Empty:
J. Warehouses:	K. Boxes, etc.:	L. Buildings:

Reviewed By [Redacted]  
 Date 22 Mar 93

*A D Sive*

1. EL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)		10. FOR DO USE ONLY	
2. READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM		11. DO VOUCHER NO.	
3. LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type)		12. SUBVOUCHER NO.	
4. GRADE/RANK   SSN		13. <b>AGTX-CTM-D</b>	
5. ADDRESS (Include apartment no.)		14. <b>10 MAR 1993 RECEIVED</b>	
6. CITY AND STATE		15. <b>AGTX-CTM-D</b>	
7. PHONE NO. <u>406-6416</u>		16. <b>23 MAR 1993 RECEIVED</b>	
8. TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)		17. COMPUTATIONS	
9. PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)		18. <b>None</b>	
1. ITINERARY (See Item 23 for Symbols)			
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL
19 MAR	DEP 0800	AUSTIN, TX	GA
19 MAR	ARR 1800		TD
22 MAR	DEP 1200	WACO, TX	CA
22 MAR	ARR 1500	AUSTIN, TX	MD
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
	DEP		
	ARR		
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)			
DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	<i>None</i>		
6. Long distance telephone calls are certified as necessary in the interest of the Government.		APPROVING OFFICER (31 USC 660a)	
7. TR'S/MTA'S/MT'S (If none, so state)		SUMMARY OF PAYMENT	
NUMBER	FROM	TO	Per Diem
	<i>None</i>		Actual Expense
			Mileage or Transp Allowances
			Reimbursable Expenses
			Total Entitlement
			Less Previous Payments
			Less Voucher Deductions
			Amt. Charged to Acctg. Class
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____		11. PAYMENT DESIRED	
9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 23d) <input type="checkbox"/> PASSENGER		<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH	
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)		12. <input checked="" type="checkbox"/> PER DIEM REQUESTED	
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.		13. BAS RATE	
14. SIGNATURE OF CLAIMANT [Redacted]		15. DATE <u>22 MAR 1993</u>	
16. COLLECTION DATA			
17. COMPUTED BY		18. AUDITED BY	
19. TVL RCRO POSTED BY		20. RECEIVED (Payee signature and date or check no.)	
21. AM		JNT PAID	

WHEN USING BALL-PEN OR FINESS HARD TO ASSURE LEGIBILITY ON ALL COPIES

A OSW

REVIEWED BY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

DATE: 22 MAR 93

VOUCHER OR SUBVOUCHER		(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)		10. FOR DO USE ONLY			
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM				DO VOUCHER NO.			
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK - ISSN		SUBVOUCHER NO.			
CHECKING ADDRESS		GOVT PHONE NO.		PAID BY <b>AGTX-OTM-D</b> 23 MAR 1993 RECEIVED  <b>AGTX-OTM-D</b> 05 MAY 1993 SUBMITTED  COMPUTATIONS			
ORGANIZATION AND SURNAME		465-5546					
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)		TOP A 1-124 CWS WACO					
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)		052-166 17 MAR 93					
ITINERARY (See Item 25 for Symbols)							
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / OPEN MESS	4. POC MILES
19 93	DEP 1100	Austin	GA				
3 MAR	ARR 1230			TD	144.00		
3 MAR	DEP 1000	WACO	GA				
3 MAR	ARR 1130	Austin		ML			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)							
DATE	NATURE AND EXPLANATION			AMT. CLAIMED	ALLOWED		
	NONE						
Long distance telephone calls are certified as necessary in the interest of the Government.							
APPROVING OFFICER (31 USC 680a)				SUMMARY OF PAYMENT			
TR'S/MTA'S/MTS (If none, so state)				Per Diem			
NUMBER	FROM	TO		Actual Expense			
	NONE			Mileage or Transp Allowances			
				Reimbursable Expenses			
				Total Entitlement			
				Less Previous Payments			
				Less Voucher Deductions			
				Amt Charged to Acctg Class			
				11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH			
LEAVE STATEMENT: 0 days 0 hours taken between 0 and 0				12. <input checked="" type="checkbox"/> PER DIEM REQUESTED			
POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER				13. BAS RATE			
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287)							
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.				14. SIGNATURE AND DECLARATION			
5. ACCOUNTING CLASSIFICATION				DATE 22 MAR 93			
5. COLLECTION DATA							
7. COMPUTED BY   18. AUDITED BY   19. TVI RECD POSTED   20. RECEIVED							

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

**A DSW**

REVIEWED BY: [REDACTED]  
DATE: 22 MAR 93

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

TRAVEL VOUCHER OR SUBVOUCHER		(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)		10. FOR DO USE ONLY			
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM				DO VOUCHER NO.			
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK / SSN		SUBVOUCHER NO.			
[REDACTED]		[REDACTED]		AGTX-OTM-D			
ORGANIZATION AND STATION		DUTY PHONE NO.		MAR 23 1993 RECEIVED			
AGTX-CD P.O. BOX 5218		465-5596		AGTX-OTM-D			
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)		AUSTIN, TX. 78763-5218		-1 APR 1993 RECEIVED			
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)		NONE		AGTX-OTM-D			
1. ITINERARY (See Item 25 for Symbols)							
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS GOVT OPEN MESS	4. POC MILES
21 MAR 93	DEP 0745	AUSTIN, TX	GA			DED*	
21 MAR	ARR 0945	WACO, TX	GA	TD			
21 MAR	DEP 1000		GA				
21 MAR	ARR 1200	DALLAS, TX	GA	TD			
21 MAR	DEP 1505		GA				
21 MAR	ARR 1715	WACO, TX	GA	TD	\$46.00		
22 MAR	DEP 0945		GA				
22 MAR	ARR 1200	AUSTIN, TX.	MC				
	EP						
	RR						
	DEP						
	ARR						
	DEP						
	ARR						
2. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)						5. SUMMARY OF PAYMENT	
DATE	NATURE AND EXPLANATION		AMT. CLAIMED	ALLOWED			
	NONE				Per Diem		
					Actual Expense		
					Mileage or Transp Allowances		
					Reimbursable Expenses		
					Total Entitlement		
					Less Previous Payments		
					Less Voucher Deductions		
					Amt Charged to Acctg Class		
					11. PAYMENT DESIRED		
					<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH		
					12. <input type="checkbox"/> PER DIEM REQUESTED		
3. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____				13. BAS RATE			
4. PCC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER				ENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)			
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.				DATE: <u>22 MARCH 93</u>			
5. ACCOUNTING CLASSIFICATION				4			
6. COLLECTION DATA							
7. COMPUTED BY		18. AUDITED BY		19. TVL RCRD POSTED BY		20. RECEIVED (Payee signature and date or check no.)	
						21. AMOUNT PAID	



SECRETARY OF THE ARMY  
WASHINGTON

10 March 1993

MEMORANDUM HAS BEEN

MAR 22 1993



MEMORANDUM FOR SECRETARY OF DEFENSE

SUBJECT: Army Support to Federal Law Enforcement  
Agencies in Waco, Texas -- INFORMATION  
MEMORANDUM

*INFORMATION:*

In the aftermath of the March 1, 1993, confrontation between Bureau of Alcohol, Tobacco, and Firearms (BATF) agents and cult members in Waco, Texas Federal law enforcement agencies requested Department of Defense equipment support. The support furnished by the Army was coordinated with the Office of the Secretary of Defense Executive Secretariat and has been provided by both the Active and Reserve components.

a. Active component support includes:

- (1) two utility helicopters (UH-1);
- (2) two main battle tanks (M1 Abrams)
- (3) two support vehicles for the main battle tanks (one High Mobility Multi-wheeled Vehicle (HMMWV) and one 2 1/2 ton truck);
- (4) miscellaneous night vision goggles, tents, generators, light sets, cots, and sandbags;
- (5) and 23 soldiers in liaison/maintenance roles (All active component personnel were briefed on the legal restrictions on direct law enforcement support).

b. Reserve Component support provided by the Texas Army National Guard includes:

- (1) ten Bradleys (M2A1 Infantry Fighting Vehicles);
- (2) two Combat Engineer Vehicles (M728 Combat Engineer Vehicles);

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10 mar 93

79545

(3) additional state (Title 32) operational support consisting of one fuel truck, two buses, one van, three 1 1/2 ton trailers, two utility helicopters (UH-60s) on stand-by, and miscellaneous tents, body armor, and night vision goggles;

(4) and 15 Army National Guard personnel in liaison, maintenance, and other support roles.

Combat vehicles were loaned without operable weapons systems and with Army markings obscured. The vehicles are being piloted/driven by FBI and BATF personnel. The FBI and BATF crews for the main battle tanks, infantry fighting vehicles, and combat engineer vehicles were trained by Army personnel prior to the loan of the equipment. The FBI crews for the utility helicopters were already trained and certified to Army standards.

All support furnished is reimbursable under the provisions of the Economy Act and has been provided in accordance with DODD 5525.5, DoD Cooperation with Civilian Law Enforcement Officials, January 15, 1986.

 - 1  
Acting  


"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

*ADSW*

REVIEWED BY: [REDACTED] DATE: 22 MAR 93

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

TRAVEL VOUCHER OR SUBVOUCHER		(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)		10. FOR DO USE ONLY			
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM							
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)		GRADE/RANK	SSN	DO VOUCHER NO.			
[REDACTED]		[REDACTED]	[REDACTED]	SUBVOUCHER NO.			
ORGANIZATION AND STATION		DUTY PHONE NO.		AGTX-OTM-D			
AGTX-CD		465-5596		23 MAR 1993 RECEIVED			
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)		78763-5218		AGTX-OTM-D			
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. if none, so state)		NONE		-1 APR 1993 RECEIVED			
1. ITINERARY (See Item 25 for Symbols)							
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS GOVT DED*	4. POC MILES OPEN MESS
19 93							
21 MAR	DEP 0745	AUSTIN, TX	GA	TD			
21 MAR	ARR 0945	WACO, TX	GA	TD			
21 MAR	DEP 1000	DALLAS, TX	GA	TD			
21 MAR	ARR 1200	DALLAS, TX	GA	TD			
21 MAR	DEP 1505	WACO, TX	GA	TD	\$48.00		
22 MAR	ARR 1715	WACO, TX	GA	TD			
22 MAR	DEP 0945	AUSTIN, TX	GA	ML			
22 MAR	ARR 1200	AUSTIN, TX	GA	ML			
	EP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)							
DATE	NATURE AND EXPLANATION		AMT. CLAIMED	ALLOWED			
	NONE						
6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)							
7. TR'S/MTA'S/MTS (If none, so state)							
NUMBER	FROM	TO		SUMMARY OF PAYMENT			
	NONE			Per Diem			
				Actual Expense			
				Mileage or Transp Allowances			
				Reimbursable Expenses			
				Total Entitlement			
				Less Previous Payments			
				Less Voucher Deductions			
				Amt Charged to Acctg Class			
11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH							
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____							
12. <input type="checkbox"/> PER DIEM REQUESTED							
9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER							
13. BAS RATE							
PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 297.)							
I hereby claim any amount due me. The statements on face, reverse and attached are true and complete. Payment or credit has not been received.				DATE 22 MARCH 93			
15. ACCOUNTING CLASSIFICATION 4							
16. COLLECTION DATA							
17. COMPUTED BY		18. AUDITED BY		19. TVL RCRD POSTED BY			
				20. RECEIVED (Payee signature and date or check no.)			
				21. AMOUNT PAID			

NAME

	28	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1-11	P	P	P	P	P	P	P	X		P	P	P	P				X								
2-	P	P	P	P			P	P	P	P			P	P	P	P	X								
3-4					P	P	P			P	P	P	P												
4-							P	P	P	P			P	P	P	P	P	-	STALL						
5-							P	P	P	P	P	P													
6-													P												
7-	P	P	P	P	P																				
8-	P	P	P	P	P							P					X								
9-	P	P	P	P	P							P					X								
10-	P	P											P												
11-	P	P											P												
12-	P	P											P												
13-	P	P	P	P	P	P	P	P	P	P	P														
14 <sup>10</sup>												P	P	P	P	P	P	P	-?						
15-	P	P	P	P	P	P	P	P																	
16-	P	P	P	P	P	P	P	P	P	P	P														
17-																									
18-																									



March

NAME	28	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1 - [REDACTED]	P	P	P	P	P	P	P	X		P	P	P	P				P	P	P	P	P				
2 - [REDACTED]	P	P	P	P			P	P	P	P			P	P	P	P	P								
3 - [REDACTED]					P	P	P			P	P	P	P				P	P	P	P					
4 - [REDACTED]							P	P	P	P			P	P	P	P	P								
5 - [REDACTED]							P	P	P	P	P	P									P	P	P		
6 - [REDACTED]	P												P												
7 - [REDACTED]	P	P	P	P	P																				
8 - [REDACTED]	P	P	P	P	P							i	P												
9 - [REDACTED]	P	P	P	P	P							:	P												
10 - [REDACTED]	P	P										:	P												
11 - [REDACTED]	P	P											P												
12 - [REDACTED]	P	P											P												
13 - [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
14 - [REDACTED]												P	P	P	P	P	P	P	P	P	P	P	P	P	P
15 - [REDACTED]	P	P	P	P	P	P	P	P													P	P	P	P	
16 - [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
17 - [REDACTED]																									
18 - [REDACTED]																									

NAME	28	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1 - [REDACTED]	P	P	P	P	P	P	P	P					P	P	P										
2 - [REDACTED]	P	P	P	P	P	P	P																		
3 <sup>W</sup> - [REDACTED]											P	P	P	P	P	P	P	P	P	P	P	P	P		
4 - [REDACTED]	P	P	P	P	P	P	P	P	P	P	P														
5 - [REDACTED]								P	P	P	P	P	P	P	P	P	P	P	P	P	P	P			
6 - [REDACTED]									P	P	P	P	P	P	P										
7 - [REDACTED]									P	P	P	P	P	P	P	P	P	P	P	P	P	P			
8 - [REDACTED]	P	P	P	P	P	P	P					P	P	P	P										
9 <sup>W</sup> - [REDACTED]			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
10 - [REDACTED]													P	P	P	P	P	P	P	P	P				
11 <sup>W</sup> - [REDACTED]					P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
12 <sup>W</sup> - [REDACTED]			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
13 - [REDACTED]	P	P	P	P	P	P	P	P																	
14 - [REDACTED]	P	P	P	P	P	P	P	P																	
15 - [REDACTED]																									
16 - [REDACTED]																									
17 - [REDACTED]																									
18 - [REDACTED]																									

	28	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1- [REDACTED]				P																					
2- [REDACTED]							P	P	P	P	P	P													
3- [REDACTED]											P	P	P	P											
4- [REDACTED]											P	P	P	P	P	P	P	P							
5- [REDACTED]	P	P	P	P	P																				
6- [REDACTED]															P										
7- [REDACTED]															P	P	P				*	P	P		
8- [REDACTED]																P	P	P							
9- [REDACTED]																P	P	P	P	P	P	P			
10- [REDACTED]																P	P	P	P	P	P				
11- [REDACTED]																					P	P	P		
12- [REDACTED]																								P	
13- [REDACTED]																								P	
14- [REDACTED]																								P	
15- [REDACTED]																								P	
16- [REDACTED]																								P	

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