

228
FILED
Court Administrator

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF RAMSEY

APR 28 2009

SECOND JUDICIAL DISTRICT

By WJ Deputy

In the Matter of the Contest of General Election
held on November 4, 2008, for the purpose of
electing a United States Senator for the State of
Minnesota

Court File No: 62-CV-09-56
Honorable Elizabeth A. Hayden
Honorable Kurt J. Marben
Honorable Denise D. Reilly

Cullen Sheehan and Norm Coleman,

Contestants,

CONTESTEE'S BILL OF COSTS
AND DISBURSEMENTS

v.

Al Franken,

Contestee.

STATE OF MINNESOTA)
) ss
COUNTY OF HENNEPIN)

David L. Lillehaug, being duly sworn, on oath says that he is one of the attorneys for Contestee Al Franken ("Contestee") in the above entitled action and certifies that he has investigated the costs and disbursements claimed herein, and that the following is a true statement of the taxable costs and disbursements incurred by Contestee; and that each and every item thereof has actually and necessarily been paid or incurred in this action. Documents supporting each of Contestees' costs and disbursements are attached.

DESCRIPTION	Amt. Claimed	Amt. Allowed
Statutory Costs (Minn. Stat. § 549.02, subd. 1)	\$205.50	\$
Court Filing Fees (Minn. Stat. § 357.021) (TAB A)	\$1,130.00	\$
<i>Contest Filing Fee.....</i>	<i>\$ 250.00</i>	
<i>Motion to Set a Pretrial Schedule/Expedited Discovery.....</i>	<i>\$ 55.00</i>	
<i>Motion to Dismiss</i>	<i>\$ 55.00</i>	
<i>Opposition to Motion for Order Directing Counties and Municipalities to Deliver Original Rejected Absentee Ballots to the Court.....</i>	<i>\$ 55.00</i>	
<i>Motion to Strike Unsupported Claims, Points and Authorities</i>	<i>\$ 55.00</i>	
<i>Motion for Partial Summary Judgment on Certain of Contestants' Claims</i>	<i>\$ 55.00</i>	
<i>Motion for Partial Summary Judgment on Certain of Contestee's Counterclaims</i>	<i>\$ 55.00</i>	
<i>Opposition to Motion for Order Directing Secretary of State to Deposit Original Documents With the Court</i>	<i>\$ 55.00</i>	
<i>Opposition to Contestants' Motion for Summary Judgment.....</i>	<i>\$ 55.00</i>	
<i>Motion in Limine to Limit Absentee-Ballot Evidence to Ballots Pleaded in the Notice of Contest</i>	<i>\$ 55.00</i>	
<i>Opposition to Contestants' Motion in Limine to Exclude Evidence of Each Campaign's Prior Position Regarding When and How Rejected Ballots Should be Reviewed.....</i>	<i>\$ 55.00</i>	
<i>Motion in Limine to Exclude Testimony of King Banian.....</i>	<i>\$ 55.00</i>	
<i>Motion to Amend Answer and Counterclaim.....</i>	<i>\$ 55.00</i>	
<i>Motion in Limine to Exclude County Data Practices Act "Certifications"</i>	<i>\$ 55.00</i>	
<i>Opposition to motion by City of Duluth to Quash Subpoena of Jeffrey Cox</i>	<i>\$ 55.00</i>	
<i>Opposition to Contestants' Motion for an Order Declaring Recount Rule 9 Invalid as a Matter of Law</i>	<i>\$ 55.00</i>	
<i>Motion for Involuntary Dismissal After the Close of Contestants' Case</i>	<i>\$ 55.00</i>	

DESCRIPTION	Amt. Claimed	Amt. Allowed
Deposition Transcripts of Testifying Witnesses (TAB B) (Minn. Stat. § 357.31) <i>Deposition of Kevin Boyle taken on 01/23/09.....</i> \$ 1,668.30 <i>Deposition of Kevin Corbid taken on 01/23/09</i> \$ 1,532.45 <i>Deposition of Joe Mansky taken on 01/15/09</i> \$ 905.25 <i>Deposition of Lori Johnson taken on 01/21/09</i> \$ 806.55 <i>Deposition of Cindy Reichert taken on 01/19/09</i> \$ 2,402.75	\$ 7,315.30	\$
Written Deposition Transcripts Entered Into Evidence (TAB C) (Minn. Stat. § 357.31) <i>Deposition of D. Maeda taken on 01/21/09 (F1926)</i> \$ 200.30 <i>Deposition of L. Ihrke taken on 01/21/09 (F1945)</i> \$ 197.80 <i>Deposition of S. Engdahl taken on 01/21/09 (F1838)</i> \$ 209.90 <i>Deposition of N. Stroth taken on 01/21/09 (F2076)</i> \$ 204.50	\$ 812.50	
Deposition Transcripts Entered Into Evidence (TAB D) (Minn. Stat. § 357.31) <i>Deposition of Donald Burger (Incl. Depo. Ex. F5008)</i> \$ 299.60 <i>Deposition of Elizabeth Davies (Incl. Depo. Ex. F5012)</i> \$ 467.55 <i>Deposition of Michael Finney (Incl. Depo. Ex. F5017)</i> \$ 380.40 <i>Deposition of John Kryst (Incl. Depo. Ex. F5011)</i> \$ 439.00 <i>Deposition of Jack Larsen (Incl. Depo. Ex. F5005)</i> \$ 136.20 <i>Deposition of Leah Litman (Incl. Depo. Ex. F5004)</i> \$ 342.05 <i>Deposition of Carmen Mancino (Incl. Depo. Ex. F5016)</i> \$ 457.90 <i>Deposition of Christine Paulu (Incl. Depo. Ex. F5010)</i> \$ 258.15 <i>Deposition of Marie Putnam (Incl. Depo. Ex. F5003)</i> \$ 144.95 <i>Deposition of Michael Ritchie (Incl. Depo. Ex. F5000)</i> \$ 274.90	\$ 3,200.70	
Trial Transcripts (Abraham v. County of Hennepin, 622 N.W.2d 121, 129 (Minn. Ct. App. 2001) (TAB E) <i>James M. Trapskin & Associates</i> \$ 27,403.80 <i>Linda Renner.....</i> \$ 7,978.75	\$35,382.55	\$
Trial Exhibits (Minn. Stat. §§357.31 and 357.315) (TAB F) <i>Death Certificate (Trial Ex. F3007)</i> \$ 13.00	\$26,576.38	\$

DESCRIPTION	Amt. Claimed	Amt. Allowed
<i>Merrill (Copying/notebooks/tabs).....</i> \$ 7,582.63		
<i>Xact Data Discovery (Copying/notebooks/tabs).....</i> \$ 17,291.92		
<i>Skyline Document Services (26 Blow-ups/copying).....</i> \$ 1,688.83		
Data Practice Requests/Subpoenas (Minn. Stat. § 357.31) (TAB G)	\$59,078.89	
<i>Anoka County.....</i> \$ 62.80		
<i>Becker County.....</i> \$ 2,687.99		
<i>Beltrami County.....</i> \$ 1,864.22		
<i>Bloomington, City of.....</i> \$ 311.10		
<i>Blue Earth County.....</i> \$ 12,608.00		
<i>Brooklyn Center, City of.....</i> \$ 96.00		
<i>Brown County.....</i> \$ 50.00		
<i>Carver County.....</i> \$ 236.00		
<i>Cass County.....</i> \$ 43.50		
<i>Chisago County.....</i> \$ 7.50		
<i>Clay County.....</i> \$ 95.70		
<i>Corcoran, City of.....</i> \$ 976.25		
<i>Dakota County.....</i> \$ 1,920.75		
<i>Douglas County.....</i> \$ 30.00		
<i>Eagan, City of.....</i> \$ 49.75		
<i>Golden Valley, City of.....</i> \$ 7.63		
<i>Grant County.....</i> \$ 143.50		
<i>Hennepin County.....</i> \$ 5,556.50		
<i>Hubbard County.....</i> \$ 157.37		
<i>McLeod County.....</i> \$ 37.00		
<i>Minneapolis, City of.....</i> \$ 1,822.25		
<i>Minnetrissa, City of.....</i> \$ 7.00		
<i>Mower County.....</i> \$ 696.32		
<i>Nobles County.....</i> \$ 4,315.80		
<i>Olmsted County.....</i> \$ 565.00		
<i>Plymouth, City of.....</i> \$ 297.35		
<i>Pope County.....</i> \$ 35.00		

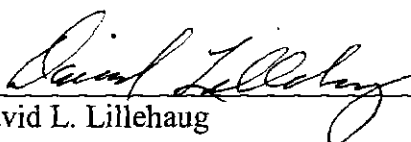
DESCRIPTION	Amt. Claimed	Amt. Allowed
<i>Ramsey County (further detail request pending)</i> \$ 14,450.93 <i>Rice County.....</i> \$ 904.18 <i>Robbinsdale, City of.....</i> \$ 11.50 <i>Scott County.....</i> \$ 1,238.36 <i>Sherburne County</i> \$ 443.25 <i>St. Louis County.....</i> \$ 579.60 <i>St. Louis Park, City of.....</i> \$ 122.25 <i>Steele County</i> \$ 60.00 <i>Wabasha County.....</i> \$ 20.17 <i>MN Secretary of State CD's with Recount Data/Copying</i> \$ 588.24 <i>Skyline Document Services (imaging of DP documents)</i> \$2,795.95 <i>Miscellaneous Data Practice Requests Paid by Check</i> \$1,631.98 <i>Data Practice Documents Produced by Dorsey & Whitney..</i> \$1,552.20		
Trial Technology & Equipment (Minn. Stat. § 549.04) (TAB H) <i>Rental of projector for Presentation of Exhibits.....</i> \$1,161.15 <i>Rental of copier for preparation of exhibit notebooks.....</i> \$ 4,671.11 <i>Small printer, cable & equipment for preparation of exhibits in courtroom</i> \$ 198.97	\$ 6,031.23	\$
Photocopying & Service of Trial Motions (TAB I) (Minn. Stat. § 549.04) <i>Motion to Set a Pretrial Schedule/Expedited Discovery (01/09/09).....</i> \$ 67.06 Photocopying \$ 45.80 Courier for Filing With The Court..... <i>\$ 21.26</i> <i>Motion to Dismiss (01/12/09)</i> \$ 198.58 Photocopying \$174.20 Courier for Filing With The Court..... <i>\$ 24.38</i> <i>Contestee's Reply in Support of Motion to Establish Pretrial Scheduling Order, Opposition to Contestants' Proposed Schedule, and Urgent Request for Entry of Scheduling Order (01/15/09)</i> \$ 39.40 Photocopying \$ 5.40 Courier for Filing With The Court \$ 34.00	\$ 2,152.51	

DESCRIPTION	Amt. Claimed	Amt. Allowed
<i>Contestee Al Franken's Response to Contestants' Proposed "Senate Election Contest Rules" (01/16/09)</i>\$ 55.60		
Photocopying\$ 21.60		
Courier for Filing With The Court\$ 34.00		
<i>Opposition to Motion for Order Directing Counties and Municipalities to Deliver Original Rejected Absentee Ballots to the Court & Contestees Reply in Support of Motion to Dismiss (01/20/09)</i>\$ 88.00		
Photocopying\$88.00		
<i>Motion to Strike Unsupported Claims, Points and Authorities (01/21/09)</i>\$ 214.15		
<i>Motion for Partial Summary Judgment on Certain of Contestants' Claims (01/21/09)</i>		
<i>Motion for Partial Summary Judgment on Certain of Contestee's Counterclaims (01/21/09)</i>		
<i>Opposition to Motion for Order Directing Secretary of State to Deposit Original Documents With the Court (01/21/09)</i>		
Photocopying\$ 171.20		
Courier for Filing With The Court\$ 34.00		
Service & Delivery to J. Langdon\$ 8.95		
<i>Opposition to Contestants' Motion for Summary Judgment (01/22/09)</i>\$ 255.30		
Photocopying\$ 191.80		
Courier for Filing With The Court\$ 63.50		
<i>Motion in Limine to Limit Absentee-Ballot Evidence to Ballots Pleaded in the Notice of Contest (01/26/09)</i>\$ 210.67		
Photocopying\$ 138.20		
Courier for Filing With The Court.....\$ 72.47		
<i>Opposition to Contestants' Motion in Limine to Exclude Evidence of Each Campaign's Prior Position Regarding When and How Rejected Ballots Should be Reviewed (01/29/09)</i>\$ 103.67		
<i>Motion in Limine to Exclude Testimony of King Banian (01/29/09)</i>		
Photocopying\$ 47.00		

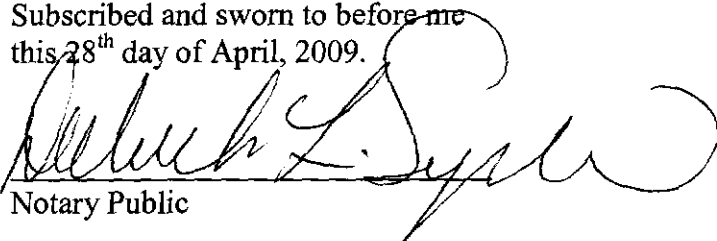
DESCRIPTION	Amt. Claimed	Amt. Allowed
<p>Courier for Filing With The Court\$ 56.67</p> <p><i>Contestee's Interim (Week One) Proposed Findings of Fact and Conclusions of Law (02/02/09)</i>\$ 70.21</p> <p>Photocopying\$ 31.80</p> <p>Courier for Filing With The Court\$ 38.41</p> <p><i>Motion to Amend Answer and Counterclaim (02/04/09)</i>\$ 50.14</p> <p>Photocopying\$ 7.20</p> <p>Courier for Filing With The Court\$ 42.94</p> <p><i>Contestee's Interim (Week Two) Proposed Findings of Fact and Conclusions of Law (02/09/09)</i>\$ 128.75</p> <p>Photocopying\$ 90.20</p> <p>Courier for Filing With The Court\$ 38.55</p> <p><i>Contestee's Reply Memorandum in Support of his Motion in Limine to Exclude Testimony of King Banain (02/11/09)</i>\$ 160.27</p> <p>Photocopying\$ 95.80</p> <p>Courier for Filing With The Court\$ 64.47</p> <p><i>Contestee's Interim (Week Three) Proposed Findings of Fact and Conclusions of Law (02/16/09)</i>\$ 123.77</p> <p>Photocopying\$ 84.80</p> <p>Courier for Filing With The Court\$ 38.97</p> <p><i>Contestee's Memorandum of Law Regarding Form and Level of Specificity Required in an Offer of Proof (02/20/09)</i>\$ 43.80</p> <p>Photocopying\$ 0.80</p> <p>Courier for Filing With The Court\$ 43.00</p> <p><i>Contestee's Interim (Week Four) Proposed Findings of Fact and Conclusions of Law (02/23/09)</i>\$49.27</p> <p>Photocopying\$ 0.20</p> <p>Courier for Filing With The Court\$ 49.07</p> <p><i>Contestee's Interim (Weeks 1-5) Proposed Findings of Fact and Conclusions of Law (03/02/09)</i>\$ 293.87</p> <p>Photocopying\$ 272.20</p> <p>Courier for Filing With The Court\$ 21.67</p>		
Trial Subpoenas & Witness Fees	(TAB J)	\$

DESCRIPTION	Amt. Claimed	Amt. Allowed
(Minn. Stat. §§ 357.22 and 549.04)		
Service of 380 trial subpoenas & witness fees \$ 19,525.51		
Total Costs and Disbursements	<u>\$ 161,510.63</u>	\$

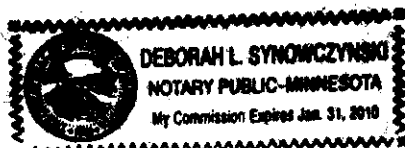
Dated: April 28, 2009


David L. Lillehaug

Subscribed and sworn to before me
this 28th day of April, 2009.


Notary Public

4543442_2.DOC



F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/08/2009

Pay to the

Order of Ramsey County District Court*[Name will appear on check exactly as it appears here]*

Amount Due

\$ **250.00**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date: 1/8/2009

Time Needed: 04:00 PM

PAYMENT DELIVERY INSTRUCTIONS☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Mary Peterman**

Floor: 39

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: **Franken**Matter Name: **Contest Litigation (new matter being opened)**Authorizer's Name: **Richard D. Snyder**

Employee #: 0804

Expense

Description: Filing fee for contest proceedings*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary Peterman

Signature:

Signature:

Signature:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Mary Peterman x7559****FOR FINANCE DEPARTMENT USE ONLY**

Voucher #:

236131

Batch #:

418075

Check Date:

1-8-09

Check Amount:

250.00

Check #:

259546

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/08/2009

Pay to the
Order of Ramsey County District Court
[Name will appear on check exactly as it appears here]

Amount Due
\$ 55.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/8/2009
Time Needed: 04:00 PM

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: Mary Peterman
Floor: 39

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

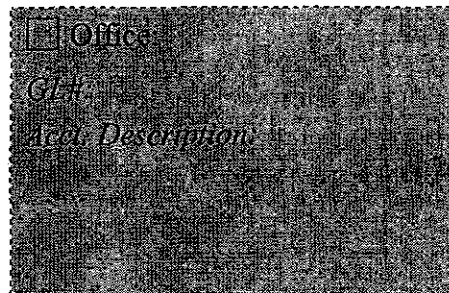
Client/Matter #: 058501.0003

Client Name: Franken

Matter Name: Contest Litigation (new matter being opened)

Authorizer's Name: Richard D. Snyder

Employee #: 0804



Expense
Description: Motion filing fee for motion for expedited discovery

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:


Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

--

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Signature:	Signature:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Mary Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 236130
Batch #: 418075

Check Date: 1-8-09
Check Amount: 55-
Check #: 259845

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/08/2009

Pay to the

Order of **Ramsey County District Court***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **55.00**Currency Code: **USD****EXPENSE DETAILS**Expense Due Date: **1/12/2009**Time Needed: **02:00 PM****PAYMENT DELIVERY INSTRUCTIONS**☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Mary Peterman**Floor: **39****BILL TO INSTRUCTIONS**Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Franken**Matter Name: **Contest Litigation**Authorizer's Name: **Richard D. Snyder**Employee #: **0804**

Expense

Description: **Motion filing fee for motion to dismiss***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:



Signature:

Signature:

Signature:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Mary Peterman x7559****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: **236336**Post Batch #: **418718**Check Date: **1-12-09**Check Amount: **55 -**Check #: **259670**

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/20/2009

Pay to the
Order of

District Court Administrator

[Name will appear on check exactly as it appears here]

Amount Due

\$ **55.00**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check

☐ Return check to: **410 Ramona**
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **David Lillehaug**

Employee #: **1574**

☐ Office:

GL#:

Acct. Description:

Expense Description: **Contestee's Filing fee for Memorandum in Opposition to Motion for Order Directing Counties and Municipalities to Deliver Original Rejected Absentee Ballots to the Court**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 
Print/Type Name: **Deb Synowczynski for David Lillehaug**

Signature:

Print/Type Name:

Signature:
Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Synowczynski x7803**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: **236956**

Batch #: **470220**

Check Date: **1-20-09**

Check Amount: **55-**

Check #: **260033**

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/20/2009

Pay to the
Order of District Court Administrator
[Name will appear on check exactly as it appears here]

Amount Due
\$ 55.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/21
Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to:
Floor: 40 - Lillehaug

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: David Lillehaug

Employee #: 15764

☐ Office:

GL#:

Acct. Description:

Expense Description: Filing Fee for Motion to Strike Unsupported Claims and Points and Authorities in Support
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Expense Code:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>Deb Synowczynski</u>	Signature: _____
Print/Type Name: <u>Deb Synowczynski for David Lillehaug</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

Check Number: 237000

Check Batch #: 1/20/20

Check Date: 1-21-09

Check Amount: 55-

Check #: 260079

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/20/2009

Pay to the

Order of Clerk of District Court - Ramsey County*[Name will appear on check exactly as it appears here]*

Amount Due

\$ **55.00**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date: 1/21/2009

Time Needed: 10:00 AM

PAYMENT DELIVERY INSTRUCTIONS☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Deb Uhrich**

Floor: 39

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: **Franken**Matter Name: **Election Contest**Authorizer's Name: **Crystal Patterson**

Employee #: 1354

☐ Office:

GL#:

Acct. Description:

Expense

Description: **Filing Fee - Motion for Partial Summary Judgment on Contestants' Claims***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****Signature: *Deb Uhrich for Crystal Patterson*

Print/Type Name: Crystal Patterson

Print/Type Name:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Debra Uhrich x7702****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 237074Batch #: 420220Check Date: 1-21-09Check Amount: 55-Check #: 260090

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/20/2009

Pay to the
Order of Clerk of District Court - Ramsey County
[Name will appear on check exactly as it appears here]

Amount Due
\$ **55.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **1/21/2009**
Time Needed: **10:00 AM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Deb Uhrich**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Election Contest**

Authorizer's Name: **Crystal Patterson**

Employee #: **1354**

☐ Office:

GL#:

Acct. Description:

Expense Description: **Filing Fee - Motion for Partial Summary Judgment on Contestee's Counterclaims**
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Expense Type: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>Deb Uhrich for Crystal Patterson</i>	Signature:
Print/Type Name: Crystal Patterson	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Debra Uhrich x7702**

FOR FINANCE DEPARTMENT USE ONLY

Check # **23707**
Batch # **420220**

Check Date: **1-21-09**
Check Amount: **55-**
Check #: **260091**

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of District Court Administrator
[Name will appear on check exactly as it appears here]

Amount Due
\$ 55.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **David Lillehaug ASAP!!!**
Floor: 40

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **David Lillehaug**

Employee #: **1574**

☐ Office

GL#:

Accr. Description:

Expense Description: **Filing fee for Contestee's Memorandum in Opposition to Motion for Order Directing Secretary of State to Deposit Original Documents with the Court**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STABLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: **Deb Synowczynski for David Lillehaug**

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Synowczynski x6160**

FOR FINANCE DEPARTMENT USE ONLY

Check Number: 237181

Check Date: 01-21-09

Check Batch #: _____

Check Amount: 55.00

Check #: 260117

E&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of

Ramsey County District Court

[Name will appear on check exactly as it appears here]

Amount Due

\$ **55.00**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **1/22/2009**

Time Needed: **02:00 PM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check

☒ Return check to: **Deb Uhrich**

Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Election Contest**

Authorizer's Name: **Crystal Patterson**

Employee #: **1354**

☐ Office:

GL#:

Acc. Description:

Expense

Description: **Filing Fee - Opposition Motion**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: *Deb Uhrich for Crystal Patterson*
Print/Type Name: Crystal Patterson

Signature: _____
Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Uhrich x7702**

FOR FINANCE DEPARTMENT USE ONLY

Check #: **237225**

Batch #: **420781**

Check Date: **1-22-09**

Check Amount: **55-**

Check #: **260163**

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/26/2009

Pay to the
Order of **Court Administrator***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **55.00**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date: 1/26/2009

Time Needed: **asap****PAYMENT DELIVERY INSTRUCTIONS**☒ Return check to: **Mary Peterman**
Floor: **39****BILL TO INSTRUCTIONS**Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Franken**Matter Name: **Contest**Authorizer's Name: **Rick Snyder**Employee #: **0804**☐ Office:

GL#:

Acct. Description:

Expense
Description: **Motion filing fee (Motion to Limit Ballot Evidence etc.)***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: **Rick Snyder**

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Mary Peterman x7559****J. Czerwinski**
x7513**FOR FINANCE DEPARTMENT USE ONLY**

Check #:

237454Check Date: **01-26-09**

Check Batch #:

Check Amount: **55.00**

Check #:

260240

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/29/2009

Pay to the

Order of **District Court Administrator***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **55.00**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS☒ **Easy Direct Delivery:** Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **David Lillehaug**Employee #: **1574**Expense Description: **Filing fee for Contestee's Opposition to Contestants' Motion in Limine to Exclude Evidence of Each Campaign's Prior Position Regarding When and How Rejected Ballots Should Be****Reviewed***[Description will appear on invoices exactly as it appears here]*☐ Office:

GL#:

Acct. Description:

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Expense:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes:

****STABLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****Signature: 

Print/Type Name: Deb Synowczynski for David Lillehaug

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Deb Synowczynski x6160****FOR FINANCE DEPARTMENT USE ONLY**

Checker #:

237877

Batch #:

422811

Check Date:

1-29-09

Check Amount:

55 -

Check #:

200442

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/28/2009

Pay to the
Order of Ramsey County Court Administrator
[Name will appear on check exactly as it appears here]

Amount Due
\$ **55.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **1/28/2009**
Time Needed: **02:30 PM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Michelle Hanson**
Floor: **38**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Election**

Authorizer's Name: **Michelle Hanson**

Employee #: **0775**

☐ Office:

GL#:

Acct. Description:

Expense
Description: **Filing Fee**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Michelle Hanson	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Michelle Hanson x6160**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 237825
Batch #: 422302

Check Date: 1-28-09
Check Amount: 55-
Check #: 260391

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/04/2009

Pay to the
Order of **Ramsey County District Court**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **55.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **2/4/2009**
Time Needed: **11:30 AM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Mary Peterman/Lynn Alexander**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **Richard D. Snyder**

Employee #: **0804**

☒ Office
GL#
Accr. Description

Expense
Description: **Filing fee for Contestee's Motion to Amend Answer and Counterclaims**


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print Type Name: Richard D. Snyder	Print Type Name: _____
Signature: _____	Signature: _____
Print Type Name: _____	Print Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Lynn Alexander x7559**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: **238385**
Batch #: **4255940**

Check Date: **2-4-09**
Check Amount: **55**
Check #: **24025**

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/25/2009

Pay to the
Order of Ramsey County District Court
[Name will appear on check exactly as it appears here]

Amount Due
\$ 55.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/26/2009
Time Needed: 01:00 PM

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: Mary Peterman
Floor: 39

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Richard D. Snyder

Employee #: 0804


Expense
Description: Filing Fee for Motion in Limine to Exclude County Data Practices Act "Certifications"
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Expense:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Signature:	Signature:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Lynn Alexander x7559

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 240276
Batch #: 430104

Check Date: 2-26-09
Check Amount: 55-
Check #: 201448

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/27/2009

Pay to the

Order of **Ramsey County District Court**

[Name will appear on check exactly as it appears here]

Amount Due

\$ **55.00**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **2/27/2009**

Time Needed: **11:00 AM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check

☒ Return check to: **Mary Peterman**

Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Rick Snyder**

Employee #: **0804**

<input checked="" type="checkbox"/> Office
GL#
Acct. Description

Expense

Description: **Filing fee for opposition to motion by City of Duluth to quash J. Cox subpoena**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:


Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Signature:	Signature:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: **2010418**

Batch #: **6130511**

Check Date: **2-27-09**

Check Amount: **55-**

Check #: **201551**

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 03/06/2009

Pay to the
Order of **Ramsey County District Court**

[Name will appear on check exactly as it appears here]

Amount Due
\$ 165.00
Currency Code: **USD**

EXPENSE DETAILS

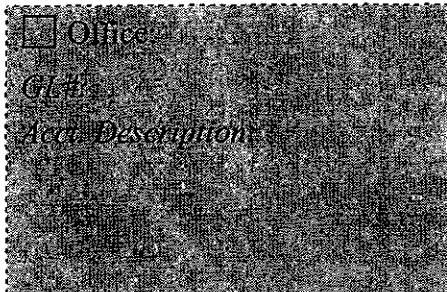
Expense Due Date: **3/6/2009**
Time Needed: **02:30 PM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Mary Peterman**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust



Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Richard D. Snyder**

Employee #: **0804**

Expense Description: **Motion filing fee for motion in limine re certification, opposition to Rule 9 motion, and motion for involuntary dismissal**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>Mary Peterman</i>	Signature:
Signature: <i>Richard D. Snyder</i>	Signature:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: **241114**
Batch #: **433627**

Check Date: **3-6-09**
Check Amount: **165-**
Check #: **201815**

T&B EXPENSE FORM

Cost Code: 00
Today's Date: 01/29/2009

Pay to the
Order of

Depo International

[Name will appear on check exactly as it appears here]

Amount Due

\$ **1,668.30**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

Time Needed: 2/20

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **David L. Lillehaug**

Employee #: **1574**

Expense

Description: **Deposition of K. Boyle taken 01/23/09**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:



Print Name: David L. Lillehaug

Signature:

Print Name:

Signature:

Signature:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **M. Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Voucher #:

239130

Post Batch #:

427080

Check Date:

Check Amount:

Check #:

Depo International**Invoice**

One Call / Scheduled it All (763) 591-0535

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Monday, January 26, 2009

Invoice #

18706jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Kevin Boyle**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 1/23/2009**Start Time:** 9:00 AM**End Time:** : 0**Reporter:** Gayle Barker**Claim #:****File #:**

22803mdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	125	\$937.50
Original Word Index Regular	\$7.50	18	\$135.00
Reporter's Fee's Regular per hour	\$55.00	3.5	\$192.50
Rough Ascii	\$1.50	125	\$187.50
scanned exhibits	\$0.80	126	\$100.80
Ascii Disk & Etran	\$50.00	1	\$50.00
Binders	\$5.00	3	\$15.00
Messenger	\$35.00	1	\$35.00
EMAIL Fee	\$10.00	1	\$10.00
Administrative Charge	\$5.00	1	\$5.00
Sub Total			\$1,668.30
Payments			\$0.00
Balance Due			\$1,668.30

Fed. I.D. # 470942452

Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5% per month after 30 days)

F&B EXPENSE FORM

Cost Code: 100
Today's Date: 01/29/2009

Pay to the
Order of Depo International
[Name will appear on check exactly as it appears here]

Amount Due
\$ 1,532.45
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed: 2420

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Franken

Matter Name: Contest

Authorizer's Name: David L. Lillehaug

Employee #: 1574

☐ Office
GL#
Acct. Description

Expense
Description: Deposition of K. Corbid taken 01/23/09

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

FEB 10 2009

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>David L. Lillehaug</u>	Signature:
Print Type Name: <u>David L. Lillehaug</u>	Print Type Name:
Signature:	Signature:
Print Type Name:	Print Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: M. Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 239133
ost Batch #: 427080

Check Date: _____
Check Amount: _____
Check #: _____

Depo International**Invoice****One Call / Scheduled It All (763) 591-0535**

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Monday, January 26, 2009

Invoice #

18708jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Kevin Corbid**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 1/23/2009**Start Time:** 1:00 PM**End Time:** : 0**Reporter:** Gayle Barker**Claim #:****File #:**

20828jdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	114	\$855.00
Original Word Index Regular	\$7.50	17	\$127.50
Reporter's Fee's Regular per hour	\$55.00	3.25	\$178.75
Rough Ascii	\$1.50	114	\$171.00
Administrative Charge	\$5.00	1	\$5.00
scanned exhibits	\$0.80	94	\$75.20
Ascii Disk & Etran	\$50.00	1	\$50.00
Binders	\$5.00	2	\$10.00
Messenger	\$35.00	1	\$35.00
EMAIL Fee	\$10.00	1	\$10.00
Read and Sign	\$15.00	1	\$15.00
Sub Total			\$1,532.45
Payments			\$0.00
Balance Due			\$1,532.45

Fed. I.D. # 470942452

Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5% per month after 30 days)

&B EXPENSE FORM

Cost Code: 60
Today's Date: 01/19/2009

Pay to the
Order of

4273 # 2 (FED ID CHANGED)
James M. Trapskin & Associates, Inc.

[Name will appear on check exactly as it appears here]

Amount Due
\$ 905.25
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/23/2009

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Rick Snyder**

Employee #: **0804**

Expense Description: Deposition of J. Mansky taken 01/15/2009

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES*

Signature: [Signature] ✓

Print Name: Rick Snyder

Signature:

Print Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Check #: 239181

Batch #:

Check Date: 2-16-09

Check Amount: 905.25

Check #: 261061



January 18, 2009

INV.
01-18-09

Mr. Richard D. Snyder
Fredrikson & Byron, P.A.
200 South Sixth Street
Suite 4000
Minneapolis, Mn. 55402

Re: Norman Coleman vs. Al Franken

DEPOSITION OF: Joseph Mansky

DATE TAKEN: January 15, 2009

TRANSCRIPT: One copy, exhibits, nonfinal ASCII, complimentary
word index, mini transcript and final ASCII (Expedited Delivery)

\$ 905.25

PLEASE MAKE CHECK PAYABLE TO: James M. Trapskin & Associates, Inc.
(EIN NO: 26-2296123)

Thank You

***PLEASE RETURN ONE COPY OF INVOICE WITH YOUR PAYMENT ***

P.O. Box 6122 • Minneapolis, MN 55406 • 612.722.9947 • fax 612.722.6851
jimtrapskin@comcast.net

F&B EXPENSE FORM

Cost Code: 60
Today's Date: 01/29/2009

Pay to the

Order of **Depo International**

[Name will appear on check exactly as it appears here]

Amount Due

\$ **806.55**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

Time Needed: 2/20

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **David L. Lillehaug**

Employee #: **1574**

Expense

Description: **Deposition of L. Johnson taken 01/21/09**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print Name: David L. Lillehaug

Print Name:

Signature:

Signature:

Print Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **M. Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Checker #:

239132

Batch #:

4127080

Check Date:

Check Amount:

Check #:

Depo International**Invoice****One Call / Scheduled it All (763) 591-0535**

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Friday, January 23, 2009

Invoice #

18700jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Lori Johnson**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 1/21/2009**Start Time:** 8:00 AM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

22801mdi

Description	Each	Quan	Total
National Original & One Regular	\$5.00	77	\$385.00
National Original Word Index	\$5.00	33	\$165.00
National Reporter Fees	\$0.00	4	\$0.00
National Scanned Exhibits	\$0.80	21	\$16.80
National Rough Ascii	\$1.75	77	\$134.75
National Binder	\$5.00	3	\$15.00
National Messenger	\$35.00	1	\$35.00
National Administrative Charge	\$5.00	1	\$5.00
National Ascii	\$50.00	1	\$50.00
Sub Total			\$806.55
Payments			\$0.00
Balance Due			\$806.55

Fed. I.D. # 470942452

**Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5%
per month after 30 days)**

F&B EXPENSE FORM

Cost Code: 60
Today's Date: 01/24/2009

012390
Pay to the
Order of **Benchmark Reporting Agency, Inc.**

[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 2,402.75
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/30/2009 2/12

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **David Lillehaug**

Employee #: **1574**

☐ Office:

GL#:

Acct. Description:

Expense Description: Certified copy of Transcript of Cynthia Reichert

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

ce:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David Lillehaug ✓

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Ramona Zamora x7803**

FOR FINANCE DEPARTMENT USE ONLY

Check #: 237782

Batch #: 472302

Check Date: 2-12-09



Check Amount: 2402.75

Check #: 240952



OK to pay.
Franken
Note #3
[Signature]

INVOICE

Invoice No.	Invoice Date	Job No.
 ✓		28646
Job Date	Case No.	
1/19/2009		
Case Name		
Cullen Sheehan & Norm Coleman vs. Al Franken		
Payment Terms		
Due upon receipt		

David L. Lillehaug
Fredrikson & Byron, P.A.
200 South Sixth Street Suite 4000
Minneapolis, MN 55402

1 CERTIFIED COPY OF TRANSCRIPT OF:

Cynthia Reichert

Exhibit

Realtime/RD Transcript

				1,705.00
575.00	Pages	@	0.35	201.25
331.00	Pages	@	1.50	496.50
TOTAL DUE >>>				[Redacted]
AFTER 2/21/2009 PAY				\$2,763.16

Please take advantage of the prompt payment discount.
If paid within 30 days, please pay the lower amount.

WE OFFER ON-LINE SCHEDULING! Please visit our website at www.benchmark-reporting.com.

fax ID: 41-1224131

Phone: 612-492-7000 Fax: 612-492-7077

F&B EXPENSE FORM

Cost Code: 60
Today's Date: 02/17/2009

Pay to the

Order of Depo International

[Name will appear on check exactly as it appears here]

Amount Due

\$ 200.30

Currency Code: USD

EXPENSE DETAILS

Expense Due Date:

Time Needed:

3/6

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Franken

Matter Name: Contest

Authorizer's Name: David L. Lillehaug

Employee #: 1574

Expense

Description: Deposition of D. Maeda taken 01/21/09

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: David L. Lillehaug

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: M. Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Checker #:

Check Date:

Batch #:

Check Amount:

Check #:

Depo International**Invoice**

One Call / Scheduled It All (763) 591-0535

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Thursday, January 22, 2009

Invoice #

18639jdi ✓

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: David Maeda**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 1/21/2009**Start Time:** 9:00 AM**End Time:** : 0**Reporter:** Gayle Barker**Claim #:****File #:** 22820mdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	7	\$52.50
Original Word Index Regular	\$7.50	2	\$15.00
Reporter's Fee's Regular per hour	\$55.00	2	\$110.00
scanned exhibits	\$0.80	1	\$0.80
Administrative Charge	\$5.00	1	\$5.00
Binders	\$5.00	2	\$10.00
Shipping & Archiving	\$7.00	1	\$7.00
Sub Total			\$200.30
Payments			\$0.00
Balance Due			\$200.30

Fed. I.D. # 470942452

Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5% per month after 30 days)

F&B EXPENSE FORM

Cost Code: 60
Today's Date: 02/17/2009

102795

Pay to the
Order of

Depo International

[Name will appear on check exactly as it appears here]

Amount Due

\$ ☒ **197.80**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

3/6

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **David L. Lillehaug**

Employee #: **1574**

Expense

Description: **Deposition of L. Ihrke taken 01/21/09**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

David L. Lillehaug

Signature:

Print Name: David L. Lillehaug

Print Name:

Signature:

Signature:

Print Name:

Print Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **M. Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 240674

Batch #: 432937

Check Date: _____

Check Amount: _____

Check #: _____

Depo International**Invoice**

One Call / Scheduled It All (763) 591-0535

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Thursday, January 22, 2009

Invoice #

18623jdi ✓

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Laura Ihrke

Case: In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken

Venue:

Case #: 62-cv-09-56

Date: 1/21/2009

Start Time: 9:00 AM

End Time: : 0

Reporter: Kelly Kohls

Claim #:

File #:

22823mdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	4	\$30.00
Original Word Index Regular	\$7.50	2	\$15.00
Reporter's Fee's Regular per hour	\$55.00	2	\$110.00
Administrative Charge	\$5.00	1	\$5.00
scanned exhibits	\$0.80	1	\$0.80
Binders	\$5.00	2	\$10.00
Shipping & Archiving	\$7.00	1	\$7.00
witness fee	\$20.00	1	\$20.00
Sub Total			\$197.80
Payments			\$0.00
Balance Due			\$197.80

Fed. I.D. # 470942452

Please note invoice number on remittance **TERMS: 30 DAYS** (Finance charge of 1.5%
per month after 30 days)

F&B EXPENSE FORM

Cost Code: 60
Today's Date: 02/17/2009

Pay to the
Order of

102795

Depo International

[Name will appear on check exactly as it appears here]

Amount Due

\$ 209.90

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

Time Needed:

3/4

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **David L. Lillehaug**

Employee #: 1574

☐ Office
G/L#
Acct. Description

Expense

Description: **Deposition of S. Engdahl taken 01/21/09**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print Name: David L. Lillehaug	Print Name:
Signature:	Signature:
Print Name:	Print Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **M. Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Check #:

2410676

Check Date:

Batch #:

432937

Check Amount:

Check #:

Depo International**Invoice**

One Call / Scheduled It All (763) 591-0535

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Wednesday, January 21, 2009

Invoice #

18620jdi ✓

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Sandy Engdahl

Case: In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken

Venue:

Case #: 62-cv-09-56

Date: 1/21/2009

Start Time: 11:00 AM

End Time: : 0

Reporter: Heather Owens

Claim #:

File #:

22824mdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	5	\$37.50
Original Word Index Regular	\$7.50	2	\$15.00
Reporter's Fee's Regular per hour	\$55.00	2	\$110.00
Binders	\$5.00	2	\$10.00
Administrative Charge	\$5.00	1	\$5.00
Shipping & Archiving	\$10.00	1	\$10.00
scanned exhibits	\$0.80	3	\$2.40
witness fee	\$20.00	1	\$20.00
Sub Total			\$209.90
Payments			\$0.00
Balance Due			\$209.90

Fed. I.D. # 470942452

**Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5%
per month after 30 days)**

T&B EXPENSE FORM

Cost Code: 66
Today's Date: 02/17/2009

Pay to the
Order of

Depo International

[Name will appear on check exactly as it appears here]

Amount Due

\$ 204.50

Currency Code: USD

EXPENSE DETAILS

Expense Due Date:

3/6

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ *Easy Direct Delivery:* Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

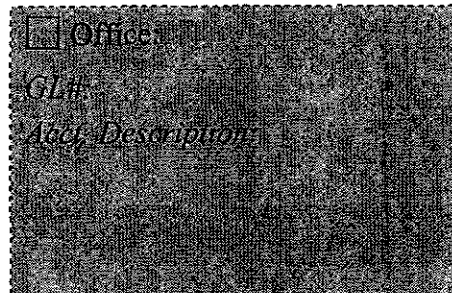
Client/Matter #: 058501.0003 ✓

Client Name: Franken

Matter Name: Contest

Authorizer's Name: David L. Lillehaug

Employee #: 1574



Expense

Description: Deposition of N. Stroth taken 01/21/09

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>David L. Lillehaug</u>	Signature: _____
Signature: _____	Signature: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: M. Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 24106004

Check Date: _____

Batch #: 432937

Check Amount: _____

Check #: _____

Depo International**Invoice**

One Call / Scheduled it All (763) 591-0535

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Wednesday, January 21, 2009

Invoice #

18619jdi ✓

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Nancy Stroth**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 1/21/2009**Start Time:** 9:00 AM**End Time:** : 0**Reporter:** Heather Owens**Claim #:****File #:**

22827mdi

Description	Each	Quan	Total
Original & One Copy Regular 100% expedited	\$7.50	5	\$37.50
Original Word Index Regular	\$7.50	2	\$15.00
Reporter's Fee's Regular per hour	\$55.00	2	\$110.00
Binders	\$5.00	2	\$10.00
Shipping & Archiving	\$7.00	1	\$7.00
Administrative Charge	\$5.00	1	\$5.00
witness fee	\$20.00	1	\$20.00
Sub Total			\$204.50
Payments			\$0.00
Balance Due			\$204.50

Fed. I.D. # 470942452

Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5% per month after 30 days)

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 591-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Thursday, March 12, 2009

Invoice #

18919jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Donald J. Burger**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 12:30 PM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21198jdi

Description	Each	Quan	Total
National Original & One Regular	\$6.00	24	\$144.00
National Original Word Index	\$6.00	4	\$24.00
National Reporter Fees	\$50.00	2	\$100.00
National Scanned Exhibits	\$0.80	2	\$1.60
National Administrative Charge	\$5.00	1	\$5.00
National Binder	\$5.00	1	\$5.00
National Shipping	\$20.00	1	\$20.00
Sub Total			\$299.60
Payments			\$0.00
Balance Due			\$299.60

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

Depo International**Invoice****One Call / Scheduled it All (763) 591-0535**

1330 Jersey Avenue South

Minneapolis MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Wednesday, March 11, 2009

Invoice #

18909jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Elizabeth Davies**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 1:15 PM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21204jdi

Sub Total \$467.55

Payments \$0.00

Balance Due \$467.55

Fed. I.D. # 470942452

**Please note invoice number on remittance TERMS: 30 DAYS (Finance charge of 1.5%
per month after 30 days)**

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 591-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Friday, March 06, 2009

Invoice #

18890jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Michael Finney**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 10:00 AM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21202jdi

Description	Each	Quan	Total
National Original & One Regular	\$9.00	23	\$207.00
National Original Word Index	\$9.00	4	\$36.00
National Reporter Fees	\$50.00	2	\$100.00
National Scanned Exhibits	\$0.80	3	\$2.40
National Binder	\$5.00	2	\$10.00
National Shipping	\$20.00	1	\$20.00
National Administrative Charge	\$5.00	1	\$5.00
Sub Total			\$380.40
Payments			\$0.00
Balance Due			\$380.40

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 691-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Monday, March 09, 2009

Invoice #

18892jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: John Kryst**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 5:30 PM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21213jdi

Description	Each	Quan	Total
National Original & One Regular	\$6.00	26	\$156.00
National Original Word Index	\$6.00	4	\$24.00
National Administrative Charge	\$5.00	1	\$5.00
National Scanned Exhibits	\$0.80	5	\$4.00
National Reporter Fees	\$80.00	2	\$160.00
National Binder	\$5.00	2	\$10.00
National Shipping	\$20.00	1	\$20.00
National hotel room charge	\$60.00	1	\$60.00
Sub Total			\$439.00
Payments			\$0.00
Balance Due			\$439.00

includes location charge

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

Ryan Reporting

355 Interlachen Lane

Burnsville, MN 55306

Phone: 952-898-7811 Fax: 952-898-3585

ryan_reporting@hotmail.com

BILL TO:

Invoice No.: 6530-SR

Invoice Date: 3/10/2009

Richard Snyder, Esquire
Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402

Re: Norm Coleman vs.
Al Franken

Date Taken: 03/06/2008

Original and one copy of the depo of EDWARD ADDIS

Original and one copy of the depo of JACK LARSEN \$136.20

Original and one copy of the depo of MARIE PUTNAM \$144.95

Original and one copy of the depo of JAMES RICHARDSON

Court File No: 02-CV-09-56

Reported By: Scott Ryan, CSR

Amount Due: \$501.05

Please make check payable to Ryan Reporting, Inc.
EIN No. 02-0740882

THANK YOU

*** PLEASE RETURN ONE COPY OF INVOICE WITH YOUR PAYMENT ***

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 591-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Friday, March 13, 2009

Invoice #

18943jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Leah Litman**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 3:15 AM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21208jdi

Description	Each	Quan	Total
National Original & One Regular	\$7.55	23	\$173.65
National Original Word Index	\$7.55	4	\$30.20
National Reporter Fees	\$50.00	2	\$100.00
National Scanned Exhibits	\$0.80	4	\$3.20
National Binder	\$5.00	2	\$10.00
National Administrative Charge	\$5.00	1	\$5.00
National Shipping	\$20.00	1	\$20.00
Sub Total			\$342.05
Payments			\$0.00
Balance Due			\$342.05

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 591-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Monday, March 09, 2009

Invoice #

18899jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Carmen Mancino**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 6:00 PM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21203jdi

Description	Each	Quan	Total
National Original & One Regular	\$5.50	27	\$148.50
National Original Word Index	\$5.50	4	\$22.00
National Reporter Fees	\$125.00	2	\$250.00
National Administrative Charge	\$5.00	1	\$5.00
National Scanned Exhibits	\$0.80	3	\$2.40
National Binder	\$5.00	2	\$10.00
National Shipping	\$20.00	1	\$20.00
Sub Total			\$457.90
Payments			\$0.00
Balance Due			\$457.90

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 03/09/2009

103432
Pay to the
Order of **Jeffries Court Reporting, Inc.**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **258.15**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **3/9/2009**
Time Needed: **02:30 PM**

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Mary Peterman**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

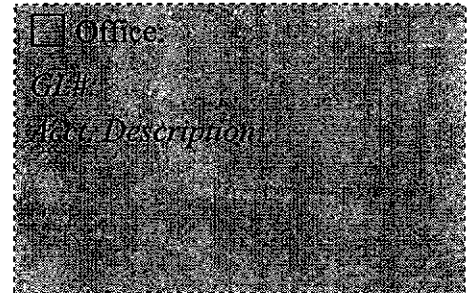
Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Richard D. Snyder**

Employee #: **0804**



Expense
Description: **Transcript of C. Paulu deposition taken on March 5, 2009**


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print Name: Mary Peterman	Print Name:
Signature:	Signature:
Print Name:	Print Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: **241241**
Post Batch #: **4133745**

Check Date: **3-9-09**
Check Amount: **258.15**
Check #: **261857**

JEFFRIES COURT REPORTING, INC.

MELODY JEFFRIES PETERS, RDR, CRR
mjeffries@montana.com
www.jeffriescourtreporting.com

1015 MOUNT AVENUE, SUITE C
MISSOULA, MONTANA 59801
(406) 721-1143 / FAX (406) 728-0888
1-800-769-1052

Bill To
Richard Snyder (#191292) Fredrikson & Byron 4000 US Bank Plaza 200 South Sixth Street Minneapolis, MN 55402-1425

Date	Invoice #
3/9/2009	18234
Terms	Due Date
Due on r...	3/9/2009

Description	Amount
09-136 - SHEETAN and COLEMAN vs AL FRANKEN - #62-CV-09-56	
Deposition taken on Thursday, March 5, 2009 in Missoula, MT	
Deposition of CHRISTINE PAULU - Expedite/Rush (Original and 1 copy - condensed with keywords and e-tran)	253.65
Exhibits	1.00
Mailing	3.50
THANK YOU! TAX ID #81-0512162	Total \$258.15

PLEASE INCLUDE INVOICE NUMBER ON THE CHECK. A FINANCE CHARGE OF 1.5% WILL BE ADDED ON ACCOUNTS 30 DAYS PAST DUE.

Depo International, Inc.**Invoice****One Call / Schedule It All! (763) 591-0535**

1330 Jersey Avenue South

Suite 200

Minneapolis, MN 55426

Phone: (763) 591-0535

Fax: (763) 591-0538

Invoice Date

Monday, March 09, 2009

Invoice #

18907jdi

Richard D. Snyder
Fredrikson & Byron
4000 US Bank Plaza
200 South Sixth Street
Minneapolis, MN 55402-1425

Phone: (612) 492-7571 Fax: (612) 492-7077

Witness: Michael Ritchie**Case:** In the Matter of Cullen Sheehan and Norm Coleman vs. Al Franken**Venue:****Case #:** 62-cv-09-56**Date:** 3/5/2009**Start Time:** 3:00 PM**End Time:** : 0**Reporter:** NATIONAL**Claim #:****File #:**

21197jdi

Description	Each	Quan	Total
National Original & One Regular	\$6.25	22	\$137.50
National Original Word Index	\$0.00	4	\$0.00
National Reporter Fees	\$50.00	2	\$100.00
National Scanned Exhibits	\$0.80	3	\$2.40
National Binder	\$5.00	2	\$10.00
National Shipping	\$20.00	1	\$20.00
National Administrative Charge	\$5.00	1	\$5.00
Sub Total			\$274.90
Payments			\$0.00
Balance Due			\$274.90

Fed. I.D. # 470942452

Fed I.D. # 470942452 Please note invoice number on remittance TERMS: 30 DAYS
(Finance charge of 1.5% per month after 30 days)

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 03/31/2009

Pay to the

Order of Linda K. Renner*one time*
[Name will appear on check exactly as it appears here]

Amount Due

\$ 73.75Currency Code: USD**EXPENSE DETAILS**Expense Due Date: 3/31/2009Time Needed: 4/1**PAYMENT DELIVERY INSTRUCTIONS**☒ Easy Direct Delivery: Finance to mail check☐ Return check to:

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003Client Name: FrankenMatter Name: ContestAuthorizer's Name: Leslie AndersonEmployee #: 1283☐ Office:

GL#:

Acct. Description:

Expense

Description: Rough draft of J. Mansky's 01/29/09 testimony[Description will appear on invoices exactly as it appears here]**TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: _____ miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Leslie Anderson/mpPrint/Type Name: Leslie Anderson

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: Mary Peterman x7559**FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 243174Cost Batch #: 439147Check Date: 4-1-09Check Amount: 73.75Check #: 262865

February 2, 2009

Mr. David Lillehaug
Attorney at Law
Fredrikson & Byron
200 South 6th Street
Suite 4000
Minneapolis, MN 55402

STATEMENT

Reporter's fees for furnishing a rough-draft transcript of Joseph Mansky's testimony heard before the Honorable Denise D. Reilly, the Honorable Elizabeth Hayden, and the Honorable Kurt Marben, on January 29, 2009, at approximately 3:15 p.m., in Courtroom 300, Minnesota Judicial Center, in the following matter:

Cullen Sheehan, Norm Coleman,
Cara Beth Lindell, and John Doe,
Petitioners,

vs.

Mark Ritchie, Minnesota Secretary of State, the Minnesota State Canvassing Board, Isanti County Canvassing Board and Terry Treichel, Isanti County Auditor-Treasurer, individually and on behalf of all County and Local Election Officers and County Canvassing Boards, Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

59 pages X \$1.25 = \$73.75
(Rough draft transcript requested Jan. 30, 2009 and sent via e-mail Feb. 1, '09 to Mr. Hamilton).

-THANK YOU-

Linda K. Renner
Official Court Reporter
300 South 6th Street
C-613 Government Center
Minneapolis, MN 55487

February 24, 2009

Ms. Leslie A. Anderson
Attorney at Law
Fredrikson & Byron, P.A.
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

STATEMENT

Reporter's fees for furnishing transcripts of proceedings heard before the Honorable Denise D. Reilly, the Honorable Elizabeth A. Hayden, and the Honorable Kurt J. Marben, on January 26, 2009, January 29, 2009, and February 5, 2009, in Courtroom 300, Minnesota Judicial Center, in the following matter:

Cullen Sheehan, Norm Coleman,
Cara Beth Lindell, and John Doe,
Petitioners,

vs.

Mark Ritchie, Minnesota Secretary of State, the Minnesota State Canvassing Board, Isanti County Canvassing Board and Terry Treichel, Isanti County Auditor-Treasurer, individually and on behalf of all County and Local Election Officers and County Canvassing Boards, Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

Jan. 26, 2009 123 pages

Jan. 29, 2009 243 pages

Feb. 5, 2009 190 pages

556 pages X \$5.00 = \$2,780.00

-THANK YOU-

Linda K. Renner
Official Court Reporter
300 South 6th Street
C-613 Government Center
Minneapolis, MN 55487

1 March 5, 2009

2 Ms. Leslie A. Anderson
3 Senior Paralegal
4 Fredrikson & Byron, P.A.
5 200 South 6th Street
6 Suite 4000
7 Minneapolis, MN 55402-1425

8 -----
9 STATEMENT

10 Reporter's fees for furnishing transcripts of
11 trial proceedings heard before the Honorable Denise D.
12 Reilly, the Honorable Elizabeth A. Hayden, and the
13 Honorable Kurt J. Marben, on February 12, 2009 and
14 February 26, 2009, in Courtroom 300, Minnesota
15 Judicial Center, in the following matter:

16 Cullen Sheehan, Norm Coleman,
17 Cara Beth Lindell, and John Doe,
18 Petitioners,

19 vs.

20 Mark Ritchie, Minnesota Secretary of
21 State, the Minnesota State Canvassing
22 Board, Isanti County Canvassing Board
23 and Terry Treichel, Isanti County
24 Auditor-Treasurer, individually and on
25 behalf of all County and Local Election
Officers and County Canvassing Boards,
Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

2-12-'09 185 pages X \$5.00 = \$925.00
2-26-'09 165 pages X \$5.00 = \$825.00
TOTAL \$1,750.00

-THANK YOU-

22 Linda K. Renner
23 Official Court Reporter
24 300 South 6th Street
25 C-613 Government Center
Minneapolis, MN 55487
Enclosures

1 March 11, 2009

2 Ms. Leslie A. Anderson
3 Senior Paralegal
4 Fredrikson & Byron, P.A.
5 200 South 6th Street
6 Suite 4000
7 Minneapolis, MN 55402-1425

8 -----
9 STATEMENT

10 Reporter's fees for furnishing transcripts of
11 trial proceedings heard before the Honorable Denise D.
12 Reilly, the Honorable Elizabeth A. Hayden, and the
13 Honorable Kurt J. Marben, on February 27, 2009, in
14 Courtroom 300, Minnesota Judicial Center, in the
15 following matter:

16 Cullen Sheehan, Norm Coleman,
17 Cara Beth Lindell, and John Doe,
18 Petitioners,

19 vs.

20 Mark Ritchie, Minnesota Secretary of
21 State, the Minnesota State Canvassing
22 Board, Isanti County Canvassing Board
23 and Terry Treichel, Isanti County
24 Auditor-Treasurer, individually and on
25 behalf of all County and Local Election
Officers and County Canvassing Boards,
Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

87 pages X \$5.00 = \$435.00

-THANK YOU-

21 Linda K. Renner
22 Official Court Reporter
23 300 South 6th Street
24 C-613 Government Center
25 Minneapolis, MN 55487
Enclosure

1 March 23, 2009

2 Ms. Leslie A. Anderson
3 Senior Paralegal
4 Fredrikson & Byron, P.A.
5 200 South 6th Street
6 Suite 4000
7 Minneapolis, MN 55402-1425

8 -----
9 STATEMENT

10 Reporter's fees for furnishing transcripts of
11 trial proceedings heard before the Honorable Denise D.
12 Reilly, the Honorable Elizabeth A. Hayden, and the
13 Honorable Kurt J. Marben, on March 6, 2009 and March
14 12, 2009, in Courtroom 300, Minnesota Judicial Center,
15 in the following matter:

16 Cullen Sheehan, Norm Coleman,
17 Cara Beth Lindell, and John Doe,
18 Petitioners,

19 vs.

20 Mark Ritchie, Minnesota Secretary of
21 State, the Minnesota State Canvassing
22 Board, Isanti County Canvassing Board
23 and Terry Treichel, Isanti County
24 Auditor-Treasurer, individually and on
25 behalf of all County and Local Election
Officers and County Canvassing Boards,
Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

26 ROUGH DRAFT 3-6-'09-by email 3-16 209 pgs. X \$1.25 = 261.25
27 ROUGH DRAFT 3-12-'09-by email 3-16 179 pgs. X \$1.25 = 223.75
28 FINAL DRAFT 3-6-'09 216 pgs. X \$5.00 = 1,080.00
29 FINAL DRAFT 3-12-'09 186 pgs. X \$5.00 = 930.00

30 TOTAL \$2,495.00
31 -----

32 -THANK YOU-

33 Linda K. Renner
34 Official Court Reporter
35 300 South 6th Street
36 C-613 Government Center
37 Minneapolis, MN 55487
38 Enclosure

March 24, 2009

Ms. Leslie A. Anderson
Senior Paralegal
Fredrikson & Byron, P.A.
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

STATEMENT

Reporter's fees for furnishing transcripts of trial proceedings heard before the Honorable Denise D. Reilly, the Honorable Elizabeth A. Hayden, and the Honorable Kurt J. Marben, on March 13, 2009, in Courtroom 300, Minnesota Judicial Center, in the following matter:

Cullen Sheehan, Norm Coleman,
Cara Beth Lindell, and John Doe,
Petitioners,

vs.

Mark Ritchie, Minnesota Secretary of State, the Minnesota State Canvassing Board, Isanti County Canvassing Board and Terry Treichel, Isanti County Auditor-Treasurer, individually and on behalf of all County and Local Election Officers and County Canvassing Boards, Respondents.

Al Franken for Senate and Al Franken,
Intervenor-Respondents.

89 pages X \$5.00 = \$445.00

-THANK YOU-

Linda K. Renner
Official Court Reporter
300 South 6th Street
C-613 Government Center
Minneapolis, MN 55487
Enclosure

*rec.
3-27-09*



February 21, 2009

Inv. No. SR-499.50

Ms. Leslie Anderson
Fredriksen & Byron, P.A.
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, Mn. 55402

Re: Coleman - Franken U.S. Senate Trial

One-half cost of original and two copies of Volumes 3, 8, 10 and 16 of the
above-entitled matter, complimentary word indexes and ASCII files

\$3,330.00

PLEASE MAKE CHECK PAYABLE TO: James M. Trapskin & Associates, Inc.
(EIN NO: 26-2296323)

Thank You

***PLEASE RETURN ONE COPY OF INVOICE WITH YOUR PAYMENT ***

P.O. Box 6122 • Minneapolis, MN 55406 • 612.722.9947 • fax 612.722.6851
jimtrapskin@comcast.net



February 21, 2009

Ms. Leslie Anderson
Fredriksen & Byron, P.A.
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, Mn. 55402

Re: Coleman - Franken U.S. Senate Trial

One-half cost of original and two copies of Volumes 2, 5, 6 and 7 of the above-entitled matter, a nonfinal ASCII of Joseph Mansky's testimony taken on January 30, 2009, complimentary word indexes and ASCII files

\$3,313.80

PLEASE MAKE CHECK PAYABLE TO: James M. Trapskin & Associates, Inc.
(EIN NO: 26-2296323)

Thank You

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jimtrapskin@comcast.net



March 10, 2009

Inv. No. SR-700.

Ms. Leslie Anderson
Fredriksen & Byron, P.A.
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, Mn. 55402

Re: Coleman - Franken U.S. Senate Trial

For one-half cost of original and two copies of the following volumes:

Volume 13	198 pgs.
Volume 15	174 pgs.
Volume 17	191 pgs.
Volume 20	221 pgs.
Volume 26	117 pgs.
<hr/>	
901 pgs. X \$5.00 = \$4,505.00	

Nonfinal ASCIIs of proceedings:

Feb. 23	32 pgs.
Feb. 25	36 pgs.
Mar. 2	59 pgs.
<hr/>	
127 pgs. X \$1.25 = 158.75	
<hr/>	
\$4,663.75	

Thank You

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jimtrapskin@comcast.net



Received
MAR 17 2009

March 14, 2009

Ms. Leslie Anderson
Fredrikson & Byron, P.A.
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, MN. 55402

Re: Coleman - Franken U.S. Senate Trial

For one-half cost of original and two copies of the following volumes:

Volume 11	167 pgs.
Volume 12	200 pgs.
Volume 18	193 pgs.
Volume 19	228 pgs.

788 pgs. X \$5.00/pg = \$3.940.00

Nonfinal ASCII of Poser testimony:

February 4, 2009 217 pgs. X \$1.25/pg = 271.25

\$,4211.25

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jimtrapskin@comcast.net



Received
MAR 27 2009

March 26, 2009

Inv. No. 846.1855

Ms. Leslie Anderson
Fredrikson & Byron
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, Minnesota 55402

Re: Coleman - Franken U.S. Senate Trial

For one-half cost of original and two copies of the following volumes:

Volume 21	239 pgs
Volume 23	179 pgs
Volume 27	282 pgs
Volume 32	215 pgs
Volume 33	76 pgs

991 pgs X \$5.00 = \$4,955.00

Nonfinal ASCIIs

Volume 27	274 pgs
Volume 32	206 pgs
Volume 33	69 pgs

549 pgs X \$1.25 = \$ 686.25

\$5,641.25

Thank You

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jimtrapskin@comcast.net

Received

MAR 27 2009



March 26, 2009

Ms. Leslie Anderson
Fredrikson & Byron
4000 Pillsbury Center
200 South Sixth Street
Minneapolis, Minnesota 55402

Re: Coleman - Franken U.S. Senate Trial

For one-half cost of original and two copies of the following volumes:

Volume 22	254 pgs
Volume 28	263 pgs
Volume 29	289 pgs
Volume 31	256 pgs

1062 pgs X \$5.00 = \$5,310.00

Nonfinal ASCIIs

Volume 28	264 pgs
Volume 29	227 pgs
Volume 31	256 pgs

747 pgs X \$1.25 = \$ 933.75

\$6,243.75

Thank You

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RETAIN AS PROOF OF PAYMENT

PARKING SPACE #	EXPIRATION TIME
0006	4.50 0001
03/05 08:16 AM 03/05 11:16 AM	
DATE	PAID

P PARKEON

RETAIN AS PROOF OF PAYMENT

PARKING SPACE #	EXPIRATION TIME
0006	3.00 0001
03/05 12:41 PM 03/05 02:41 PM	
DATE	PAID

P PARKEON

RETAIN AS PROOF OF PAYMENT

PARKING SPACE #	EXPIRATION TIME
0011	2.25 0001
03/09 08:20 AM 03/09 09:50 AM	
DATE	PAID

P PARKEON

RETAIN AS PROOF OF PAYMENT

PARKING SPACE #	EXPIRATION TIME
0011	4.00 0001
03/09 09:55 AM 03/09 12:35 PM	
DATE	PAID

P PARKEON

PUB HEALTH
 555 CEDAR STREET
 ST. PAUL, MN 55101
 DATE 03/09/2009 MON TIME 11:13

DEATH 1ST CP	\$0.00
D C CTY \$9	\$9.00
D C CS \$4	\$4.00
TOTAL	\$13.00
CHECK	\$13.00
PANG	No.103593 0X000

**MERRILL
COMMUNICATIONS LLC**



Location: DMS-MPLS

Any Inquiries Call: 612-338-1181

Fredrikson & Byron, P.A.
200 South Sixth Street
Suite 4000
Minneapolis, MN 55402 US
Attn: Leslie Anderson

Invoice #: 914579
Invoice Date: 17-MAR-09
Merrill Order #: 002-1315175
Client Matter #: 58501-3
Date Received:
Salesperson: BECERRA, JUAN M

Terms: Due upon receipt, sold FOB Merrill facility

QTY	DESCRIPTION	UNIT PRICE	TOTAL
Coleman v Franken			
41	Binder, 1" Ring	\$6.00	\$246.00
33	Binder, 1-1/2" Ring	\$7.00	\$231.00
41	Binder, 2" Ring	\$8.00	\$328.00
11	Binder, 3" D-Ring	\$12.00	\$132.00
18	Binder, 4" D-Ring	\$25.00	\$450.00
6	Hand Labor	\$35.00	\$210.00
6174	Litigation, Medium	\$.13	\$802.62
32401	Litigation, Straight Run	\$.06	\$1,944.06
10	Redwelds, Letter	\$3.25	\$32.50
5368	Tabs, Custom	\$.50	\$2,684.00

REMIT TO:
MERRILL COMMUNICATIONS LLC
CM-9638
ST. PAUL, MN 55170-9638

PLEASE PAY FROM THIS INVOICE
(1.5% SERVICE CHARGE PER MONTH ADDED TO PAST DUE ACCOUNTS)

FEDERAL TAX ID : 41-2007271



Invoice #: 914579
Invoice Date: 17-MAR-09
Merrill Order #: 002-1315175
Client Matter #: 58501-3
Date Received:
Salesperson: BECERRA, JUAN M

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	<p style="text-align: right;">Subtotal:</p> <p style="text-align: right;">Messenger and Freight:</p> <p style="text-align: right;">Postage and Handling:</p> <p style="text-align: right;">Tax:</p> <p style="text-align: right;">Total Invoice:</p>		<p style="text-align: right;">\$7,060.18</p> <p style="text-align: right;">\$.00</p> <p style="text-align: right;">\$.00</p> <p style="text-align: right;">\$522.45</p> <p style="text-align: right;">\$7,582.63</p>
	<p>Please Wire Payment to:</p> <p>USBank</p> <p>601 Second Avenue South</p> <p>Minneapolis, MN 55402</p> <p>ABA Routing #091 000 022</p> <p>SWIFT CODE USBKUS44IMT</p> <p>For Credit to Merrill Corporation Acct #1702-2502-6310</p> <p>Please reference Merrill invoice number on your payment.</p>		

Page 2 of 2

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 02/05/2009

Pay to the
Order of Xact Data Discovery

[Name will appear on check exactly as it appears here]

Amount Due
\$ 7,310.91
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed: 2/27

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Franken

Matter Name: Contest

Authorizer's Name: David L. Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense Description: 10 copies of trial exhibits and materials required by the Court [for first week of trial ending January 30, 2009] (\$3,219.04 for 20,119 photocopies; \$570.00 for 74 binders; \$1,004.15 for 2,869 index tabs; \$2,012.40 for 3,096 custom tabs; and \$505.32 sales tax)

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David L. Lillehaug

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Mary Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 239151
Cost Batch #: 427080

Check Date: 2-27-09
Check Amount: 7310.91
Check #: 261529



XACT DATA DISCOVERY

Because you need to know

Xact Data Discovery - MNMN
612-305-1330
REMIT PAYMENT TO:
5800 Foxridge Drive, Suite 406
Mission, KS 66202-2338

COPY

INVOICE

Invoice Number: 04-93894

Invoice Date: 01/30/09

Customer ID: 04FREDRIKSON

Page: 1

Bill Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Via Delivery
Ship Agent Delivered by Xact
Ship Date 02/02/09
Due Date 03/01/09
Terms Net 30 Days

Contact Leslie Anderson
P.O. Number 04-67038
Case Number DFL - 058501.003
Job No. 04-67038
SalesPerson Erich Graumann

Item/Description	Unit	Quantity	Total Price
COPY5000	Copy Litigation	Each Item 20,119	3,219.04
SUPP1100	Supplies Binder 3-ring 1"	Each Item 42	210.00
SUPP1200	Supplies Binder 3-ring 2"	Each Item 30	300.00
SUPP1900	Supplies Binder 3-ring 4"	Each Item 2	60.00
SUPP3100	Supplies Index Tabs	Each Item 2,869	1,004.15
SUPP3000	Supplies Tabs Custom	Each Item 3,096	2,012.40

Fed. Tax ID #: 43-1685216

Amount Subject to
Sales Tax
6,805.59

Amount Exempt
from Sales Tax
0.00

Subtotal: 6,805.59
Invoice Discount: 0.00
Sales Tax: 505.32

Total: 7,310.91

Your signature below is an agreement that the above described work has been authorized and received. Your signature also acknowledges that the firm identified in the "Bill To" portion of this invoice is responsible for payment within 15 days of receipt. Interest at the rate of 1.5% per month may be charged on invoices not paid within 30 days. Customer agrees to pay all legal fees in the collection of past due accounts.

Received and Approved By: _____

Date: _____



XACT DATA DISCOVERY

Because you need to know

Xact Data Discovery - MNMN
612-305-1330
REMIT PAYMENT TO:
5800 Foxridge Drive, Suite 406
Mission, KS 66202-2338

COPY

INVOICE

Invoice Number: 04-94810

Invoice Date: 03/13/09

Customer ID: 04FREDRIKSON

Page: 1

Bill Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Via Delivery
Ship Agent Delivered by Xact
Ship Date 03/13/09
Due Date 04/12/09
Terms Net 30 Days

Contact Leslie Anderson
P.O. Number multiple
Case Number 058501.0003
Job No. MULTIPLE
SalesPerson Erich Graumann

Item/Description	Unit	Quantity	Total Price
COPY5000 Copy Litigation	Each Item	32,756	4,913.40
SUPP1100 Supplies Binder 3-ring 1"	Each Item	28	140.00
SUPP1200 Supplies Binder 3-ring 2"	Each Item	81	810.00
SUPP3000 Supplies Tabs Custom	Each Item	2,737	1,779.05

Fed. Tax ID #: 43-1685216	Amount Subject to Sales Tax	Amount Exempt from Sales Tax	Subtotal:	7,642.45
	7,642.45	0.00	Invoice Discount:	0.00
			Sales Tax:	567.45
			Total:	8,209.90

Your signature below is an agreement that the above described work has been authorized and received. Your signature also acknowledges that the firm identified in the "Bill To" portion of this invoice is responsible for payment within 15 days of receipt. Interest at the rate of 1.5% per month may be charged on invoices not paid within 30 days. Customer agrees to pay all legal fees in the collection of past due accounts.

Received and Approved By: _____

Date: _____

**XACT DATA DISCOVERY**

Because you need to know

Xact Data Discovery - MNMN
 612-305-1330
REMIT PAYMENT TO:
 5800 Foxridge Drive, Suite 406
 Mission, KS 66202-2338

INVOICE

Invoice Number: 04-94225

Invoice Date: 02/16/09

Customer ID: 04FREDRIKSON

Page: 1

Bill Diane
To: FREDRIKSON AND BYRON
 200 South 6th Street
 Suite 4000
 Minneapolis, MN 55402-1425

Ship Diane
To: FREDRIKSON AND BYRON
 200 South 6th Street
 Suite 4000
 Minneapolis, MN 55402-1425

Ship Via Delivery
 Ship Agent Delivered by Xact
 Ship Date 02/16/09
 Due Date 03/18/09
 Terms Net 30 Days

Contact Leslie Anderson
 P.O. Number 04-67210
 Case Number 058501.0003
 Job No. 04-67210
 SalesPerson Erich Graumann

Item/Description	Unit	Quantity	Total Price
COPY5000 Copy Litigation	Each Item	3,937	590.55
SUPP3000 Supplies Tabs Custom	Each Item	672	436.80
SUPP1200 Supplies Binder 3-ring 2"	Each Item	2	20.00
SUPP1100 Supplies Binder 3-ring 1"	Each Item	10	50.00
SUPP1300 Supplies Binder 3-ring 3"	Each Item	3	45.00
COLOR1000 Color 8 1/2x11	Each Item	24	24.00

Fed. Tax ID #: 43-1685216

Amount Subject to
 Sales Tax
 1,166.35

Amount Exempt
 from Sales Tax
 0.00

Subtotal: 1,166.35
 Invoice Discount: 0.00
 Sales Tax: 86.60

Total: 1,252.95

Your signature below is an agreement that the above described work has been authorized and received. Your signature also acknowledges that the firm identified in the "Bill To" portion of this invoice is responsible for payment within 15 days of receipt. Interest at the rate of 1.5% per month may be charged on invoices not paid within 30 days. Customer agrees to pay all legal fees in the collection of past due accounts.

Received and Approved By: _____

Date: _____

**XACT DATA DISCOVERY**

Because you need to know

Xact Data Discovery - MNMN
612-305-1330
REMIT PAYMENT TO:
5800 Foxridge Drive, Suite 406
Mission, KS 66202-2338

INVOICE

Invoice Number: 04-94519

Invoice Date: 02/24/09

Customer ID: 04FREDRIKSON

Page: 1

Bill Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Diane
To: FREDRIKSON AND BYRON
200 South 6th Street
Suite 4000
Minneapolis, MN 55402-1425

Ship Via Delivery
Ship Agent Delivered by Xact
Ship Date 03/02/09
Due Date 03/26/09
Terms Net 30 Days

Contact Leslie Anderson
P.O. Number 04-67703
Case Number 058501.0003
Job No. 04-67703
SalesPerson Erich Graumann

Item/Description	Unit	Quantity	Total Price
COPY5000 Copy Litigation	Each Item	2,849	427.35
SUPP1100 Supplies Binder 3-ring 1"	Each Item	11	55.00

Fed. Tax ID #: 43-1685216

Amount Subject to
Sales Tax
482.35

Amount Exempt
from Sales Tax
0.00

Subtotal: 482.35
Invoice Discount: 0.00
Sales Tax: 35.81

Total: 518.16

Your signature below is an agreement that the above described work has been authorized and received. Your signature also acknowledges that the firm identified in the "Bill To" portion of this invoice is responsible for payment within 15 days of receipt. Interest at the rate of 1.5% per month may be charged on invoices not paid within 30 days. Customer agrees to pay all legal fees in the collection of past due accounts.

Received and Approved By: _____

Date: _____

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 02/03/2009

Pay to the

Order of Skyline Document Services, LLC

[Name will appear on check exactly as it appears here]

Amount Due

\$ ✓ 1,688.83

Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/1/9

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Franken

Matter Name: Contest

Authorizer's Name: Leslie Anderson/Richard Snyder

Employee #: 0804

☐ Office:

GL#:

Acct. Description:

Expense

Description: Blowups (26) of exhibits for pretrial hearing and trial

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

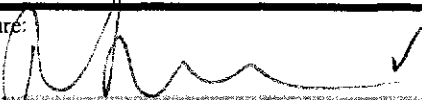
Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>Leslie Anderson/Richard Snyder</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Mary Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 238908

Cost Batch #: 4126235

Check Date: _____

Check Amount: _____

Check #: _____

Skyline Document Services, LLC

US Bank Plaza
220 South Sixth Street
Suite #170
Minneapolis, MN 55402

(612)338-0229
AR@skylinedocservices.com



Invoice

DATE	INVOICE #
01/21/2009	16961 ✓
TERMS	DUE DATE
Net 30	02/20/2009

BILL TO

Fredrikson & Byron
200 South Sixth St.
Suite 4000
Minneapolis, MN 55402 USA

Sales Rep	Ordered By	Client Number
MSP11289.11306.11310	Leslie Anderson	58501-3

	Activity	Quantity	Rate	Amount
01/21/2009	BW Blow up and Mount- 36x48	25	60.00	1,500.00T
01/21/2009	Color Blow up and Mount- 24x36	1	72.00	72.00T
01/21/2009	Color Scanning	1	0.50	0.50
Thank You For Your Business				
SUBTOTAL				\$1,572.50
TAX (7.4%)				\$116.33
TOTAL				\$1,688.83

Anoka County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of Anoka County
[Name will appear on check exactly as it appears here]

Amount Due
\$ 62.80
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed: 1/24

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Angie Lund
Employee #: 1925

☐ Office:
GL#:
Acct. Description:

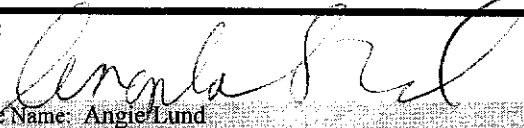
Expense
Description: Payment for 562 copies \$28.30 and staff time/retrieval of docs. 3 hours @ 11.50/hr. 34.50 = \$62.80
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes: Anoka County invoice dated January 20, 2009 for Data Practices Request of January 14, 16 and 20, 2009.

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>Angie Lund</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 237415
Cost Batch #: 421024

Check Date: 1-26-09
Check Amount: 62.80
Check #: 260247

Invoice

ANOKA COUNTY

325 E. Main St. Anoka MN 55303 (763) 323-5276

To: Chris Stafford, Frederickson & Byron
From: Anoka County Elections
Re: Data Practices Request – January 14, 16, and 20, 2009
Date: January 20, 2009

Total Copies – 562 (Page 1 at .25 and pages 2-562 at .05)	\$28.30
Staff Time to Search and Retrieve docs – 3 hours at 11.50/hr.	\$34.50
Amount to be paid now	\$62.80

Please make check payable to Anoka County
remit to:

Anoka County Elections
Attn: Diane Teff
325 East Main St.
Anoka, MN 55303

Becker County

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 01/23/2009

Pay to the
Order of Becker County Auditor-Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ 307.25
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/26/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office:
GL#:
Acct. Description:

Expense
Description: Copies of ballots (Invoice Nos. 152, 154, 156)


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Expense:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:  Print/Type Name: Christopher Stafford	Signature: Print/Type Name:
Signature: Print/Type Name:	Signature: Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Lynn Alexander x7969

FOR FINANCE DEPARTMENT USE ONLY

Check #: 237515, 237516, 237517
Batch #: 421311

Check Date: 1-26-09
Check Amount: 307.25
Check #: 260271

BILL TO:

FREDRIKSON & BYRON PA
CHRISTOPHER A STAFFORD
200 SOUTH SIXTH STREET
SUITE 4000
MINNEAPOLIS MN 55402

INVOICE

DATE	INVOICE #
1/22/2009	152

DATE OF REQUEST	DESCRIPTION	QUANTITY	PRICE EACH	TOTAL
-----------------	-------------	----------	------------	-------

1/22/2009	KOEBSTRA REQUEST			
	COPIES	2	0.25	0.50
	1 HOUR MINIMUM CHARGE	1	35.00	35.00

SUBTOTAL	35.50
SALES TAX	2.31
INVOICE TOTAL	37.81

REMIT TO
BECKER COUNTY AUDITOR-TREASURER
915 LAKE AVENUE
DETROIT LAKES, MN 56501

BILL TO:

FREDRIKSON & BYRON PA
CHRISTOPHER A STAFFORD
200 SOUTH SIXTH STREET
SUITE 4000
MINNEAPOLIS MN 55402

INVOICE

DATE
1/22/2009

INVOICE #
154

DATE OF REQUEST	DESCRIPTION	QUANTITY	PRICE EACH	TOTAL
1/22/2009	HOLMESVILLE TWP REQUEST			
	COPIES	51	0.25	12.75
	1 HOUR MINIMUM	1	35.00	35.00

SUBTOTAL 47.75
SALES TAX 3.10

INVOICE TOTAL 50.85

REMIT TO
BECKER COUNTY AUDITOR-TREASURER
915 LAKE AVENUE
DETROIT LAKES, MN 56501

BILL TO:

FREDRIKSON & BYRON PA
CHRISTOPHER A STAFFORD
200 SOUTH SIXTH STREET
SUITE 4000
MINNEAPOLIS MN 55402

INVOICE

DATE
1/22/2009

INVOICE #
156

DATE OF REQUEST	DESCRIPTION	QUANTITY	PRICE EACH	TOTAL
1/22/2009	SEVEN TOWNSHIP ROSTERS			
	COPIES	197	0.25	49.25
	1 HOUR MINIMUM	4	35.00	140.00
	COPIES OF 64 BALLOTS	64	0.25	16.00

SUBTOTAL 205.25
SALES TAX 13.34

INVOICE TOTAL 218.59

REMIT TO

BECKER COUNTY AUDITOR-TREASURER
915 LAKE AVENUE
DETROIT LAKES, MN 56501

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 02/25/2009

Pay to the
Order of Becker County Auditor-Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ **515.99**
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 3/16
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: David Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense Description: 2/23/09 Request of 2/20/09 (538 copies) Re: Callaway Twp, Riceville Twp and Wolf Lake Twp (\$134.50); 1 hour minimum (\$350), + \$31.49 sales tax

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes:

Saw. H. Goggy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David Lillehaug

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 240994
Batch #: 433291

Check Date: 03-16-09
Check Amount: 515.99
Check #: 262081



Ryan L. Tangen
Becker County Auditor-Treasurer
915 Lake Avenue
Detroit Lakes, MN 56501
Phone: (218) 846-7311
Fax: (218) 846-7257
rltange@co.becker.mn.us

BILL TO:

FREDRIKSON & BYRON PA
CHRISTOPHER A STAFFORD
200 SOUTH SIXTH STREET
SUITE 4000
MINNEAPOLIS MN 55402

INVOICE

DATE	INVOICE #
2/23/2009	163

 ✓

DATE OF REQUEST	DESCRIPTION	QUANTITY	PRICE EACH	TOTAL
2/23/2009	REQUEST OF 02/20/9 COPIES CALLAWAY TWP (116*2) RICEVILLE TWP (46*2) WOLF LAKE TWP (106*2)	538	0.25	134.50
	1 HOUR MINIMUM	10	35.00	350.00

SUBTOTAL	484.50
SALES TAX	31.49
INVOICE TOTAL	515.99

 ✓

REMIT TO
BECKER COUNTY AUDITOR-TREASURER
915 LAKE AVENUE
DETROIT LAKES, MN 56501

Franken

InvoicedDateAmount

64 Ballots2/11/2009 \$ 149.10

Incident Logs1/22/2009 \$ 37.81

Request1/23/2009 \$ 75.62

Absentee Env12/1/2008 \$ 155.49

Request2/27/2009 \$ 71.83

AB Ballot Appl3/3/2009 \$ 54.58

Balance Due \$ 544.43

Absentee Env12/1/2008 \$ 96.91

Machine Tape Totals12/1/2008 \$ 100.11

Koebstra1/22/2009 \$ 37.81

Holmesville Twp1/22/2009 \$ 50.85

Seven Twp Rosters1/22/2009 \$ 218.59

Absentee/Mail Ballot12/1/2008 \$ 223.65

Request2/19/2009 \$ 76.41

Callaway/Riceville/WL2/23/2009 \$ 515.99

Paid \$ 1,320.32

Total \$ 1,864.75

Ryan L. Tangen, CPA
Becker County Auditor-Treasurer
915 Lake Ave
Detroit Lake MN 56501
(218)846-7311
(218)846-7257 Fax
- Show quoted text -

Beltrami County

Beltrami County

Auditor-Treasurer
701 Minnesota Ave NW Ste 220
Bemidji, MN 56601

Phone # 218-333-4105 Fax # 218-333-4246

Invoice

Date	Invoice #
12/26/2008	8507

Franken for Senate
David Lillehaug
200 South 6th Street ste 4000
Mpls, MN 55402-1425

Item	Quantity	Description	Rate	Amount
01063.5992	1	Copies of Rejected Ballots	236.25	236.25
01067.5850	33	Labor	0.25	8.25
		Copies		
Make Checks payable to Beltrami County Auditor/Treasurer			Total	\$244.50

F&B EXPENSE FORM

Cost Code: 62
Today's Date: 01/22/2009

Pay to the
Order of Beltrami County Auditor/Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 1,412.98
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/11
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Angie Lund
Employee #: 1925

☐ Office:

GL#:

Acct. Description:

Expense Description: Payment for 1,599 copies; labor auditor's staff; labor MIS staff and 2 CDs.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes: Invoice No. 8613 and dated 1-20-09.

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>David Lillehaug</u> ✓	Signature:
Print/Type Name: <u>DAVID LILLEHAUG</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 237781
Batch #: 422302

Check Date: 2-11-09
Check Amount: 1412.98
Check #: 260900

Beltrami County



Auditor-Treasurer
701 Minnesota Ave NW Ste 220
Bemidji, MN 56601

Phone # 218-333-4105 Fax # 218-333-4246

Invoice

Date	Invoice #
1/20/2009	8613 ✓

Franken for Senate
Christopher Stafford
200 South 6th Street ste 4000
Mpls, MN 55402-1425

Item	Quantity	Description	Rate	Amount
01067.5850	1,599	Senate Contest		
		Copies	0.25	399.75
01041.5992	1	Labor Auditor's Staff	946.97	946.97
01062.5992	1	Labor MIS Staff	62.26	62.26
01062.5992	2	CD's	2.00	4.00
Make Checks payable to Beltrami County Auditor/Treasurer			Total	\$1,412.98

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 03/13/2009

Pay to the Order of 100409 #3
Beltrami County Auditor/Treasurer
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ **181.74**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 3/30/2009 3/26
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: **Al Franken for Senate Committee**
Matter Name: **Election Contest**
Authorizer's Name: **David L. Lillehaug**
Employee #: **1574**

☐ Office:
GL#:
Acct. Description:

Expense Description: Copies of AB application & envelope; and incident logs
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes:

Send with copy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>David Lillehaug</u>	Signature:
Print/Type Name: <u>David L. Lillehaug</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Ramona Zamora x7803**

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 242125
st Batch #: 4136269

Check Date: 3-26-09
Check Amount: 181.74
Check #: 262562

Beltrami County



Auditor-Treasurer
701 Minnesota Ave NW Ste 220
Bemidji, MN 56601

Phone # 218-333-4105 Fax # 218-333-4246

Invoice

Date	Invoice #
3/4/2009	8784 ✓

Franken for Senate
200 South 6th Street ste 4000
Mpls, MN 55402-1425

Item	Quantity	Description	Rate	Amount
01041.5992	1	AB Application & Envelope - emailed	121.54	121.54
01041.5992	1	Incident Logs - emailed	60.20	60.20
Make Checks payable to Beltrami County Auditor/Treasurer			Total	\$181.74

T&B EXPENSE FORM

Cost Code: 43
Today's Date: 02/09/2009

Pay to the
Order of Beltrami County Auditor/Treasurer ✓
[Name will appear on check exactly as it appears here]
Amount Due
\$ 25.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/13/2008
Time Needed: 12

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

☐ Office:

Client/Matter #: 058501.0003

GL#:

Client Name: Al Franken for Senate Committee

Acct. Description:

Matter Name: Election contest

Authorizer's Name: David Lillehaug

Employee #: 1574

Expense Description: Copy charges - rejected absentee ballot listing
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: David Lillehaug

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 239037
Batch #: 426797

Check Date: 2-12-09
Check Amount: 25-
Check #: 200951

Beltrami County



Auditor-Treasurer
701 Minnesota Ave NW Ste 220
Bemidji, MN 56601

Phone # 218-333-4105 Fax # 218-333-4246

Invoice

Date	Invoice #
2/4/2009	8676

Franken for Senate
Christopher Stafford
200 South 6th Street ste 4000
Mpls, MN 55402-1425

Item	Quantity	Description	Rate	Amount
01041.5992	1	Rejected Absentee Ballot Listing	25.00	25.00
Make Checks payable to Beltrami County Auditor/Treasurer			Total	\$25.00

Bloomington, City of



February 19, 2009

TO: Elva Gonzalez, Perkins Coi

FROM: City Clerk's Office

INVOICE

Costs for locating, retrieving and scanning absentee ballot applications and envelopes:

3 hours x \$27.58 per hour

TOTAL DUE = \$82.74

Please make check payable to the "City of Bloomington" and submit to the following address:

City Clerk's Office
City of Bloomington
1800 West Old Shakopee Road
Bloomington MN 55431

#4164



February 18, 2009

TO: Elva Gonzalez, Perkins Coi

FROM: City Clerk's Office

INVOICE

Costs for copying pre-registered rosters, election day registration rosters and UOCAVA rosters for Precinct 27:

125 copies x .15 per copy

TOTAL DUE = \$18.75

Please make check payable to the "City of Bloomington" and submit to the following address:

City Clerk's Office
City of Bloomington
1800 West Old Shakopee Road
Bloomington MN 55431

F&B EXPENSE FORM

Cost Code: 43

Today's Date: 01/27/2009

Pay to the
Order of City of Bloomington*[Name will appear on check exactly as it appears here]*Amount Due
\$ 209.61
Currency Code: USD**EXPENSE DETAILS**

Expense Due Date: 1/30/2009 ✓

Time Needed:

Dec 5 INV.**PAYMENT DELIVERY INSTRUCTIONS**☒ Easy Direct Delivery: Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003 ✓Client Name: Franken CampaignMatter Name: ContestAuthorizer's Name: Chris StaffordEmployee #: 1822☐ Office:

GL#:

Acct. Description:

Expense

Description: Copying Costs - ballot envelopes*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:Send with Staff****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Chris Stafford

Signature:

Print/Type Name: Ramona Zamora

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: Ramona Zamora (mkhanson) x7803**FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 237957Post Batch #: 422811Check Date: 1-30-09Check Amount: 209.61Check #: 260470



December 5, 2008

TO: Christopher Stafford, Fredrikson & Byron

FROM: City Clerk's Office

INVOICE

Costs for looking up, locating ballot envelopes and corresponding worksheets, and the scanning process.

57 voters x 8 minutes each = 456 minutes
Hourly rate of \$27.58

TOTAL DUE = \$209.61

Please make check payable to the "City of Bloomington" and submit to the following address:

City Clerk's Office
City of Bloomington
1800 West Old Shakopee Road
Bloomington MN 55431

Blue Earth County

Apr 21 2009 4:14PM Shelli Hesselroth

7633745939

P.4

CUSTOMER STMT
NUMBER DATE
425 03/02/2009

BLUE EARTH COUNTY
204 S 5TH STREET
PO BOX 8608
MANKATO MN 56002-8608

AL FRANKEN FOR SENATE
PO BOX 583144
MINNEAPOLIS MN 55458-3144

DESCRIPTION LN	INVOICE	DATE	BILL AMT	BILL ADJ	PAID	BAL DUE
COPIES/STAF 1	1448	012309	12608.00	.00	.00	12608.00
	1448	TOTAL	12608.00	.00	.00	12608.00

1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	OTH FEE	TOTAL DUE
\$.00	\$12608.00	\$.00	\$.00	\$.00	\$12608.00

#4767

Brooklyn Center, City of

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of City of Brooklyn Center

[Name will appear on check exactly as it appears here]

Amount Due
\$ **24.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/21/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate

Matter Name: Contest

Authorizer's Name: Michelle Hanson

Employee #: 0775

☐ Office:

GL#:

Acct. Description:

Expense

Description: Copy Charges city of Brooklyn Center

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: *Michelle Hanson*

Print/Type Name: Michelle Hanson

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Michelle Hanson x7530

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 237224
Post Batch #: 420781

Check Date: 1-22-09
Check Amount: 24-
Check #: 260160



January 20, 2009

Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425

INVOICE	
Expense	Cost
Cost to retrieve absentee documents, remove staples and paper clips, copy, scan, and electronically transmit. \$24.00/hour @ 1 hour	\$24.00
TOTAL DUE	\$24.00

Remit to:

City of Brooklyn Center
Attn: Sharon Knutson
6301 Shingle Creek Parkway
Brooklyn Center, MN 55430

6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
City Hall & TDD Number (763) 569-3300
FAX (763) 569-3494
www.cityofbrooklyncenter.org

Recreation and Community Center Phone & TDD Number
(763) 569-3400
FAX (763) 569-3434

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/18/2009

Pay to the
Order of City of Brooklyn Center
[Name will appear on check exactly as it appears here]

Amount Due
\$ **72.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/18/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Christopher Stafford
Employee #: 1822

☐ Office:
GL#:
Acct. Description:

Expense Description: Cost to retrieve Brooklyn Center Precinct 7 documents: copy, scan and electronically transmit --
\$24 @ 3 hrs.


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 230806S
List Batch #: U# 20031

Check Date: 1-19-09
Check Amount: 72-
Check #: 2599167



January 15, 2009

Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425

INVOICE	
Expense	Cost
Cost to retrieve Brooklyn Center Precinct 7 documents, remove staples and paper clips, copy, scan, and electronically transmit. \$24.00/hour @ 3 hours	\$72.00
TOTAL DUE	\$72.00

Remit to:

City of Brooklyn Center
Attn: Sharon Knutson
6301 Shingle Creek Parkway
Brooklyn Center, MN 55430

6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
City Hall & TDD Number (763) 569-3300
FAX (763) 569-3494
www.cityofbrooklyncenter.org

Recreation and Community Center Phone & TDD Number
(763) 569-3400
FAX (763) 569-3434

BROWN

Brown County

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 02/05/2009

Pay to the Order of 100911 #3
Brown County Auditor-Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ **50.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 2/11
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **Chris Stafford**

Employee #: **1822**

☐ Office:

GL#:

Acct. Description:

FEB 05 2009

Expense Description: **Certified Official List of Absentee Ballots for Brown County**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes:

Sent with copy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: Deb Synowczynski for Chris Stafford

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Synowczynski x6160**

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 239212

Check Date: 2-16-09

Batch #:

Check Amount: 50-

Check #: 26107

Marlin C. Helget
Brown County Auditor-Treasurer
Property Tax Division
PO Box 115
New Ulm, MN 56073-0115



INV. Use: LIST
TO: Christopher Stafford
Fredrikson & Bryon, P.A.

INVOICE

DATE: 2/5/09

Quantity	Description	Unit Cost	Total Cost
1	Certified Official List of Absentee Ballots for Brown County	\$50.00	\$50.00
TOTAL DUE → → → → → → → → → → → →			\$50.00

Questions concerning this invoice?

Call:

Account:01.062.5501

Carver County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/18/2009

Pay to the
Order of **Metro Legal**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **99.75**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/18/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense
Description: **Document retrieval service – obtain Carver County Taxpayer Services**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: Christopher Stafford

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

-----FOR FINANCE DEPARTMENT USE ONLY-----

Voucher #: _____

Post Batch #: _____

Check Date: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1573764

Invoice Date 01/13/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Ramona Zamora
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			988905	Net 30 Days
Billing Reference			Cust Service ID	Order Date
058501-0003			JS/Jim Stuart (612)349-9528	01/12/09
Code	Service Item	Item Description	Amount	
5	DRBD	Document Retrieval Service	50.00	
		Obtain Carver County Taxpayer Services		
0	AF	Advanced Fees	49.75	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	99.75

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1573764

Invoice Date 01/13/09

Customer FREBY

Billing Ref 058501-0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00

Total Invoice 99.75

Terms: Net 30 Days

VALH



OFFICE OF THE CARVER COUNTY ATTORNEY

JAMES W. KEELER, JR. COUNTY ATTORNEY

February 19, 2009

Ms. Elva Gonzalez
Perkins Coie
1201 Third Avenue
Seattle, WA 98101

Re: *Cullen Sheehan and Norm Coleman v. Al Franken*
Court File No. 62-CV-09-56
Data Request dated February 4, 2009

Dear Ms. Gonzalez:

This letter is a response on behalf of Carver County Taxpayer Services, to your data practices request dated February 17, 2009 for copies of specified Absentee Ballot Applications and specified Absentee Envelopes relative to the U.S. Senate race in the November 4, 2008 general election.

Enclosed are copies of the specified Absentee Ballot Applications as well as the specified Absentee Envelopes except for that of Ms. Julie A Wiese who did not submit an absentee ballot application, did not receive an absentee ballot, and actually voted at the polls on Election Day.

Within the documents is confidential information as defined by the Stipulated Protective Order signed by Judges Hayden, Marben, and Reilly on January 22, 2009. The documents released to you are released subject to the terms of the Protective Order. Any information on individuals contained in these documents shielded from disclosure by Minn. Stat. § 201.091(9) or Minn. R. Civ. P. 26 is deemed to be confidential.

I believe this fulfils your data request. Pursuant to Minn. Stat. § 13.03 subd. 3, Carver County may charge copy fees for the requested data. Please submit cash or a check payable to Carver County Taxpayer Services in the amount of \$13.50 for the documents listed above. Payment will be expected upon pickup of the documents or before the documents are mailed. Please contact Joy Nahan at 952-361-1311 to make the necessary arrangements. If you have any questions, please let me know.

Sincerely,

JAMES W. KEELER, JR.
CARVER COUNTY ATTORNEY

Thomas W. Haines
Assistant Carver County Attorney

cc. Bryan Keane, Esq.
Christopher Stafford, Esq.
Kendra Olson, Carver County Taxpayer Services

24168



OFFICE OF THE CARVER COUNTY ATTORNEY

JAMES W. KEELER, JR. COUNTY ATTORNEY

February 17, 2009

Ms. Elva Gonzalez
Perkins Coie
1201 Third Avenue
Seattle, WA 98101

Re: *Cullen Sheehan and Norm Coleman v. Al Franken*
Court File No. 62-CV-09-56
Data Request dated February 4, 2009

Dear Ms. Gonzalez:

This letter is a response on behalf of Carver County Taxpayer Services, to your data practices request dated February 9, 2009 for copies of specified Absentee Ballot Applications relative to the U.S. Senate race in the November 4, 2008 general election.

Enclosed are copies of the specified Absentee Ballot Applications.

Within the documents is confidential information as defined by the Stipulated Protective Order signed by Judges Hayden, Marben, and Reilly on January 22, 2009. The documents released to you are released subject to the terms of the Protective Order. Any information on individuals contained in these documents shielded from disclosure by Minn. Stat. § 201.091(9) or Minn. R. Civ. P. 26 is deemed to be confidential.

I believe this fulfils your data request. Pursuant to Minn. Stat. § 13.03 subd. 3, Carver County may charge copy fees for the requested data. Please submit cash or a check payable to Carver County Taxpayer Services in the amount of \$23.00 for the documents listed above. Payment will be expected upon pickup of the documents or before the documents are mailed. Please contact Joy Nahan at 952-361-1311 to make the necessary arrangements. If you have any questions, please let me know.

Sincerely,

JAMES W. KEELER, JR.
CARVER COUNTY ATTORNEY

Thomas W. Haines
Assistant Carver County Attorney

cc. Tony Trimble, Esq.
Kendra Olson, Carver County Taxpayer Services

#4168

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/18/2009

Pay to the
Order of **Metro Legal**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **✓ 99.75**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/18/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS

☒ *Easy Direct Delivery:* Finance to mail check

☐ Return check to: _____

Floor: _____

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003** ✓

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **Christopher Stafford**

Employee #: **1822**

☐ Office: _____

GL#: _____

Acct. Description: _____

Expense
Description: **Document retrieval service – obtain Carver County Taxpayer Services**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:



Print/Type Name: Christopher Stafford

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Ramona Zamora x7803**

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____

Check Date: _____

Post Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1573764

Invoice Date 01/13/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Ramona Zamora
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			988905	Net 30 Days
Billing Reference			Cust Service ID	Order Date
058501-0003			JS/Jim Stuart (612)349-9528	01/12/09
Code	Service Item	Item Description		Amount
5	DRBD	Document Retrieval Service		50.00
		Obtain Carver County Taxpayer Services		
0	AF	Advanced Fees		49.75
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
				</

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

VALH

Invoice 1573764

Invoice Date 01/13/09

Customer FREBY

Billing Ref 058501-0003

Tax 0.00
Total Invoice 99.75

Terms: Net 30 Days

Cass County

2nd invoice
2/17/09

AUDITOR-TREASURER Sharon K. Anderson 218-547-72

INVOICE
November 19, 2008Al Franken for Senate
Attn: Amanda Peel
2575 University Ave. W.
St. Paul, MN 55104**COPY**148 copies @ \$.25 ea. \$ 37.00
Express Mail 16.50

TOTAL DUE \$43.50

MAKE CHECKS PAYABLE TO CASS COUNTY TREASURER AND RETURN IT TO THE
CASS COUNTY AUDITOR'S OFFICE ALONG WITH A COPY OF THIS INVOICE.

Sharon K. Anderson, being duly sworn deposes and says that she is the Auditor-Treasurer of the County of Cass, that the within account is just and true, that the services therein mentioned were actually rendered and of the value charged, that the goods therein charged were actually delivered and of the value therein charged; and no part of the same has been paid.

SHARON K. ANDERSON
Cass County Auditor-Treasurerby _____
Susanne Gray, Deputy Auditor
218-547-7260

15 4706

*"The mission of Cass County is to deliver quality public services
to the citizens in an effective, professional and efficient manner."*

Cass County Courthouse P.O. Box 3000 Walker, MN 56484
General Information - 218-547-3300
Fax - 218-547-2440 TDD - 218-547-1424
e-mail sharon.k.anderson@co.cass.mn.us

Chisago County

Chisago County
Chisago County Government Center
313 North Main Street, Room 271
Center City, MN 55012-9663

Statement

Perkins Coie LLP

Date	Description	Charges	
2/26/2009	Faxed copies of rejected absentee ballot information \$3.00 for first five pages and \$.50 for each page thereafter	\$ 7.50	
Total			\$7.50

Please remit to the above address

4176

Clay County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of Clay County Auditor's Office Amount Due
\$ **95.70**
[Name will appear on check exactly as it appears here] Currency Code: **USD**

<p>EXPENSE DETAILS</p> <p>Expense Due Date: _____ Time Needed: _____</p>	<p>PAYMENT DELIVERY INSTRUCTIONS</p> <p><input checked="" type="checkbox"/> Easy Direct Delivery: Finance to mail check <input type="checkbox"/> Return check to: _____ Floor: _____</p>
---	---

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust ☐ Office:

Client/Matter #: **058501.0003** GL#:

Client Name: **Al Franken for Senate Committee** Acct. Description:

Matter Name: **Election Contest**

Authorizer's Name: **Angie Lund**

Employee #: **1925**

Expense Description: **Payment for cost of copies made to compile information in data request; 1/2 of labor to prepare documents.**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

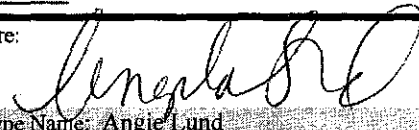
Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General Notes: Clay County Invoice No. _____ . (one is not listed--invoice date is 1-21-09 however.)

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Angie Lund	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Angie Lund x6161**

-----FOR FINANCE DEPARTMENT USE ONLY-----

Voucher #: <u>2374116</u>	Check Date: <u>1-26-09</u>
Post Batch #: <u>421026</u>	Check Amount: <u>95.70</u>
	Check #: <u>260251</u>

Clay County Auditor's Office

INVOICE

807 N 11th St

Moorhead, MN 56560

(218)299-5006

TO:

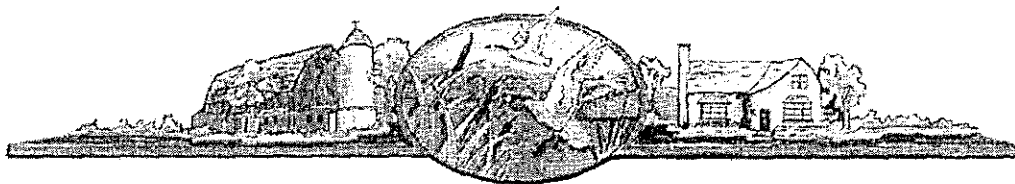
one to the Franken Campaign
one to the Coleman Campaign

INVOICE NUMBER
INVOICE DATE 1/21/09
OUR ORDER NUMBER
YOUR ORDER NUMBER
TERMS
SALES REP
SHIPPED VIA
F.O.B.
PREPAID or COLLECT

SHIPPED TO:

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Cost of copies made to compile information in data request		13.20
	1/2 of labor to prepare documents		82.50
		SUBTOTAL	
		TAX	
		FREIGHT	
			95.70

Corcoran, City of



CITY OF CORCORAN

8200 COUNTY ROAD 116, CORCORAN, MN 55340
763.420.2288 - OFFICE 763.420.6056 - FAX
E-mail - general@ci.corcoran.mn.us / Web Site - www.ci.corcoran.mn.us

April 3, 2009

Nicholas Manheim/Perkins Coie LLP
1201 Third Avenue, Suite 4800
Seattle, WA 98101-3099

**RE: AL FRANKEN LEGAL AND STAFF COST/Elections- City of Corcoran,
MN**

Dear Nicholas Manheim/Perkins Coie:

The City of Corcoran has spent several hours of staff time and money as it pertains to demands for data about the absentee ballot issues. Both Franken and Coleman will be receiving a letter requesting reimbursement. Listed below is what is conservatively cost the city to pay the city attorney for his opinion, review and recommendations and the use of our staff:

Legal - Ratwik, Roszak & Maloney, P.A. - (Reimburse)

\$1,282.50 divided by 2 (Franken and Coleman) = \$641.25

Staff Time (Reimburse Sunk Cost)

Former City Clerk Cost =	\$35.00
Interim City Administrator Cost \$45 times 5 hours =	\$225
City Administrative Assistant Cost \$15 times 5 hours =	\$75

Total Due by April 30, 2009 \$976.25

If you should have any questions about this invoice, please do not hesitate to contact me at anytime. Your immediate attention to this matter will be appreciated.

Yours truly,

Todd Bodem
Interim City Administrator

Dakota County

T&B EXPENSE FORM

Cost Code: 49
Today's Date: 01/05/2009

Pay to the 646
Order of Dakota County

Amount Due
\$ ✓ **11.25**
Currency Code: USD

[Name will appear on check exactly as it appears here]

EXPENSE DETAILS

Expense Due Date: 1/9/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Mary Peterman**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0002 ✓

Client Name: **Franken**

Matter Name: **Post Election**

Authorizer's Name: **Richard D. Snyder**

Employee #: **0804**

☐ Office:

GL#:

Acct. Description:

Expense

Description: Copies from Scott County provided at Canvassing Board meeting in Dakota County

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary Peterman

Print/Type Name: Richard D. Snyder

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 235978

ost Batch #: 47799

Check Date: 1-9-09

Check Amount: 11.25

Check #: 259501



Property Taxation & Records
1590 Highway 55
Hastings, MN 55033-2392

INVOICE

INVOICE NUMBER:

DATE: 12/30/08

COMPANY NAME: Franken Campaign

ADDRESS:

CONTACT PERSON:

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
45	Copies for Scott County	.25	11.25

TOTAL AMOUNT DUE

11.25

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 03/13/2009

Pay to the
Order of Dakota County Property Taxation & Recors 406
[Name will appear on check exactly as it appears here]

Amount Due
\$ 43.25
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

☐ Office:

Client/Matter #: 058501.0003

GL#:

Client Name: Al Franken for Senate for Committee

Acct. Description:

Matter Name: Election Contest

Authorizer's Name: Chris Stafford

Employee #: 1822

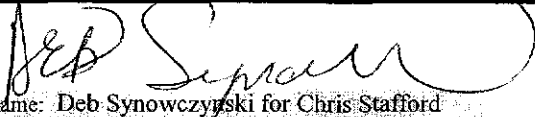
Expense
Description: DPA #25 Absentee ballot applications and report certified
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Deb Synowczynski for Chris Stafford	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x6161

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 243175
ost Batch #: _____

Check Date: 4-1-09
Check Amount: 43.25
Check #: 202857



Property Taxation & Records
1590 Highway 55
Hastings, MN 55033-2392

INVOICE NUMBER:

DATE: Tuesday, March 3, 2009

COMPANY NAME: Al Franken Campaign

ADDRESS:

CONTACT PERSON:

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
173	DPA #25 Absentee ballot applications and report certified	.25	\$43.25

01205858104200200

FEES	\$43.25
TOTAL AMOUNT DUE	\$43.25

T&B EXPENSE FORM

Cost Code: 43
Today's Date: 01/08/2009

Pay to the
Order of Dakota County Property Taxation & Records
8067 #2
[Name will appear on check exactly as it appears here]

Amount Due
\$ 61.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/15/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0002 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Post Election
Authorizer's Name: David Lillehaug
Employee #: 1574

☐ Office:
GL#:
Acct. Description:

Expense Description: copying charges -- 244 Xerox copies @ .25
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General Notes:

Send with Slip

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>David Lillehaug</i>	Signature:
Print/Type Name: David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 236769
ost Batch #: 419663

Check Date: 1-16-09
Check Amount: 61-
Check #: 259920



Property Taxation & Records
1590 Highway 55
Hastings, MN 55033-2392

INVOICE

INVOICE NUMBER:

DATE:

1-6-09

COMPANY NAME:

D.F.L.

ADDRESS:

CONTACT PERSON:

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
244	Xerox copies	.25	\$61.00

TOTAL AMOUNT DUE

\$61.00

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 03/09/2009

Pay to the
Order of 8067 #2
Dakota County Property Taxation & Records
[Name will appear on check exactly as it appears here]

Amount Due
\$ 317.75
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 4/2
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: David L. Lillehaug
Employee #: 1574

☐ Office:
GL#:
Acct. Description:

Expense
Description: DPA #27 Franken subpoena (\$17.75); research and preparation of time (\$300)
[Description will appear on invoices exactly as it appears here]


TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

Copy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>Deb Synowczynski for David L. Lillehaug</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 241446
ost Batch #: 434317

Check Date: 4-2-09
Check Amount: 317.75
Check #: 262904



Property Taxation & Records
1590 Highway 55
Hastings, MN 55033-2392

INVOICE NUMBER: 27

DATE: Tuesday, March 09, 2009

COMPANY NAME: Al Franken Campaign

ADDRESS:

CONTACT PERSON: *KEVIN BOYLE*

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
71	DPA #27 Franken subpoena	.25	\$17.75
12	Research and Preparation time	\$25.00	\$300.00

01205858104200200

FEEs
TOTAL AMOUNT DUE

\$317.75
\$317.75

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 03/12/2009

Pay to the
Order of Dakota County Property Taxation & Records
[Name will appear on check exactly as it appears here]

Amount Due
\$ 30.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 4/3
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Chris Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense Description: 20 DPA #29 photocopies of absentee ballot applications and report certification (\$5.00); research and preparation time (\$25.00)

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

Send Copy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: Deb Synowczynski for Chris Stafford

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x6161

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 2411053
ost Batch #: 431824

Check Date: 4-3-09
Check Amount: 30-
Check #: 202948



Property Taxation & Records
1590 Highway 55 ✓
Hastings, MN 55033-2392

use date

INVOICE NUMBER:

DATE: Wednesday, March 11, 2009 ✓

COMPANY NAME: Al Franken Campaign

ADDRESS:

CONTACT PERSON:

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
20	DPA #29 – photocopies of absentee ballot applications and report certification	.25	\$5.00
1	Research and preparation time	\$25.00	\$25.00
	01205858104200200	FEES	\$30.00
		TOTAL AMOUNT DUE	\$30.00

T&B EXPENSE FORM

Cost Code: 43
Today's Date: 01/28/2009

Pay to the
Order of Dakota County
[Name will appear on check exactly as it appears here]

Amount Due
\$ 1,279.75
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/12
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Chris Stafford
Employee #: 1822

☐ Office:
GL#:
Acct. Description:

Expense Description: Photocopies of documents regarding Data Practices Act request
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>David L. Snyder</u>	Signature: <u>David L. Snyder</u>
Print/Type Name: <u>Rick Snyder for Chris Stafford</u>	Print/Type Name: <u>DAVID L. SNYDER</u>
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 239031
Post Batch #: 426797

Check Date: 2-12-09
Check Amount: 1279.75
Check #: 200956



Property Taxation & Records
1590 Highway 55
Hastings, MN 55033-2392

INVOICE NUMBER:

DATE: Monday, January 26, 2009

COMPANY NAME: Al Franken Campaign

ADDRESS:

CONTACT PERSON:

QUANTITY	DESCRIPTION OF SERVICE	UNIT COST	AMOUNT
8 hrs.	Information Technology Technician	\$40.00	\$320.00
16 hrs.	2 Property Records Scanning Technicians	\$25.00	\$400.00
340	UOCAVA Precinct Record Report	.25	\$85.00
247	Permanent Absentee List and Applications	.25	\$61.75
16	AccuVote tabulator tapes for 8 precincts (Inver Grove Heights P-4 and P-7; Eagan P-3 and P-5; Lakeville P3 and P6; and Rosemount P-2 and P-6)	.25	\$4.00
13	Election Day Incident Logs for 8 precincts	.25	\$3.25
8	Election Day Precinct Statistics Worksheets for 8 precincts	.25	\$2.00
34	Copies of Absentee Ballot applications and voter registration applications for 17 voters	.25	\$8.50
188	Copies of Absentee Ballot applications and voter registration applications for 94 voters	.25	\$47.00
6	Copies of Absentee Ballot applications and voter registration applications for 3 voters	.25	\$1.50
52	Copies of Absentee Ballot Applications, Returned envelopes for 14 voters	.25	\$13.00
1289	Registered and Non-Registered roster pages for 6 precincts	.25	\$322.25
6	Email correspondence for 8 precincts	.25	\$1.50
9	Copies of Recount Incident Logs for 8 precincts	.25	\$2.25
11	Copies of Recount Precinct Table Results and Reconciliation Summary Statements for 8 precincts	.25	\$2.75
1	CD rom consisting of list of absentee ballot applications process in SVRS	5.00	\$5.00
01205858104200200		FEES	\$1,279.75
		TOTAL AMOUNT DUE	\$1,279.75

**** DUPLICATE ****

Dakota County
www.co.dakota.mn.us
Date: 02/25/09
Office: ADC-VITALS
Batch: 1220 Tran #: 7
bbs12

Vital Records
1590 HWY 55
Hastings MN 55033
651-438-4312

Misc - ADC
Receipt #:00048652
ID:

SALES TAX PREDETERMINED	\$0.00
ADC - FEES	\$177.75

Payment Total: \$177.75

Transaction Total: \$177.75
Check Tendered : \$177.75
Payer:AL FRANKEN FOR SENATE
Check No.: 004173

Thank you for your payment.
Have a nice day!

Douglas County

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/18/2009

Pay to the Order of Douglas County Auditor/Treasurer Amount Due \$ 15.00
[Name will appear on check exactly as it appears here] Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/18/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Christopher Stafford
Employee #: 1822

☐ Office:
GL#:
Acct. Description:


Expense Description: Copies of absentee ballot applications and AB envelopes
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Christopher Stafford	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 2368266
ost Batch #: 4120031

Check Date: 1-19-09
Check Amount: 15-
Check #: 259968

Douglas County Auditor/Treasurer's Office

Invoice

To: Christopher Stafford
Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-7419

Please send payment to:
Douglas County Auditor/Treasurer
305 - 8th Ave West
Alexandria, MN 56308

Amount: \$ 15.00

Brief Description: Court File No. 62-CV-09-56
Cullen Sheehan and Norm Coleman v. Al Franken

.....
(Please tear off and send top portion with payment.)

Date	Description	Amount
1-16-09	Minimum charge for requested information pertaining to copies of absentee ballot applications and AB envelopes	\$15.00

Make checks payable to: Douglas County Auditor/Treasurer


signature

1-16-09
date

INVOICE

To: Elva Gonzalez
Perkins Coie LLP
1201 Third Avenue
Seattle, WA 98101

Please send payment to:
Douglas County Auditor/Treasurer
305 - 8th Ave West
Alexandria, MN 56308

Amount: \$ 15.00

Brief Description: Franken / Coleman Senate Recount information requested 2-18-09

.....
(Please tear off and send top portion with payment.)

Date	Description	Amount
2-18-09	Minimum charge for requested information pertaining to copies of absentee ballot applications and AB envelopes	\$15.00

Make checks payable to: Douglas County Auditor/Treasurer

Shelli Hesselroth - deputy
signature

2-18-09
date

4167

Eagan, City of

CASH RECEIPT
CITY OF EAGAN
 3830 PILOT KNOB ROAD
 EAGAN, MINNESOTA 55122

DATE Feb 5 2009
 RECEIVED FROM Al Franken rep.

AMOUNT \$ 4975

☐ CC ☐ CASH ☒ CHECK 415M
 FOR Mary B.

ACCOUNT CODE	AMOUNT
<u>copying</u>	
<u>envelopes</u>	<u>4975</u>

Thank You

ICP 2110016

BY Shelli Hesselroth
 N^o 18045

White — Payee Copy
 Yellow — Posting Copy



#4157

Golden Valley, City of

T&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/18/2009

Pay to the
Order of City of Golden Valley Amount Due
\$ **7.63**
[Name will appear on check exactly as it appears here] Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/18/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS☒ Easy Direct Delivery: Finance to mail check☐ Return check to: _____

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office: _____

GL#: _____

Acct. Description: _____

Expense

Description: **Copying charges: copies 7x25, time 10 mins. x.5393=5.39, sales tax .49. Total 7.63**[Description will appear on invoices exactly as it appears here]**TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General
Notes: _____****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: _____

Signature: _____

Print/Type Name: Christopher Stafford

Print/Type Name: _____

Signature: _____

Signature: _____

Print/Type Name: _____

Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLYVoucher #: 230807Post Batch #: 410031Check Date: 1-19-09Check Amount: 7.63Check #: 259970

From: Virnig, Sue [mailto:SVirnig@ci.golden-valley.mn.us]
Sent: Friday, January 16, 2009 2:56 PM
To: Kim J. Donat; Allen D. Barnard
Cc: Ernst, Edie
Subject: Data Practice Request

The following charge to make the copies and time should be paid to the City of Golden Valley.

Copies 7 X .25
Time 10 minutes X .5393 =5.39
Sales Tax .49

Total \$7.63

Sue Virnig | Finance Director | City of Golden Valley
7800 Golden Valley Road | Golden Valley, MN 55427 | 763-593-8010 | 763-593-3969 (Fax) | 763-593-3968 (TTY) | svirnig@ci.golden-valley.mn.us



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1/18/2009

GRANT

GRANT COUNTY AUDITOR

10 2ND STREET NE
PO BOX 1007
ELBOW LAKE, MN 56531
Phone 218-685-4520 Fax 218-685-4521

INVOICE

INVOICE #11015
DATE: NOVEMBER 14, 2008

TO:
MINNESOTA DFL
2575 UNIVERSITY AVENUE
ST PAUL, MN 55114

SHIP TO:
SAME

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
CVS	BRITTANY EDWARDS		USPS		Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
130	COPIES OF SUMMARY STATEMENTS AND ELECTION NIGHT MACHINE TAPES <i>Past Due!</i>	1.00	130.00
SUBTOTAL			130.00
SALES TAX			8.45
SHIPPING & HANDLING			5.05
TOTAL DUE			143.50

Make all checks payable to GRANT COUNTY
If you have any questions concerning this invoice, contact Chad Van Santen - 218-685-4520

[Signature]
4707

HENNEPIN

Hennepin County

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/23/2009

Pay to the

Order of **Hennepin County Treasurer***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **4,610.75**Currency Code: **USD****EXPENSE DETAILS**Expense Due Date: **1/23/2009**Time Needed: **01:00 PM****PAYMENT DELIVERY INSTRUCTIONS**☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Christopher Stafford/Ramona Zamora**
Floor: **40****BILL TO INSTRUCTIONS**Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Christopher Stafford**Employee #: **1822**☐ Office:

GL#:

Acct. Description:

Expense

Description: **26,347 copies re Data Practices Act Request - Hennepin County***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: Christopher Stafford

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Ramona Zamora x7803****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: **237394**

Cost Batch #: _____

Check Date: **01-23-09**Check Amount: **4610.75**Check #: **260234**

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/23/2009

Pay to the

Order of **Minnesota Finance Department***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **945.75**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date: 1/23/2009

Time Needed: 01:00 PM

PAYMENT DELIVERY INSTRUCTIONS☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Ramona Zamora**

Floor: 40

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Christopher Stafford**

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense

Description: **3,783 copies of voter rosters -- Hennepin County***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:


Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Ramona Zamora x7803****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: **237393**Cost Batch #: **421026**Check Date: **1-23-09**Check Amount: **945.75**Check #: **260229**

Hubbard County

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/18/2009

Pay to the

Order of Hubbard County Auditor/Treasurer*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 157.37Currency Code: USD**EXPENSE DETAILS**

Expense Due Date: 1/18/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS☒ Easy Direct Delivery: Finance to mail check☐ Return check to: _____

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003Client Name: Al Franken for Senate CommitteeMatter Name: Election ContestAuthorizer's Name: Christopher StaffordEmployee #: 1822☐ Office:

GL#:

Acct. Description:

Expense

Description: Compiling information, copying and postage costs*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date: _____

Mileage: _____ miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____


Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: Ramona Zamora x7803**FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 2308044Cost Batch #: 4120031Check Date: 1-19-09Check Amount: 157.37Check #: 259971

PAM HEEREN
Hubbard County Auditor/Treasurer
301 Court Avenue
Park Rapids, MN 56470-1483
(218)732-3196

Date: January 16, 2009

In Account With:

Christopher Stafford
Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-7419

Amount Remitted \$ 157.37

Cullen Sheehan and Norm Coleman v. Al Franken
Subpoena for information regarding Todd Township
Precinct 1

Compiling information, copying, & postage costs

\$157.37

Please make check payable to:

Hubbard County Auditor/Treasurer

McLeod County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of McLeod County
[Name will appear on check exactly as it appears here]

Amount Due
\$ 37.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/21/2009
Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to: _____
Floor: _____

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate

Matter Name: Contest

Authorizer's Name: Michelle Hanson

Employee #: 0775

☐ Office:

GL#:

Acct. Description:

Expense
Description: Copy Charges – Absentee Ballot Envelopes

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>Michelle Hanson</u>	Signature: _____
Print/Type Name: <u>Michelle Hanson</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Michelle Hanson x7530

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 27223
Cost Batch #: 426781

Check Date: 1-22-09
Check Amount: 37-
Check #: 200162



McLeod County
Invoice

MAKE CHECKS PAYABLE TO: McLeod County Treasurer

Mail to: McLeod County Auditor
2385 Hennepin Ave N.
Glencoe, MN 55336

Direct all phone inquiries to (320) 864-5551

INVOICE NUMBER
4644

Name: Fredrikson & Byron PA
Address: Attn: Chris Stafford
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402

Invoice Date	Invoice Amount
12/18/08	\$37.00

DATE	DESCRIPTION	AMOUNT
12/18/2008	Copies - Rejected Absentee Ballot Envelopes	37.00
TOTAL		

TERMS: Due upon Receipt

ACCOUNT DISTRIBUTION (For office use only)

ACCOUNT NUMBER	AMOUNT	DESCRIPTION	INVOICE NO.
01.085.5501	37.00	Copies - Rejected AB Envelopes	4643

Minneapolis, City of

884

City of Minneapolis
Elections and Voter Registration
Room 1B, City Hall 612.673.2070
Election Revenue from Sales

	Quantity	Amount
Voter Certificates	_____	_____
Individual Ward Maps (8 1/2 x 11)	_____	_____
Large Ward Maps	_____	_____
Basic Map of Wards and Precincts	_____	_____
County Commissioner Districts Map	_____	_____
Legislative Districts Map	_____	_____
Park Districts Map	_____	_____
Polling Place List (first ten free)	_____	_____
Precinct Finder Book	_____	_____
Election Recaps (varies by year)	_____	_____
Copying Fee (per page) .25	64	16.00
Mailing Fee (actual cost)	_____	_____
Total		16.00

Paid by Cash _____ Check # 1708
Initials DCS Date 1/30/09

Version 6/29/01

1708

17-115/910
003183 68

Date 1/30/09

Pay to the order of Minneapolis Finance Dept \$ 16.00

Sixteen dollars and 00/100

Dollar 16

WARREN CLAFLIN

M&J Marshall & Lisley Bank

Memo

Dani Connors Smith
1/30/09

893

City of Minneapolis
Elections and Voter Registration
Room 1B, City Hall 612.673.2070
Election Revenue from Sales

	Quantity	Amount
Voter Certificates	_____	_____
Individual Ward Maps (8 1/2 x 11)	_____	_____
Large Ward Maps	_____	_____
Basic Map of Wards and Precincts	_____	_____
County Commissioner Districts Map	_____	_____
Legislative Districts Map	_____	_____
Park Districts Map	_____	_____
Polling Place List (first ten free)	_____	_____
Precinct Finder Book	_____	_____
Election Recaps (varies by year)	_____	_____
Copying Fee (per page)	<u>6525</u>	<u>65.25</u>
Mailing Fee (actual cost)	_____	_____
Total		<u>65.25</u>

Paid by Cash _____ Check # 1712
Initials DCS Date 2/11/09

Version 6/29/01

WARREN CLAFUN

1712

17-115/910
003/613/86

Date 2/11/09

Pay to the order of Minneapolis Finance Department \$ 65.25

Sixty-five dollars and no/100



M&M Marshall & Isley Bank

Memo

[Handwritten signature]



Elva Gonzalez <elvagonzalez@gmail.com>

FW: Data Practices Request: City of Minneapolis

1 message

Gonzalez, Elva (Perkins Cole) <EGonzalez@perkinscole.com>

Fri, Feb 20, 2009 at 12:50 PM

To: elvagonzalez@gmail.com

From: Connors-Smith, Dan J. [<mailto:Dan.Connors-Smith@ci.minneapolis.mn.us>]

Sent: Thursday, February 19, 2009 7:15 AM

To: Gonzalez, Elva (Perkins Cole); Ginder, Peter W.; Needham, Lisa M.; Reichert, Cindy D.

Cc: Stafford, Christopher; Keane, Bryan

Subject: RE: Data Practices Request: City of Minneapolis

These two requests (shown below) are complete for a total of 68 pages for \$17.00 and are ready for pickup. Make the check out to Minneapolis Finance Department.

The Coleman campaign also asked for copies of the accepted absentee ballot applications for twenty precincts on 2/16/09. We completed three precincts for a total of 561 pages for a total of \$140.25 before we were told to stop. \$17.00 plus \$140.25 is a total of \$157.25.

Thank you.

Dani Connors-Smith

Program Assistant

City Of Minneapolis Elections

350 S 5th St. Room 1B

Minneapolis MN 55415

612 673-3857

From: Agee, Gretchen [<mailto:agee.gretchen@dorsey.com>]

Sent: Tuesday, February 17, 2009 10:46 PM

To: Needham, Lisa M.; Ginder, Peter W.

Cc: dilllehaug@fredlaw.com; frankenperkinsattys@perkinscole.com; Langdon, Jim; Keane, Bryan

Subject: DATA PRACTICES ACT REQUEST - MINNEAPOLIS

As counsel for Norm Coleman in the election contest venued in Ramsey County, Minnesota, we

#4169

Gmail - FW: Data Practices Request: City of Minneapolis

<http://mail.google.com/mail/?ui=2&ik=baa5babb68&view=pt&search>

request pursuant to the Minnesota Government Data Practices Act:

1. Copies of the **absentee ballot application** submitted by the following individual for the November 4, 2008 election:

DORJEE GYALPO

2. Copies of the **absentee ballot application** and the **voter registration applications** submitted by the following individuals for the November 4, 2008 election:

JESSICA NOWLIN
MICHAEL WIESZEL

From: Gonzalez, Elva (Perkins Coie) [<mailto:EGonzalez@perkinscoie.com>]
Sent: Tuesday, February 17, 2009 6:00 PM
To: Connors-Smith, Dani J.
Cc: Stafford, Christopher; Keane, Bryan
Subject: Data Practices Request: City of Minneapolis

On behalf of counsel for the Franken for Senate Committee, this correspondence is a request for access to public data under the Minnesota Government Data Practices Act Minnesota Statutes, Chapter 13. Because this request is for information related to the election contest in the U.S. Senate race currently proceeding in Ramsey County District Court, we are requesting this information on an expedited basis. If possible, we would prefer to receive this information via e-mail. We commit to pay reasonable expenses costs associated with gathering and providing this information.

Pursuant to the Act, please provide copies of the following:

Absentee ballot applications

Aisling, Rose E
Anderson, Mark A
Baldridge, Jerome
Bertram, Kathryn
Fusina, Regina Langson
Hedlund, Leah Barna
Kruckeberg, Sharon Jean
Lee, Lewis Michael
Luce, Lillian F
Panagos, Patricia
Robbins, Elizabeth S
Smith, Michelle Jeanne
Weeks, Keinesha
Wiesel, Michael J

Absentee Ballot Applications and Envelopes

Akwanwi, Regina Langson
Aldrich, Cole
Allen, Welda Y
Alleasant, Margaret Graham
Anatol, Lysy J

Gmail - FW: Data Practices Request: City of Minneapolis

<http://mail.google.com/mail/?ui=2&ik=baa5babb68&view=pt&search=>

Anderson, James L
Austin, Amie
Beard, Lorna A
Desmond, Allen R
Fitch, Luis
Froehlich, Katherine
Gallagher, Gerald A
Gray, Todd Robert
Jacobsen, Bradley
Loerzel, Raymond Lester
Mucha, Greg
Pemberton, Sandra Paulette
Plain, Charles Robert
Sadegh, Mohsen
Saugen, Lucas J
Schlegel, Catherine Amy
Shelton, Stehany Imogene
Shide, Sirzad, Elmi
Srecher, Nancy J
Stinson, Ruby
Swanson, Nathaniel
Tradewellbener, Lisa
Webster, Ariel M
Wien, Clarice
Moen, Rebecca Ann
Shaqalle, Yusef
Snargrass, Marion Olivia

Thank you.

Elva Gonzalez | Perkins Coie LLP

Paralegal
1201 Third Avenue
Seattle, WA 98101
PHONE: 206.359.3579
FAX: 206.359.4579
E-MAIL: EGonzalez@perkinscoie.com

NOTICE: This communication may contain privileged or other confidential information. If you have received it in error, please advise the sender by reply email and immediately delete the message and any attachments without copying or disclosing the contents. Thank you.

NOTICE: This communication may contain privileged or other confidential information. If you have received it in error, please advise the sender by reply email and immediately delete the message and any attachments without copying or disclosing the contents. Thank you.

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of Minneapolis Finance Department

[Name will appear on check exactly as it appears here]

Amount Due
\$ **258.25**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/21/2009
Time Needed: 11:00 AM

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check

☒ Return check to: **Michelle Hanson**

Floor: 39

(faster station)

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate

Matter Name: Contest

Authorizer's Name: Michelle Hanson

Employee #: 0775

☐ Office:

GL#:

Acct. Description:

Expense
Description: Copy Charges - Ward 3; Precinct

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>Michelle Hanson</i>	Signature: _____
Print/Type Name: Michelle Hanson	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Michelle Hanson x7530

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 237162
Cost Batch #: 420520

Check Date: 1/21/09
Check Amount: 258.25
Check #: 260100

Hanson, Michelle

From: Zamora, Ramona
Sent: Wednesday, January 21, 2009 10:38 AM
To: Hanson, Michelle
Subject: FW: Documents Produced by Cindy Reichert pursuant to Subpoena

From: Stafford, Christopher
Sent: Tuesday, January 20, 2009 7:23 PM
To: Zamora, Ramona
Subject: FW: Documents Produced by Cindy Reichert pursuant to Subpoena

Please have someone pick these up. Thanks

From: Connors-Smith, Dani J. [mailto:Dani.Connors-Smith@ci.minneapolis.mn.us]
Sent: Tuesday, January 20, 2009 4:01 PM
To: Connors-Smith, Dani J.; Needham, Lisa M.; Keane.Bryan@dorsey.com; Stafford, Christopher
Cc: Lillehaug, David; rock.john@dorsey.com; Reichert, Cindy D.; Ginder, Peter W.
Subject: RE: Documents Produced by Cindy Reichert pursuant to Subpoena

Good afternoon,

The copies are ready for Ward 3 Precinct 3 and AB envelope and applications for the list. Please make the check out to Minneapolis Finance Department for \$258.25 for 1,033 copies. They are boxed for each of you.

Dani Connors-Smith
Program Assistant
City Of Minneapolis Elections
350 S 5th St. Room 1B
Minneapolis MN 55415
612 673-3857

1/21/2009

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/26/2009

Pay to the

Order of **Minneapolis Finance Department***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **235.25**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS☒ **Easy Direct Delivery:** Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Chris Stafford**Employee #: **1822**☐ Office:

GL#:

Acct. Description:

Expense

Description: **Photocopies of Data Practices Act documents, including EDR copies and UOCAVA roster.***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

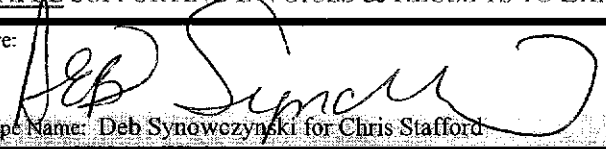
Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Deb Synowczynski for Chris Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Deb Synowczynski for Chris Stafford x6160****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: **237536**

Cost Batch #:

Check Date: **01-26-09**Check Amount: **235.25**Check #: **260270**

F&B EXPENSE FORM

Copy Cost

Cost Code: 43
Today's Date: 01/22/2009

Pay to the

Order of Christopher Stafford

[Name will appear on check exactly as it appears here]

Amount Due

\$ ✓ **453.50**

Currency Code: USD

EXPENSE DETAILS

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense Description: Payment of copying fee/s 1814 copies @ .25 totalling \$453.50 on 1-16-08 at the City of Minneapolis' Elections and Voter Registration Office at City Hall.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: 1/16/09 Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:


Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 237491

Cost Batch #: 421311

Check Date: 1-28-09

Check Amount: 453.50

Check #: 905181

866

City of Minneapolis
Elections and Voter Registration
Room 1B, City Hall 612.673.2070
Election Revenue from Sales

	Quantity	Amount
Voter Certificates	_____	_____
Individual Ward Maps (8 1/2 x 11)	_____	_____
Large Ward Maps	_____	_____
Basic Map of Wards and Precincts	_____	_____
County Commissioner Districts Map	_____	_____
Legislative Districts Map	_____	_____
Park Districts Map	_____	_____
Polling Place List (first ten free)	_____	_____
Precinct Finder Book	_____	_____
Election Recaps (varies by year)	_____	_____
Copying Fee (per page), 25	1814	453.50
Mailing Fee (actual cost)	_____	_____

Total 453.50

Paid by Cash _____ Check # 1354
Initials DCS Date 11/16/09

Version 6/29/01

*Paid by
GS
CK made out to
Chris Stapp*

F&B EXPENSE FORM

Copies

Cost Code: 45
Today's Date: 01/24/2009

Pay to the

Order of David Lillehaug 58501.0003
[Name will appear on check exactly as it appears here]

Amount Due
\$ 777.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/30/2009

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: David Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense

Description: Copies -- elections and voter registration - 3108 @.25 per pg

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: 1/24/09 Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

check attached

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>David Lillehaug</i>	Signature:
Print/Type Name: David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 238309
Cost Batch #: 425429

Check Date: 2-11-09
Check Amount: 777-
Check #: 905279

876

City of Minneapolis
Elections and Voter Registration
Room 1B, City Hall 612.673.2070
Election Revenue from Sales

	Quantity	Amount
Voter Certificates	_____	_____
Individual Ward Maps (8 1/2 x 11)	_____	_____
Large Ward Maps	_____	_____
Basic Map of Wards and Precincts	_____	_____
County Commissioner Districts Map	_____	_____
Legislative Districts Map	_____	_____
Park Districts Map	_____	_____
Polling Place List (first ten free)	_____	_____
Precinct Finder Book	_____	_____
Election Recaps (varies by year)	_____	_____
Copying Fee (per page) .25	3108	777.00
Mailing Fee (actual cost)	_____	_____

Total 777.00

Paid by Cash _____ Check # 10034
Initials DGS Date 1/24/09

Version 6/29/01

DAVID L. LILLEHAUG



Minneapolis Finance Dept
Sun. handl. party - per. of 100

Pay to the order of

Minneapolis Finance Dept

Date 1-24-09

\$ 777.

Dollars

17-115/010
000282100

10034

Memo

David L. Lillehaug

Dani Connors-Smith
1/24/09

Minnetrista, City of

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/18/2009

Pay to the

Order of City of Minnetrista*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 7.00Currency Code: USD**EXPENSE DETAILS**

Expense Due Date: 1/18/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS☒ *Easy Direct Delivery:* Finance to mail check☐ Return check to: _____

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Christopher Stafford**Employee #: **1822**☐ Office: _____

GL#: _____

Acct. Description: _____

Expense

Description: Copying charges*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date: _____

Mileage: _____ miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General
Notes: _____****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: _____

Print/Type Name: Christopher Stafford

Signature: _____

Print/Type Name: _____

Signature: _____

Print/Type Name: _____

Signature: _____

Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Ramona Zamora x7803****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 236863Cost Batch #: 4120031Check Date: 1-19-09Check Amount: 7-Check #: 289972

Stafford

CITY OF MINNETRISTA
7701 County Road 110 West
Minnetrista MN 55364
952-446-1660 FAX (952)446-1311

Statement

1/13/2009

To: Fredrikson & Bryon PA
David Lillehaug
Suite 4000
200 SO Sixth St
Minneapolis MN 55402

Date	Description	Due Date	Paid	Due
12/3/2008	Invoice 00001572	12/3/2008	\$0.00	\$7.00

\$0.00

Total Pentalty/Interest

\$0.00

Total Due

\$7.00

Mower County

Mower County Auditor-Treasurer

201 1st ST NE
Austin MN 55912

To: Frederikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis MN 55402-7419

1/22/2009

Date Sent/Rec'd	Description	Pages	Actual Cost	Total
	Absentee Ballot Envelopes & Apps			
	Sarah Garrison	2	0.12	0.24
	James Goundy	2	0.12	0.24
	Hannah Tite	2	0.12	0.24
	Victor Schlinger	2	0.12	0.24
	Brittany Soiney	2	0.12	0.24
	Richard Goodew	2	0.12	0.24
	Grace Hillier	2	0.12	0.24
	Nicole Morales	2	0.12	0.24
	Alan Ryks	2	0.12	0.24
	Lola Umhoefer	2	0.12	0.24
	Jerry Wing	2	0.12	0.24
	Francis Heins	2	0.12	0.24
	Austin Ward 1 Precinct 2			
	Election Tapes	9	0.12	1.08
	Logs	8	0.12	0.96
	Election Judges	1	0.12	0.12
	Clerk DM	1	15.72	15.72
				<u>\$20.76</u>
	Minnesota Tax			1.35
	Total Due			<u><u>\$22.11</u></u>

Mower County Auditor-Treasurer

201 1st St NE
Austin, MN 55912
507-437-9457

To: Elva Gonzalez
Perkins Coie LLP
1201 Third Avenue
Seattle Washington, 98101
206.359.3579

2/23/2009

Description	Pages	Actual Cost	Total
Absentee Ballot Apps & Envelopes			
Jan Maurine	3	0.12	\$0.36
Vicki Langrell	2	0.12	0.24
Theoni Lecakis	2	0.12	0.24
Dawn Tracy	3	0.12	0.36
Rachel Utz	3	0.12	0.36
Laura Nelson	2	0.12	0.24
 Absentee Ballot Applications			
Carrie Anker	1	0.12	0.12
John Anker	1	0.12	0.12
Robert Enright	1	0.12	0.12
Arthur Gerber	1	0.12	0.12
Jurine Gerber	1	0.12	0.12
Paul Grosland	1	0.12	0.12
Connie Knode	1	0.12	0.12
Dustin Janning	1	0.12	0.12
Robert Ofstedahl	1	0.12	0.12
Gayle Spurgeon	1	0.12	0.12
Gertrude Steinbrink	1	0.12	0.12
Vera Uhwelling	1	0.12	0.12
Clerks Hours from 1/22/2009 request	3	15.72	47.16
County Auditor	2	32.78	65.56
Sub Total			\$115.96
Minnesota Tax			8.12
Total Due			<u>\$124.08</u>

#4172

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 03/25/2009

Pay to the 100434 #3
Order of Mower County Auditor Treasurer
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 35.57
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 3/27
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Chris Stafford
Employee #: 1822

☐ Office:

GL#:

Acct. Description:


Expense
Description: 14 Absentee Ballot Applications, Election Official Certification and clerk fee on 3/5/09
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>Chris Stafford</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 247754
Cost Batch #: 4137694

Check Date: 3 27-09
Check Amount: 550.13
Check #: 262631

copy

Mower County Auditor Treasurer
201 1st Street NE
Austin, MN 55912
(507)437-9456 fax (507)434-2646

Invoice No. *Franken*

INVOICE

Customer

Name Fredrickson \$ Byron, P.A.
Address 200 South Sixth Street, Suite 4000
City Minneapolis State MN ZIP 55402
Phone _____

Date 3/5/2009
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
14	Absentee Ballot Applications	\$0.12	\$1.68
1	Election Official Certification	\$0.12	\$0.12
2	Clerk	\$15.72	\$31.44
Please pay this invoice.			

Payment Details

- ☒ Cash
☐ Check
☐ Credit Card

Name _____

CC # _____

Expires _____

SubTotal	\$33.24
Shipping & Handling	\$0.00
Taxes State	\$2.33
TOTAL	\$35.57

Office Use Only

Any Questions ~ Please call 507-437-9456

Thank You!

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 03/25/2009

Pay to the
Order of 100434 #3
Mower County Auditor Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ 514.56
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 3/27
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Chris Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense

Description: 1922 Absentee Ballot applications copied; 1 compact disc on 3/5/09

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES*

Signature:



Signature:

Print/Type Name: Chris Stafford

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

-----FOR FINANCE DEPARTMENT USE ONLY-----

Order #:

242755

Check Date:

Check Amount:

Check #:

Batch #:

1137694

copy

Mower County Auditor Treasurer
201 1st Street NE
Austin, MN 55912
(507)437-9456 fax (507)434-2646

Invoice No. *Absentee Ballot*

INVOICE

Customer

Name Fredrikson & Byron, P.A.
Address 200 South Sixth Street, Suite 4000
City Minneapolis State MN ZIP 55402
Phone

Date 3/5/2009
Order No.
Rep
FOB

Qty	Description	Unit Price	TOTAL
1922	Absentee Ballot Application copied	\$0.25	\$480.50
1	Compact Disc	\$0.40	\$0.40
Please pay this invoice.			

Payment Details

- ☒ Cash
☐ Check
☐ Credit Card

Name
CC #

Expires

SubTotal	\$480.90
Shipping & Handling	\$0.00
Taxes State	\$33.66
TOTAL	\$514.56

Office Use Only

Any Questions ~ Please call 507-437-9456

Thank You!

Nobles County

PO BOX 757
WORTHINGTON, MN 56187

Date	invoice #
1/30/2009	2380

Bill To

CHRISTOPHER STAFFORD
FREDRIKSON & BYRON P A
200 SOUTH SIXTH ST STE 4000
MINNEAPOLIS MN 55402

Due Date
2/20/2009

[illegible]

Phone #	Fax #
507-295-5258	507-372-8390

OLMSTED

Olmsted County

**OLMSTED COUNTY PROPERTY
RECORDS & LICENSING
INVOICE**

**BILL
TO**

**Perkins Coie LLP
Elva Gonzalez
1201 Third Avenue
Seattle, WA 98101**

Invoice # 20090020

Invoice Date

Customer ID

Remit to:
Olmsted County

Finance
Attn: Central Finance
151 4th Street SE
Rochester, MN 55904

[illegible]

REMITTANCE

Invoice #	20090020
Customer ID	
Date	
Amount Enclosed	



PHONE 507.328.7670
FAX 507.328.7964
E-MAIL propertyweb@co.olmsted.mn.us
WEB SITE <http://www.co.olmsted.mn.us>

OLMSTED COUNTY PROPERTY RECORDS & LICENSING INVOICE

BILL
TO

**Perkins Coie LLP
Elva Gonzalez
1201 Third Avenue
Seattle, WA 98101**

Invoice # 20090022

Invoice Date

Customer ID

Remit to:

Olmsted County

Finance

Attn: Central Finance

151 4th Street SE 8/09

Rochester, MN 55904

[illegible]

Please return the portion below with your payment.

REMITTANCE

Invoice #	20090022
Customer ID	
Date	
Amount Enclosed	



PHONE 507.328.7670
FAX 507.328.7964
E-MAIL propertyweb@co.olmsted.mn.us
WEB SITE <http://www.co.olmsted.mn.us>

EXPENSE FORM

Cost Code: 48
Today's Date: 03/13/2009

Pay to the
Order of Olmsted County Finance

[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ **50.00**
Currency Code: USD

EXPENSE DETAILS

PAYMENT DELIVERY INSTRUCTIONS

Expense Due Date: 3/16/2009

Time Needed: 3-4

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: David L. Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense

Description: 2 hours of copying rejected absentee applications

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

Send with Copy

STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES*

Signature: <u>David Lillehaug</u>	Signature:
Print/Type Name: <u>David L. Lillehaug</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Order #: 241739

Batch #:

Check Date: 03-18-09

Check Amount: 50.00

Check #: 262172



Property Records & Licensing Invoice

BILL
TO

Fredrickson & Byron, P.A.
Attn: Christopher Stafford
200 South Sixth St., Suite 4000
Mpls., MN 55402-1425

Invoice #	20080140	✓
Invoice Date	December 12, 2008	
Customer ID		

*****Please note remittance information change*****

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	2 Hours of copying rejected absentee applications		\$50.00
Subtotal			\$50.00
Tax			
Shipping			
Miscellaneous			
BALANCE DUE			\$50.00

Please return the portion below with your payment.

REMITTANCE

Invoice #	20080140
Customer ID	
Date	
Amount Enclosed	



Remit to:
Olmsted County Finance
Attn: Central Finance
151 4th Street SE
Rochester, MN 55904

PHONE (507) 328-7651
FAX (507) 328-7964
EMAIL propertyweb@co.olmsted.mn.us

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/18/2009

Pay to the
Order of **Olmsted County Finance**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **175.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/18/2009
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense Description: One-half the cost of 14 hours staff time to prepare information to respond to January 14 subpoena.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Expense:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Check #: 236862
Batch #: 420031

Check Date: 1-19-09
Check Amount: 175-
Check #: 259973



COUNTY OF
Olmsted

Property Records & Licensing Invoice

BILL
TO

Fredrikson & Byron P.A
200 South Sixth Street Suite 4000
Minneapolis, MN 55402-1425

Invoice #	20090004
Invoice Date	January 15, 2009
Customer ID	

*****Please note remittance information change*****

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	14 Hours staff time to prepare information to respond		\$350.00
	To the January 14, 2009 subpoena	\$25/ by 2	/2
	(cost split between Fredrikson & Byron, P.A		
	And Trimble & Associates, LTD)		
Subtotal			\$175.00
Tax			
Shipping			
Miscellaneous			
BALANCE DUE			\$175.00

Please return the portion below with your payment.

F&B EXPENSE FORM

Cost Code: 62
Today's Date: 03/12/2009

Pay to the Order of 8967 #7
Olmsted County Finance

Amount Due
\$ 45.00
Currency Code: USD

[Name will appear on check exactly as it appears here]

EXPENSE DETAILS	PAYMENT DELIVERY INSTRUCTIONS
Expense Due Date: <u>4/6</u> Time Needed:	<input checked="" type="checkbox"/> Easy Direct Delivery: Finance to mail check <input type="checkbox"/> Return check to: Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Chris Stafford
Employee #: 1822

☐ Office:
GL#:
Acct. Description:

Expense Description: Staff hours for requested data from 3/11/09
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes: Copy

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>Deb Synowczynski</u>	Signature: _____
Print/Type Name: <u>Deb Synowczynski for Chris Stafford</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x6161

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 243176 Check Date: 4-1-09
ost Batch #: _____ Check Amount: 45-
Check #: 262869



COUNTY OF
Olmsted

Property Records & Licensing Invoice

BILL
TO

Perkins Coie LLP
Nicholas Manheim
1201 Third Avenue, Suite
4800
Seattle, WA 98101-3099

Invoice #	20090046
Invoice Date	March 12, 2009
Customer ID	

*****Please note remittance information change*****

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1 hrs	Staff hours for requested data from 3/11	\$45.00	\$45.00
Subtotal			\$45.00
Tax			
Shipping			
Miscellaneous			
BALANCE DUE			\$45.00

Please return the portion below with your payment.

REMITTANCE

Invoice #	20090046
Customer ID	
Date	
Amount Endosed	



COUNTY OF
Olmsted

Remit to:
Olmsted County Finance
Attn: Central Finance
151 4th Street SE
Rochester, MN 55904

PHONE (507) 328-7651
FAX (507) 328-7964
E-MAIL propertyweb@co.olmsted.mn.us

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of Olmsted County Finance

[Name will appear on check exactly as it appears here]

Amount Due
\$ **25.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

1/24

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Angie Lund

Employee #: 1925

☐ Office:

GL#:

Acct. Description:

Expense
Description: Payment for staff hours for requested data from 1/16/09 & 1/19/09.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes: Olmsted County Invoice No. 20090008

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Angie Lund	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

Check Number: 237405
Check Batch #: 421026

Check Date: 1-26-09
Check Amount: 25-
Check #: 240298



COUNTY OF
Olmsted

Property Records & Licensing Invoice

BILL
TO

Fredrikson & Byron, P.A.
Suite 4000
200 South Sixth Street
Minneapolis, MN 55402

Invoice #	20090008
Invoice Date	December 21, 2008
Customer ID	

*****Please note remittance information change*****

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1	Staff hours for requested data from 1/16 & 1/19	\$25.00	\$25.00
Subtotal			\$25.00
Tax			
Shipping			
Miscellaneous			
BALANCE DUE			\$25.00

Please return the portion below with your payment.

Plymouth, City of

F&B EXPENSE FORM

Cost Code: 43

Today's Date: 02/09/2009

Pay to the
Order of City of Plymouth*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 297.35Currency Code: USD**EXPENSE DETAILS**Expense Due Date: 2/13/2008Time Needed: 2117**PAYMENT DELIVERY INSTRUCTIONS**☒ Easy Direct Delivery: Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003Client Name: Al Franken for Senate CommitteeMatter Name: Election contestAuthorizer's Name: David LillehaugEmployee #: 1574☐ Office:

GL#:

Acct. Description:

Expense

Description: 760 copies (first 50 free), 710 @.05; labor 9 hrs @ \$27. per hr; same day delivery charge \$18.85**TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David Lillehaug

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: Ramona Zamora x7803**FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 239040Post Batch #: 426977Check Date: 2-12-09Check Amount: 297.35Check #: 260953



Adding Quality to Life

INVOICE

City of Plymouth
3400 Plymouth Boulevard
Plymouth, MN 55447
Phone (763) 509-5300

CUSTOMER NO: 10151
Fredrikson & Byron PA
Attn: Christopher Stafford
200 South Sixth Street
Suite 4000
Minneapolis, MN 55402-7419

INVOICE DATE: 02/03/2009
INVOICE NO: 2009-00000008
DUE DATE: 03/05/2009
TOTAL DUE: \$297.35

Please detach and return with payment

Reimbursement Request

Data Practices Requests for Election Materials/Precinct Rosters, Summary Tapes, Incident Logs for Precincts 18 and 19, and copies of Rejected Absentee Ballot Applications

Invoice Detail

Type	Description	Quantity	Amount
Miscellaneous	760 copies (first 50 free), 710 @ \$0.05 each	1	\$35.50
Miscellaneous	Labor, 9 hours at \$27.00 per hour	1	\$243.00
Miscellaneous	Same day delivery charge	1	\$18.85

TOTAL DUE: \$297.35

Fees are due and payable by the invoice due date as recorded above. Please make checks payable to the City of Plymouth.

For questions concerning this invoice please contact Finance at (763) 509-5304.

Pope County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of Pope County Sheriff's Office

[Name will appear on check exactly as it appears here]

Amount Due
\$ 35.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: _____
Time Needed: 1/20

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor: _____

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Angie Lund

Employee #: 1925

☐ Office:

GL#:

Acct. Description:

Expense Description: Payment for service of letter dated 1-14-09, Subpoena and Exhibit A upon Donna Quandt, Pope County Auditor on 1-16-09.


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes: Control Number 13379, invoice dated 1-20-09

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: <u>DAVID LILLEHAUG</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 237412
Batch #: 421026

Check Date: 1-26-09
Check Amount: 35-
Check #: 260260

POPE COUNTY SHERIFF'S OFFICE
TOM LARSON, SHERIFF
130 EAST MINNESOTA AVENUE
GLENWOOD, MINNESOTA 56334



Telephone: 320-634-5411
Fax: 320-634-5457

INVOICE

Control Number: 13379

Fredrikson & Byron, P.A.
200 S. 6th St. Ste 2000
Minneapolis, MN 55402-1425

20-Jan-09

In the matter of:

the Contest of the General Election
Held on Nov. 4 for the purpose of electing a
United States Senator from the State of Minnesota,
Cullen Sheehan and Norm Coleman, Contestants

Contestee

Al Franken --Person Served: Donna Quandt, Pope County Auditor 01/16/09 13:45

Services:

Subpoena
Exhibit A
Cover Letter dated January 14, 2009

Service Fee:	\$35.00
Mileage:	\$0.00 *

Total Amount Due	\$35.00
------------------	---------

** (Process served in city of Glenwood is charged a flat mileage fee of \$2.00 per attempt. Mileage Total may reflect these lump sums)*

Please Refer to Control Number When You Make Payment
All Accounts Are Due Immediately upon Receipt of This Statement

RAMSEY

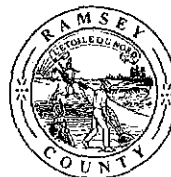
Ramsey County

OFFICE OF THE RAMSEY COUNTY ATTORNEY

Susan Gaertner, County Attorney

50 West Kellogg Boulevard, Suite 560 • St. Paul, Minnesota 55102-1483

Telephone (651) 266-3222 • Fax (651) 266-3032



Human Services Division

APR 08 2009

April 7, 2009

David Lillehaug
Christopher Stafford
FREDRIKSON & BYRON, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425

RE: In Re Contest of General Election held on Nov. 4, 2008
for purposes of electing a US Senator from Minnesota
Cullen Sheehan and Norm Coleman v. Al Franken
Court File No. CV-09-56

Dear Mr. Lillehaug and Mr. Stafford:

Enclosed please find an invoice for the costs associated with your request for documents in this case. The invoice shows a total of the following:

- 1) The actual costs for copies, including the cost of employee time, as required by the Minnesota Government Data Practices Act; and
- 2) The invoice total for copies as billed by City / County River Print.

Please submit your payment to Ramsey County in the enclosed self-addressed envelope. Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Darwin J. Lookingbill", is written over a horizontal line.

Darwin J. Lookingbill
Civil Division Director
Ph: 651-266-2755

cc: Joseph Mansky

INVOICE

TO: David Lillehaug
Christopher Stafford
FREDRIKSON & BYRON, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425

DATE: April 7, 2009

RE: In Re Contest of General Election held on Nov. 4, 2008
for purposes of electing a US Senator from Minnesota
Cullen Sheehan and Norm Coleman v. Al Franken
Court File No. CV-09-56

Actual Costs of Department	\$13,332.67
Employee #1 - 202 hours @ \$27.39 = \$ 5,532.78	
Employee #2 - 227 hours @ \$22.86 = \$ 5,189.22	
Employee #3 - 71 hours @ \$22.38 = \$ 1,588.98	
Employee #4 - 71 hours @ \$14.39 = \$ 1,021.69	
TOTAL	\$13,332.67
 City / County River Print invoiced amount	 \$ 1,118.26
12 hours manual feed @\$65, 16913 copies @\$.02	
 Total Amount Due:	 <u>\$14,450.93</u>

Please make your check payable to County of Ramsey and mail the check to the attention of Ann Schwartz at Ramsey County Attorney's Office, 50 West Kellogg Blvd., Suite 560, St. Paul, MN 55102.

Date	Data Practice Request	Hours	Copies
11/19/2008	Rejected Ballots Made Public	120	6
11/19/2009	Five Pile Sorting	12	0
11/21/2008	Rejected Ballot Copy Request	12	292
11/24/2008	Photocopies of all envelopes that have been rejected	324	2684
12/4/2008	Photocopies rejected AB, date/decision/app	16	450
12/5/2008	All EDR, Rosters, Accepted AB, Election incident reports	16	296
12/11/2008	Recount Summary Statements and Incident Reports	8	472
12/18/2008	Missing documents follow-up	32	18
12/26/2008	Follow-up to improperly rejected absenteees	16	30
1/6/2009	Names of election judges serving on election night	8	PDF 12-20 pages
1/8/2009	Maplewood and St. Paul Rosters, EDR, tapes, AB's	32	1904
1/14/2009	E-mail/memo/internal correspondence about specific voters	20	156
1/14/2009	Rosters/Accepted AB envelopes/EDRs for all of St Paul	200	50,575 Includes STP: 1-5, 5-2, 5-8, 7-5, and SV 6
1/16/2009	VR records, AB applications, Rejected envelopes for 2 requests	15	172
1/19/2009	VR records, AB applications, Rejected envelopes	15	50
2/10/2009	VR records/applications	80	194
2/17/2009	Requested AB applications/envelopes	120	673
2/23/2009	Coleman Exhibit A	96	360
TOTAL		1142	58344

Rice County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of Rice County Auditor/Treasurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ 795.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/26
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Angie Lund

Employee #: 1925

☐ Office:

GL#:

Acct. Description:

Expense Description: Payment for scanned images of absentee envelopes and supporting documentation; data practices requests dated 1-16-09; roster pages with same day registrants signatures (473 pages) [requested by Trimble]; rejected absentee information 1-14-09.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes: Rice County Invoice No. 101 (this was originally billed to Dorsey & Whitney, as you'll see) but Chris Stafford okayed that it was okayed.

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>CHRISTOPHER STAFFORD</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 237413
ost Batch #: 421026

Check Date: 1-26-09
Check Amount: 795-
Check #: 260262

INVOICE

DATE: January 20, 2009
INVOICE # 101
FOR: *Data Practices
Requests*

DESCRIPTION	AMOUNT
Scanned images of the absentee envelopes and supporting documentation	\$ 675.00
Data practices requests dated January 16, 2009	1.25
Roster pages with same day registrants signatures (473 Pages) (Requested by Trimble)	118.25
Rejected absentee information 1-14-2009	0.50
TOTAL	\$ 795.00

THANK YOU FOR YOUR BUSINESS!

Simple Invoice

	A	B	C	D
1	Rice County		INVOICE	
2	<i>Auditor/Treasurer</i>			
3				
4	320 Northwest 3rd Street	DATE:	February 20, 2009	
5	Faribault, MN 55021	INVOICE #	106	
6	Phone 507-332-6122 Fax 507-333-3754	FOR:	Data Practices Requests -	
7			Dated 2/20/2009	
8				
9	Bill To:			
10	Elva Gonzalez/Perkins Cole LLP			
11	1201 Third Avenue			
12	Seattle WA 98101			
13				
14				
15				
16				
17	DESCRIPTION		AMOUNT	
18	6 absentee ballot applications and envelopes		\$ 109.18	
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
		TOTAL	\$ 109.18	

Invoice DFL Data Practices Request Feb 20 2009 106.xlsx

Page 2 of 2

35				
36				
37				
38	Make all checks payable to the Rice County Auditor/Treasurer			
39	If you have any questions concerning this invoice, contact Fran Windschitl, 507-332- 6122, fwindschitl@co.rice.mn.us			
40				
41				
42				
43				
44				
45				

Robbinsdale, City of

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/23/2009

Pay to the

Order of City of Robbinsdale*[Name will appear on check exactly as it appears here]*

Amount Due

\$ **11.50**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date: 1/26/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS☒ Easy Direct Delivery: Finance to mail check☐ Return check to: _____

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office: _____

GL#: _____

Acct. Description: _____

Expense

Description: Copies for data practices request*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date: _____

Mileage: _____ miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General

Notes: _____

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: _____

Christopher Stafford

Print/Type Name: Christopher Stafford

Signature: _____

Print/Type Name: _____

Signature: _____

Signature: _____

Print/Type Name: _____

Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Lynn Alexander x7969

FOR FINANCE DEPARTMENT USE ONLYChecker #: 237518Batch #: 421311Check Date: 1-26-09Check Amount: 11.50Check #: 260272

Alexander, Lynn

From: Zamora, Ramona
Sent: Friday, January 23, 2009 2:58 PM
To: Alexander, Lynn
Subject: FW: Outstanding Data Practices Requests / Protective Order - Robbinsdale
Attachments: Ab Ballot Log Seeley.pdf

Another one.

Thanks!

RZ

From: Stafford, Christopher
Sent: Friday, January 23, 2009 2:54 PM
To: Zamora, Ramona
Subject: FW: Outstanding Data Practices Requests / Protective Order - Robbinsdale

Please arrange for payment
-CAS

From: Tom Marshall [mailto:TMarshall@CI.ROBBINSDALE.MN.US]
Sent: Friday, January 23, 2009 2:44 PM
To: Stafford, Christopher
Cc: Heine, Corrine A.
Subject: RE: Outstanding Data Practices Requests / Protective Order - Robbinsdale

Christopher,

Attached is an additional document related to your data practices request dated January 14, 2008. This completes the data related to this matter. Please adjust the Total Charges to \$11.50.

Tom Marshall
Director of Administrative and Recreation Services & City Clerk
City of Robbinsdale
763.531.1252

From: Tom Marshall
Sent: Friday, January 23, 2009 2:27 PM
To: 'Stafford, Christopher'
Cc: 'Heine, Corrine A.'; Sherry O'Donnell
Subject: RE: Outstanding Data Practices Requests / Protective Order - Robbinsdale

Christopher,

Attached is the City of Robbinsdale's response to your data practices request dated January 14, 2008. This information is being released per the Stipulated Protective Order entered by the court on January 22, 2009 and this data may contain

1/23/2009

confidential, private, and/or non-public data and information relating to voting and election data from the 2008 general election and must be used for the litigation of that matter only.

Data Request Cost Calculation:

Labor: .25/hrs @ \$38/hr = \$9.50

Copying: 7 @ \$.25 = \$1.75

Total Charges \$11.25 (make check payable to City of Robbinsdale)

Tom Marshall
Director of Administrative and Recreation Services & City Clerk
City of Robbinsdale
763.531.1252

From: Stafford, Christopher [mailto:CStafford@fredlaw.com]
Sent: Friday, January 23, 2009 7:58 AM
To: Tom Marshall; Heine, Corrine A.
Cc: Rava, William C. (Perkins Coie)
Subject: Outstanding Data Practices Requests / Protective Order - Robbinsdale

Dear Elections Officials and Counsel:

As you know, we have made several requests under the Minnesota Government Data Practices Act relating to the Senate election and recount. Although we have received several responses, a few remain outstanding. For many jurisdictions, the reason for this delay has been a concern over the dissemination of private data. To alleviate these concerns, both parties to the contest have stipulated to a protective order, which has now been entered by the court. An online copy of the order can be reviewed here:

http://www.mncourts.gov/Documents/2/Public/Civil/coleman/Stipulated_Protective_Order.pdf

Attached to this e-mail are the data practices requests that we still show as outstanding. If you have not yet provided this information, we would greatly appreciate you making the effort to provide it to us before the close of business on January 23, 2009. If you believe you have already provided this data, please contact me so that we can resolve the discrepancy.

Again, we appreciate your patience throughout this process. Thank you for your cooperation.

Christopher Stafford
Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-7419
Direct Dial: 612.492.7426
Phone: 612.492.7000
Fax: 612.492.7077

Scott County



Scott County Finance Department
Government Center
200 Fourth Avenue West
Shakopee, MN 55379-1220
ADDRESS CORRECTION REQUESTED
DO NOT FORWARD

STATEMENT

Page 1 of 1

Remit: Attn: AR Accounting
Scott County Government Center
200 4th Avenue West (952)496-8464
Shakopee, MN 55379-1220

Statement Date	Customer ID
14-Apr-09	1143

FREDRIKSON & BYRON PA
200 SOUTH SIXTH STREET STE4000
MINNEAPOLIS MN 55402-7419

Invoice No.	Transaction Date	Transaction	Due Date	Reference	Transaction Amount	Amount Due
IN00000023	23-Jan-09	Invoice	22-Feb-09		313.68	313.68
IN00000333	24-Mar-09	Invoice	23-Apr-09		83.00	83.00
If you have any questions about your statement, please call (952) 496-8464.						
Current	1-30	31-60	Over 60	Balance Due		
83.00	0.00	313.68	0.00	396.68		



INVOICE

Page 1 of 1

Invoice Number: IN23

Due Date: 02/22/2009

Invoice Date: 01/23/2009

Customer Number: 1143

AMOUNT ENCLOSED \$ _____

Bill To:

FREDRIKSON & BYRON PA
200 SOUTH SIXTH STREET STE4000
MINNEAPOLIS MN 55402-7419
United States of America

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

PLEASE DETACH AND RETURN THIS PORTION WITH REMITTANCE

Line	Item Description	Quantity	Unit Price	Credit	Net Amount
	IF ANY QUESTIONS, PLEASE CONTACT MARY KAY@ (952) 496-8161.				
1	DAVID LILLEHAUGH/COPY CHARGE 11/4/08 INCIDENT REPORTS	1.00 EACH	10.75 EACH	0.00	10.75
2	CHRISTOPHER STAFFORD/COLLECTING & REDACTING PRIVATE DATA	1.00 EA	302.93 EA	0.00	302.93

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

Customer PO: VAT Nbr:

TERMS: Net 30 Days

Tax Amount: \$0.00
Down Payment: \$0.00
Gross Amount: \$313.68
Invoice Credit: \$0.00
Net Amount: \$313.68

Invoice Number: IN23
Invoice Date: 01/23/2009
Payment Due Date: 02/22/2009

Net Amount Due: \$313.68



INVOICE

Page 1 of 1

Invoice Number: IN239

Due Date: 04/09/2009

Invoice Date: 03/10/2009

Customer Number: 1207

AMOUNT ENCLOSED \$ _____

Bill To:

PERKINS COIE LLP
ATTN ELVA GONZALEZ
1201 THIRD AVENUE
SEATTLE WA 98101
United States of America

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

PLEASE DETACH AND RETURN THIS PORTION WITH REMITTANCE

Line	Item Description	Quantity	Unit Price	Credit	Net Amount
1	ABSENTEE BALLOT APPLICATIONS & ENVELOPES PER 2/20/09 REQU IF ANY QUESTIONS, PLEASE CONTACT MARYKAY @ (952) 496-8161.	1.00 EACH	88.00 EACH	0.00	88.00

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

Customer PO: VAT Nbr:

TERMS: Net 30 Days

Tax Amount: \$0.00
Down Payment: \$0.00
Gross Amount: \$88.00
Invoice Credit: \$0.00
Net Amount: \$88.00

Invoice Number: IN239
Invoice Date: 03/10/2009
Payment Due Date: 04/09/2009

Net Amount Due: \$88.00



REMIT PAYMENT TO SCOTT COUNTY TREASURER
Scott County Government Center
Attn: AR Accounting
200 4th Avenue West
Shakopee MN 55379-1220
(952) 496-8464

ATTN ALPHA WILLIAMS
AL FRANKEN FOR SENATE
PO BOX 583144
MINNEAPOLIS

MN 55458-3144

Invoice Date Nov. 19, 2008
Receipt
Invoice Number 151479
Billing Dept Elections
Due Date Dec. 19, 2008

Description	UOM	Price	Quantity	Amount Due
COPY CHARGE		\$44.00	1.00	\$44.00
TOTAL:				\$44.00

Remaining Amount Due: \$44.00

Special Instructions COPIES - 11/04/2008 SCOTT COUNTY SUMMARY STATEMENT

PAST DUE

TERMS: Net Due in 30 Days

PLEASE INCLUDE INVOICE NUMBER WITH PAYMENT TO RECEIVE PROPER CREDIT

#4771

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 03/26/2009

Pay to the
Order of SCOTT COUNTY TREASURER

5192 # (2)

Amount Due
\$ 83.00
Currency Code: USD

[Name will appear on check exactly as it appears here]

EXPENSE DETAILS

Expense Due Date: 4/23/2009 4/15
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Lindsey McCune

Employee #: 1816

☐ Office:

GL#:

Acct. Description:

Expense

Description: Certifications Exhibit A & B per March 2, 2009 request.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

Seip

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Lindsey A. McCune

Print/Type Name: Lindsey McCune

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Carol Held x7855

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 243203

Post Batch #: 439393

Check Date: 4-15-09

Check Amount: 83

Check #: 263358

1	CERTIFICATIONS EXHIBIT A & B PER 3/2/09 REQUEST IF ANY QUESTIONS, PLEASE CONTACT MARY KAY @ (952) 496-8161.	1.00 EACH	83.00 EACH	0.00	83.00
---	--	-----------	------------	------	-------

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting ✓ #2
200 Fourth Avenue West
Shakopee MN 55379
United States of America

Customer PO: VAT Nbr:

TERMS: Net 30 Days

Tax Amount: \$0.00
Down Payment: \$0.00
Gross Amount: \$83.00
Invoice Credit: \$0.00
Net Amount: \$83.00

Invoice Number: IN333 v
Invoice Date: 03/24/2009
Payment Due Date: 04/23/2009

Net Amount Due: \$83.00

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 02/25/2009

Pay to the
Order of Scott County Treasurer

5192 #2
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 224.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 3/12
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003 ✓

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: David Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense
Description: Certified list of rejected absentee ballots (224 ballots @ \$1.00 ea.)


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>David Lillehaug</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 2410611
Cost Batch #: 432937

Check Date: 3-12-09
Check Amount: 224-
Check #: 241977



INVOICE

Page 1 of 1

Invoice Number: **IN110**

Due Date: 03/20/2009

Invoice Date: 02/18/2009

Customer Number: 1143

AMOUNT ENCLOSED \$ _____

Bill To:

FREDRIKSON & BYRON PA
200 SOUTH SIXTH STREET STE4000
MINNEAPOLIS MN 55402-7419
United States of America

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

PLEASE DETACH AND RETURN THIS PORTION WITH REMITTANCE

Line	Item Description	Quantity	Unit Price	Credit	Net Amount
1	CERTIFIED LIST OF REJECTED ABSENTEE BALLOTS IF ANY QUESTIONS, PLEASE CONTACT MARY KAY@ (952) 496-8161.	1.00 EACH	224.00 EACH	0.00	224.00

MAIL PAYMENT TO:

Customer PO: VAT Nbr:

TERMS: Net 30 Days

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

Tax Amount: \$0.00
Down Payment: \$0.00
Gross Amount: \$224.00
Invoice Credit: \$0.00
Net Amount: \$224.00

Invoice Number: IN110
Invoice Date: 02/18/2009
Payment Due Date: 03/20/2009

Net Amount Due: \$224.00

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 02/09/2009

Pay to the
Order of Scott County Treasurer

Amount Due
\$ 29.00
Currency Code: USD

[Name will appear on check exactly as it appears here]

EXPENSE DETAILS

Expense Due Date: 2/13/2008
Time Needed: ✓

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election contest
Authorizer's Name: David Lillehaug
Employee #: 1574

☐ Office:

GL#:

Acct. Description:


Expense
Description: Copy charges - response to data practices request

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: <u>David Lillehaug</u>	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Check #: 239035
Cost Batch #: 426797

Check Date: 2-12-09
Check Amount: 29-
Check #: 260965



INVOICE

Page 1 of 1

Invoice Number: IN37

Due Date: 02/26/2009

Invoice Date: 01/27/2009

Customer Number: 1143

AMOUNT ENCLOSED \$ _____

Bill To:

FREDRIKSON & BYRON PA
200 SOUTH SIXTH STREET STE4000
MINNEAPOLIS MN 55402-7419
United States of America

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

PLEASE DETACH AND RETURN THIS PORTION WITH REMITTANCE

Line	Item Description	Quantity	Unit Price	Credit	Net Amount
1	DATA PRACTICES REQUEST 1/20/09 ABSENTEE APPLICATI IF ANY QUESTIONS, PLEASE CONTACT MARY KAY @ (952) 496-8161.	1.00 EA	29.00 EA	0.00	29.00

MAIL PAYMENT TO:

Scott County Treasurer
Attn: AR Accounting
200 Fourth Avenue West
Shakopee MN 55379
United States of America

Customer PO: VAT Nbr:

TERMS: Net 30 Days

Tax Amount: \$0.00
Down Payment: \$0.00
Gross Amount: \$29.00
Invoice Credit: \$0.00
Net Amount: \$29.00

Invoice Number: IN37
Invoice Date: 01/27/2009
Payment Due Date: 02/26/2009

Net Amount Due: \$29.00

F&B EXPENSE FORM

Cost Code: 49
Today's Date: 01/07/2009

Pay to the
Order of Scott County

100448 (44)

Amount Due
\$ 60.00
Currency Code: USD

[Name will appear on check exactly as it appears here]

EXPENSE DETAILS

Expense Due Date: 1/9
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0002 ✓

Client Name: Al Franken for Senate

Matter Name: Post Election Issues

Authorizer's Name: David Lillehaug

Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense

Description: Responsive documents to Data Practices Act

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

Send with Sleep

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: Deb Synowczynski

Print/Type Name: Deb Synowczynski for David Lillehaug

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Synowczynski x7803

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 236091
ost Batch #: 418075

Check Date: 1-9-09
Check Amount: 60-
Check #: 259982



Scott County Finance Department
Government Center
200 Fourth Avenue West
Shakopee, MN 55379-1220
ADDRESS CORRECTION REQUESTED
DO NOT FORWARD

Page 1 of 1

Remit: Attn: AR Accounting
Scott County Government Center
200 4th Avenue West (952) 496-8464
Shakopee MN 55379-1220

Statement Date	Customer ID
02-Jan-09	30357

Default

DAVID LILLEHAUG-FREDRIKSON & BYRON, PA : ATTN
ACCOUNTS PAYABLE
200 SOUTH SIXTH STREET SUITE 4000
MINNEAPOLIS MN 55402

Invoice No.	Transaction Date	Transaction	Due Date	Reference	Transaction Amount	Amount Due
151567	24-Nov-08	invoice	24-Dec-08		60.00	60.00
If you have any questions about your statement, please call (952) 496-8464.						
OK to pay. Franklin Miller #2. David Lillig						
12-10-09						
Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days		
0.00	60.00	0.00	0.00	0.00		60.00

Sherburne County

INVOICE

INVOICE #:

7779

DATE:

3/2/09

SHERBURNE COUNTY AUDITOR/TREASURER

Telephone (763) 241-2861 or 1-800-438-0576

BILL TO:

Al Franken for Senate

PO Box 583144

Minneapolis, MN 55458

Copy Fee-182 pages @ .25 ea	\$ 45.50
Unredacted copies of the absentee ballot envelopes	
Please pay upon receipt	
TOTAL DUE	\$ 45.50

Please include the invoice number on your check for payment.

Make your check payable to: Sherburne County Auditor/Treasurer,

13880 Business Center Dr, Elk River MN 55330

Thank you.

A4709

INVOICE

INVOICE #:

7776

DATE:

2/20/09

SHERBURNE COUNTY AUDITOR/TREASURER

Telephone (763) 241-2861 or 1-800-438-0576

BILL TO:

Al Franken for Senate

PO Box 583144

Minneapolis, MN 55458

Fax Fcc-57 pages	\$ 30.50
copy fees	\$ 3.50
General Election Information	
Please pay upon receipt	
TOTAL DUE	\$ 34.00

Please include the invoice number on your check for payment.

Make your check payable to: Sherburne County Auditor/Treasurer

13680 Business Center Dr. Elk River, MN 55330

Thank you.

4165

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 02/05/2009


Pay to the
Order of **Metro Legal Services***[Name will appear on check exactly as it appears here]*Amount Due
\$ **113.00**
Currency Code: **USD****EXPENSE DETAILS**Expense Due Date:
Time Needed:**PAYMENT DELIVERY INSTRUCTIONS**☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:**BILL TO INSTRUCTIONS**Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003** ✓Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Chris Stafford**Employee #: **1822**☐ Office:

GL#:

Acct. Description:

FEB 05 2009

Expense **Document Retrieval Service PU D. Arnold, Sherburne Co., 1/20/09 (\$55.00); advance fees**
Description: **(\$53.00); check handling charge (\$5.00)***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Deb Synowczynski for Chris Stafford	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Deb Synowczynski x6160****-----FOR FINANCE DEPARTMENT USE ONLY-----**

Voucher #: _____

Check Date: _____

Cost Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1584005

Invoice Date 02/02/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Deb Synowczynski
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY				Net 30 Days
Billing Reference			Cust Service ID	Order Date
058501.0003			JS/Jim Stuart (612)349-9528	01/20/09
Code	Service Item	Item Description		Amount
03	DRBD	Document Retrieval Service PU D. Arnold, Sherburne Co, 1/20		55.00
10	AF	Advanced Fees		53.00
14	AFC	Check Handling Charge		5.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax 0.00
				Total Invoice 113.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1584005

Invoice Date 02/02/09

Customer FREBY

Billing Ref 058501.0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00
Total Invoice 113.00

Terms: Net 30 Days

WDOK

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/29/2009

Pay to the
Order of **Metro Legal Services***[Name will appear on check exactly as it appears here]*Amount Due
\$ **160.75**
Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS☒ *Easy Direct Delivery:* Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003** ✓Client Name: **Al Franken for Senate Committee**Matter Name: **Electronic Contest**Authorizer's Name: **Angie Lund**Employee #: **1925**☐ Office:

GL#:

Acct. Description:

Expense Description: **Courier service less than 1 hour rate upon D. Arnold out in Sherburne County and return docs to F&B on 1/22/09; advancement of fees charge and check handling charge.***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: ANGELA S. LUND

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Angie Lund x6048****FOR FINANCE DEPARTMENT USE ONLY**

Voucher #: _____

Check Date: _____

Cost Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1579867

Invoice Date 01/26/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Angie Lund
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY				Net 30 Days
Billing Reference	Invoice ID	Order Date		
058501-0003	SB/Scott Bordon (612)349-9517	01/22/09		
Code	Service Item	Item Description	Amount	
03	CRD01	Courier Service-Less Than 1 Hr Rate D. Arnold, Sherburne Co, 1/22	147.50	
09	AF	Advanced Fees	8.25	
14	AFC	Check Handling Charge	5.00	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	160.75

Remittance Stub

Al Franken for Senate
Election Contest Committee
Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1579867

Invoice Date 01/26/09

Customer FREBY

Billing Ref 058501-0003

Tax 0.00

Total Invoice 160.75

Terms: Net 30 Days

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

WDOK

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 03/06/2009

Pay to the

Order of Sherburne County Auditor/Treasurer*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 30.50Currency Code: USD**EXPENSE DETAILS**Expense Due Date: 3/6/2009Time Needed: 04:00 PM**PAYMENT DELIVERY INSTRUCTIONS**☒ *Easy Direct Delivery:* Finance to mail check☐ Return check to:

Floor: _____

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003Client Name: Al Franken for Senate CommitteeMatter Name: Election ContestAuthorizer's Name: Christopher StaffordEmployee #: 1822☐ Office:

GL#:

Acct. Description:

Expense

Description: Copies of documents*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date: _____

Mileage: _____ miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____

Persons Attending: _____

Business Purpose/Nature of Discussion: _____

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David Lillehaug

Signature:

Print/Type Name: _____

Signature:

Signature:

Print/Type Name: _____

Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****Form completed by: Ramona Zamora x7803**FOR FINANCE DEPARTMENT USE ONLY**oucher #: 241134ost Batch #: 433627Check Date: 3-6-09Check Amount: 30.50Check #: 261820

INVOICE

INVOICE #:

7777

DATE:

2/20/09

SHERBURNE COUNTY AUDITOR/TREASURER

Telephone (763) 241-2861 or 1-800-438-0576

BILL TO:

Attn: Mr. Chris Stafford

Al Franken for Senate

X Attn: ms Ramona Zamora

PO Box 583144

Minneapolis, MN 55458

Faxed To - 206-359-4579 + 651-251-6325

Fax Fee-57 pages	\$ 30.50
General Election Information	
Please pay upon receipt	
TOTAL DUE	\$ 30.50

Please include the invoice number on your check for payment.

Make your check payable to: Sherburne County Auditor/Treasurer,

13880 Business Center Dr, Elk River, MN 55330

Thank you.

*Diane Arnold
Auditor/Treas.*

Nicholas Manheim | Perkins Coie LLP
1201 Third Avenue, Suite 4800
Seattle, WA 98101-3099
PHONE: 206.359.6280
FAX: 206.359.7280
E-MAIL: nmanheim@perkinscoie.com

NOTICE: This communication may contain privileged or other confidential information. If you have received it in error, please advise the sender by reply email and immediately delete the message and any attachments without copying or disclosing the contents. Thank you.

From: Diane Arnold [mailto:Diane.Arnold@co.sherburne.mn.us]
Sent: Friday, March 13, 2009 8:54 AM
To: Manheim, Nicholas A. (Nick) (Perkins Coie)
Cc: Rava, William C. (Perkins Coie); keane.bryan@dorsey.com; langdon.jim@dorsey.com; Steven Klepsa; Kris Engel; Linda Helgeson; Arden Fritz; Todd Schoffelman
Subject: RE: Election Contest: Franken Request for Certification (Sherburne County)

3/13/2009
Mr. Manheim - Attached is the Certification for Karyla Dee Punton - Fee for this service is \$5.00 for certification and .25 per page. for a total of \$6.00 for the 5 pages of information. The originals are in my office and can be picked up any time before 4:30 p.m. today. If you cannot open the attachment please let me know.
Sincerely,

Diane Arnold
Sherburne County Auditor/Treasurer
13880 Business Center Drive
Elk River, MN 55330

o- 763-241-2867
f- 763-241-2869

Diane.Arnold@co.sherburne.mn.us

From: Manheim, Nicholas A. (Nick) (Perkins Coie) [mailto:NManheim@perkinscoie.com]
Sent: Wednesday, March 11, 2009 5:02 PM
To: Diane Arnold
Cc: Rava, William C. (Perkins Coie); keane.bryan@dorsey.com; langdon.jim@dorsey.com; Steven Klepsa; Kris Engel; Linda Helgeson; Arden Fritz; Todd Schoffelman
Subject: RE: Election Contest: Franken Request for Certification (Sherburne County)

Ms. Arnold,

Thank you for your prompt reply, and I have another request for you. I apologize for making another request, but Mr. Gelbmann just provided the parties with information regarding Sherburne voter registration.

We have attached another certification for Karyla Dee Punton and her voter documents. Please complete the certification as you

3/13/2009

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 03/06/2009

Pay to the
Order of Sherburn County Auditor/Treasurer*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 50.00Currency Code: USD**EXPENSE DETAILS**

Expense Due Date: 3/6/2009

Time Needed: 04:00 PM

PAYMENT DELIVERY INSTRUCTIONS☒ Easy Direct Delivery: Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Christopher Stafford

Employee #: 1822

☐ Office:

GL#:

Acct. Description:

Expense

Description: Copies of documents*[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: David Lillehaug

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLYoucher #: 241135ost Batch #: 433627Check Date: 3-6-09Check Amount: 50-Check #: 261821

INVOICE

INVOICE #:	7783
DATE:	3/4/09

SHERBURNE COUNTY AUDITOR/TREASURER

Telephone (763) 241-2861 or 1-800-438-0576

BILL TO:

Fredrickson & Byron, PA
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402
fax 612-492-7077

10 Election Official Certifications	\$ 50.00
Please pay upon receipt	
TOTAL DUE	\$ 50.00

Please include the invoice number on your check for payment.

Make your check payable to: Sherburne County Auditor/Treasurer,

13880 Business Center Dr, Elk River, MN 55330

Thank you.

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 02/09/2009

Pay to the
Order of Sherburne County Auditor/Treasurer
[Name will appear on check exactly as it appears here]

Amount Due
\$ 3.50
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 2/13/2008
Time Needed: 12

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election contest
Authorizer's Name: David Lillehaug
Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense
Description: Copy charges - certified listing of names rejected on absentee ballots

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: David Lillehaug

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 239033
Cost Batch #: 426797

Check Date: 2-12-09
Check Amount: 3.50
Check #: 260966

INVOICE

INVOICE #:

7764

DATE:

2/5/09

SHERBURNE COUNTY AUDITOR/TREASURER

Telephone (763) 241-2861 or 1-800-438-0576

BILL TO:

Fredrikson & Byron, P.A.

Attn: Christopher Stafford

200 South Sixth Street, Suite 4000

Minneapolis, MN 55402

Fax: 612-492-7077

3 PAGE FAX	\$ 3.50
Certified Listing of Names Rejected on Absentee Ballots	
Please pay upon receipt	
TOTAL DUE	\$ 3.50

Please include the invoice number on your check for payment.

Make your check payable to: Sherburne County Auditor/Treasurer,

13880 Business Center Dr, Elk River, MN 55330

Thank you

St. Louis County

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/22/2009

Pay to the
Order of **St. Louis County Auditor***[Name will appear on check exactly as it appears here]*

Amount Due

\$ **266.40**Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date:

Time Needed:

1/24

PAYMENT DELIVERY INSTRUCTIONS☒ **Easy Direct Delivery:** Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Ramona Zamora**Employee #: **1595**☐ Office:

GL#:

Acct. Description:

Expense **Payment for labor and copying costs: 363 copies @ \$.30 copy totalling \$108.90; labor costs**
Description: **\$157.50 = \$266.40.***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:


Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Ramona Zamora	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Angie Lund x6161****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: **237406**
Cost Batch #: **424026**Check Date: **1-26-09**
Check Amount: **266.40**
Check #: **240263**



Saint Louis County

County Auditor - 100 North 5th Avenue West, Room 214 - Duluth, MN 55802-1293
Phone: (218) 726-2380 Phone – Virginia: (218) 749-7104 Fax: (218) 725-5060

Donald Dicklich
St. Louis County Auditor

January 22, 2009

RE: Labor and Copying Costs for Subpoena and Data Requests - Totals

DESCRIPTION	HOURS	RATE	AMOUNT
Labor Costs	10.5	\$15.00	\$157.50
Copying Costs –363 pages		\$.30	\$108.90
Total			\$266.40

**Itemized statement available upon request



Saint Louis County

County Auditor - 100 North 5th Avenue West, Room 214 - Duluth, MN 55802-1293
 Phone: (218) 726-2380 Phone - Virginia: (218) 749-7104 Fax: (218) 725-5060

Donald Dicklich
 St. Louis County Auditor

March 3, 2009

RE: Labor and Copying Costs for Rosters and UOCAVA Reports

DESCRIPTION	HOURS	RATE	AMOUNT
Labor Costs	9	\$12.00	\$108.00
Copying Costs - 684 Pages	684 pages	\$.30	\$205.20
Total			\$313.20

**** DUPLICATE ****

Date: 03/09/09 Office: AUD
 Batch: AUD0240 Cashier: BLG
 Batch: 643 Trans #: 21
 Receipt #: 00061389
 Acct:

Payment Total: \$313.20
 0054 Tax Stat Fee \$0.00
 0055 Chapter Fee \$0.00
 0250 Refund/Overpayment \$0.00
 0051 COPIES/FAXES \$313.20
 Check Tendered : \$313.20

**** DUPLICATE ****

An Equal Opportunity Employer

St. Louis Park, City of

Cost Code: 48
Today's Date: 02/27/2009

Amount Due
\$ ☒ 48.50
Currency Code: USD

PAYMENT DELIVERY INSTRUCTIONS

☒ *Easy Direct Delivery:* Finance to mail check
☐ Return check to: _____
 Floor: _____

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
 Client/Matter #: **058501.0003** ✓
 Client Name: **Al Franken for Senate Committee**
 Matter Name: **Election Contest**
 Authorizer's Name: **Christopher Stafford**
 Employee #: **1822**


☐ Office:
GL#:
Acct. Description:

Expense	
Description:	Data Practices Response -- 2/20/09 194 pgs @ .25 per pg.
	<i>[Description will appear on invoices exactly as it appears here]</i>

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ *Entertainment* ☐ *Lodging* ☐ *Meals* ☐ *Parking* ☐ *Travel*
 Place: _____
 Persons Attending: _____
 Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Christopher Stafford	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

-FOR FINANCE DEPARTMENT USE ONLY

Voucher #: 240012
Cost Batch #: 432937

Check Date: 3-12-09
Check Amount: 48.50
Check #: 201970

STATEMENT OF ACCOUNT

Remit To:

CITY OF ST LOUIS PARK
5005 MINNETONKA BLVD
ST LOUIS PARK MN 55416-2290

952 924-2680

Page: 1

**Statement Number
28040**

Date 2/26/2009

Account 115749

Billing Address:

FREDRIKSON & BYRON, PA
ATTN: CHRISTOPHER STAFFORD
SUITE 4000
200 S 6TH ST
MINNEAPOLIS MN 55402

Document Type	Invoice Number	Pay Item	Due Date	Remark	Previous Balance	New Invoices	Payments Received	Outstanding Balance
115749	FREDRIKSON & BYRON, PA							
Invoice	18440	001	2/20/2009	194 PAGES x .25 PER PAGE	48.50			48.50
					48.50			48.50
				TOTAL BALANCE DUE				48.50

ACCOUNT SUMMARY

Previous Balance 48.50
New Invoices
Payments Received - Thank You
Current Balance Due 48.50
Payment Terms
Due Upon Receipt

Future	Current	31 - 60	61 - 90	91 - 90	91 - 120	121 - 150	Over 150
		48.50					

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/30/2009

Pay to the
Order of City of St. Louis Park*[Name will appear on check exactly as it appears here]*

Amount Due

\$ 73.75Currency Code: USD**EXPENSE DETAILS**

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS☒ *Easy Direct Delivery:* Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003**Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Chris Stafford**Employee #: **1822**☐ Office:

GL#:

Acct. Description:

Expense

Description: **Photocopies of Data Practices Act documents from the City of St. Louis Park***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: Deb Synowczynski for Chris Stafford

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Deb Synowczynski x7803****FOR FINANCE DEPARTMENT USE ONLY**Voucher #: 237983Cost Batch #: 423142Check Date: 1-30-09Check Amount: 73.75Check #: 260461

Steele County

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/22/2009

Pay to the
Order of **Steele County Auditor**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **60.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: _____
Time Needed: **1/20**

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to: _____
Floor: _____

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **Angie Lund**

Employee #: **1925**

☐ Office:
GL#:
Acct. Description:

Expense
Description: **Payment for Research and document fees re: absentee ballot envelope information.**


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Angie Lund	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Angie Lund x6161**

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: **237402, 237404**
Cost Batch #: **121026**

Check Date: **1-26-09** / **1-26-09**
Check Amount: **20 -** / **40 -**
Check #: **260264** / **260265**

Steele County Auditor
630 Florence Avenue
PO Box 890
Owatonna, MN 55060

STATEMENT

DATE

December 17, 2008

TERMS

TO • Fredrikson & Byron, PA

AMOUNT ENCLOSED \$

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE.

DATE	CHARGES AND CREDITS	BALANCE
12/17/08	Research & document preparation fee	\$20.00
PLEASE REMIT PAYMENT PAYABLE TO: Steele County Auditor 630 Florence Avenue PO Box 890 Owatonna, MN 55060		

 **Wilson Jones**

WHITE - ORIGINAL

YOUR CHECK IS YOUR RECEIPT

CANARY - DUPLICATE

44-501 • Carbonless
Snap-A-Way® Forms
©1993 ACCO USA, Inc.
Made in U.S.A.

Steele County Auditor
630 Florence Avenue
PO Box 890
Owatonna, MN 55060

STATEMENT

DATE

December 22, 2008

TERMS

TO

Fredrikson & Byron, PA

AMOUNT ENCLOSED \$

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE.

DATE	CHARGES AND CREDITS	BALANCE
12/22/08	Research & document preparation of absentee ballot envelope information for emailing.	\$40.00
PLEASE REMIT PAYMENT PAYABLE TO:		
STEELE COUNTY AUDITOR 630 Florence Avenue P.O. Box 890 Owatonna, MN 55060		

REDIFORM

WHITE - ORIGINAL

YOUR CHECK IS YOUR RECEIPT

CANARY - DUPLICATE

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Speediset® Forms
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Wabasha County

T&B EXPENSE FORM

Cost Code: 43

Today's Date: 01/24/2009

Pay to the
Order of **Wabasha County Auditor/Treasurer**

(Name will appear on check exactly as it appears here)

Amount Due

\$ 4.17Currency Code: **USD****EXPENSE DETAILS**Expense Due Date: 1/30/2009 2/13
Time Needed:**PAYMENT DELIVERY INSTRUCTIONS**☒ Easy Direct Delivery: Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: 058501.0003 ✓Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **Christopher Stafford**Employee #: **1822**☐ Office:

GL#:

Acct. Description:

Expense
Description: Copies - 12 pages @.25 plus postage 1.17

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSESExpenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

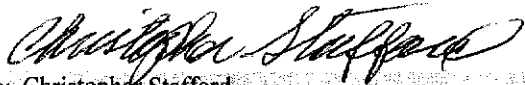
Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:



Print/Type Name: Christopher Stafford

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Ramona Zamora x7803****FOR FINANCE DEPARTMENT USE ONLY**Checker #: 237785Batch #: 422302Check Date: 2-13-09Check Amount: 4.17Check #: 261014

№ 14830 ✓

STATEMENT
COUNTY OF WABASHA
625 JEFFERSON AVENUE
WABASHA, MN 55981

REMITTANCE BY CHECK, MONEY ORDER OR DRAFT SHOULD BE MADE PAYABLE
TO WABASHA COUNTY AUDITOR/TREASURER.

MAIL TO Wabasha County A/T

DATE 1-22-09

TO: Christopher Stafford
Fredrickson + Byron PA
200 6th St Suite 4000
Minneapolis, MN 55402

DUE IN 30 DAYS.

12 pages @ .25	= 3.00
postage	1.17
	<hr/> 4.17

TOTAL AMOUNT \$4.17

THE EFFECT OF THIS VERIFICATION SHALL BE THE SAME AS IF SUBSCRIBED
AND SWORN UNDER OATH.

SIGNATURE

Geary Lewis

I DECLARE UNDER PENALTIES OF LAW THAT THIS ACCOUNT, CLAIM OR DEMAND
IS JUST AND CORRECT AND THAT NO PART OF IT HAS BEEN PAID.

By Andy Rite
Deputy

T&B EXPENSE FORM

Cost Code: 43
Today's Date: 01/24/2009

Pay to the
Order of Wabasha County Auditor/Treassurer

[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 16.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/30/2009 2/13
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: Christopher Stafford
Employee #: 1822

☐ Office:
GL#:
Acct. Description:

Expense
Description: Copying charges

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Print/Type Name: Christopher Stafford

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

-----FOR FINANCE DEPARTMENT USE ONLY-----

Voucher #: 237784
Post Batch #: 422302

Check Date: 2-13-09
Check Amount: 16-
Check #: 261013

No 14829 ✓

STATEMENT
COUNTY OF WABASHA
625 JEFFERSON AVENUE
WABASHA, MN 55981

REMITTANCE BY CHECK, MONEY ORDER OR DRAFT SHOULD BE MADE PAYABLE
TO WABASHA COUNTY AUDITOR/TREASURER.

MAIL TO Wabasha County A/T
TO: Christopher Stafford
Fredrickson + Byron PA
200 Sixth St Suite 400
Minneapolis, MN 55402

DATE 1-22-09

DUE IN 30 DAYS.

64#
612-492-7077

$\$ 5.00 = 1st\ page = 5.00$
 $11 - additional = 11.00$

 $\$ 16.00$

TOTAL AMOUNT \$ 16.00

THE EFFECT OF THIS VERIFICATION SHALL BE THE SAME AS IF SUBSCRIBED
AND SWORN UNDER OATH.

SIGNATURE

Jerry Larson

I DECLARE UNDER PENALTIES OF LAW THAT THIS ACCOUNT, CLAIM OR DEMAND
IS JUST AND CORRECT AND THAT NO PART OF IT HAS BEEN PAID.

By: Andy Klita
Deputy

**SECRETARY OF
STATE**

MN Secretary of State

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/09/2009

Pay to the Order of Secretary of State Amount Due \$ 171.29
[Name will appear on check exactly as it appears here] Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/9/2009
Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Ramona Zamora**
Floor: 40

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Al Franken for Senate Committee
Matter Name: Election Contest
Authorizer's Name: David Lillehaug
Employee #: 1574

☐ Office:

GL#:

Acct. Description:

Expense Description: Summary Statements - CD


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: <u>David Lillehaug</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Ramona Zamora x7803

FOR FINANCE DEPARTMENT USE ONLY

Checker #: 236202
Batch #: 418330

Check Date: 1-9-09
Check Amount: 171.29
Check #: 259618

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 01/09/2009

Pay to the
Order of Secretary of State Amount Due
\$ **15.00**
[Name will appear on check exactly as it appears here] Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: 1/9/2009

Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS☐ Easy Direct Delivery: Finance to mail check☒ Return check to: **Ramona Zamora**

Floor: 40

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust☐ Office:

GL#:

Acct. Description:

Client/Matter #: 058501.0003

Client Name: **Al Franken for Senate Committee**Matter Name: **Election Contest**Authorizer's Name: **David Lillehaug**

Employee #: 1574

Expense

Description: **Campaign Rejection Form - CD**[Description will appear on invoices exactly as it appears here]**TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:	Signature:
Print/Type Name: David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Ramona Zamora x7803****FOR FINANCE DEPARTMENT USE ONLY**Check #: 236201
Batch #: 418330Check Date: 1-9-09
Check Amount: 15-
Check #: 259617

Check Date: 2-11-09
Check Amount: 146-
Check #: 905343

MONEY RECEIPT

No. 3436 January 23, 2009

Received of Christopher Stafford

_____ One Hundred Forty Six and 00/100 _____ Dollars

For _____ Bulk Copies (arranged through Bert Black) _____

\$ 146.00 Mary K. Beems

 **Tops** FORM 4161

MN Secretary of State
\$255.95

MONEY RECEIPT

No. 3437 January 23, 2009
Received of Christopher Smith
Al Franken for Senate Dollars
For Two Hundred Fifty Five and 9/10
State Penalties Request
\$ 255.95 Shelli Hesselroth
FORM 41B1

Skyline Document Svcs

F&B EXPENSE FORM

Cost Code: 43
Today's Date: 01/22/2009

Expense Due Date: 1/29
Time Needed: 102079
Pay to the order of Skyline Document Services, LLC

[Name will appear on check exactly as it appears here]

Amount Due
\$ 2,795.95
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 1/29
Time Needed: 102079

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: 058501.0003

Client Name: Al Franken for Senate Committee

Matter Name: Election Contest

Authorizer's Name: Angie Lund

Employee #: 1925

☐ Office:

GL#:

Acct. Description:

Expense Description: Payment for scanning and hourly tech time.

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General Notes: Skyline Invoice No. 16933 dated 1-15-09.

otes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Signature:

Print/Type Name: CHRISTOPHER STAFFORD

Print/Type Name:

Signature:

Signature:

Print/Type Name: DAVID LILICHHAUG (if necessary)

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Angie Lund x6161

FOR FINANCE DEPARTMENT USE ONLY

oucher #: 237701

Check Date: _____

ost Batch #: 421822

Check Amount: _____

Check #: _____

Skyline Document Services, LLC
US Bank Plaza
220 South Sixth Street
Suite #170
Minneapolis, MN 55402

(612)338-0229
AR@skylinedocservices.com



Invoice

DATE	INVOICE #
01/15/2009	16933
TERMS	DUE DATE
Net 30	02/14/2009

BILL TO

Fredrikson & Byron
200 South Sixth St.
Suite 4000
Minneapolis, MN 55402 USA

Sales Rep	Ordered By	Client Number
MSP11245	J.Landkamer/L.Freres	Franken Ballots

	Activity	Quantity	Rate	Amount
01/09/2009	Scanning	17373	0.15	2,605.95
01/09/2009	Hourly Tech Time	2	95.00	190.00
Thank You For Your Business				
SUBTOTAL				\$2,795.95
TAX (7.4%)				\$0.00
TOTAL				\$2,795.95

Miscellaneous

Miscellaneous Data Practice Requests Paid by Check

Check	01/22/2009	4155	Secretary of State - Minnesota	Copies	\$255.95
Credit Card Charge	02/19/2009		FedEx	Copies	\$104.99
Check	02/19/2009	4156	Minneapolis Finance Dept.	Copies	\$58.75
Check	02/19/2009	4166	Becker County Auditor-Treasurer	Copies	\$76.41
Check	02/19/2009	4162	Dakota County	Copies	\$143.50
Check	02/24/2009	4170	Rice County Auditor	Copies	\$109.18
Check	02/24/2009	4171	City of Tonka Bay	Copies	\$40.00
Check	02/24/2009	4173	Dakota County	Copies	\$177.75
Check	02/27/2009	4174	City of Golden Valley	Copies	\$3.47
Check	03/01/2009	4175	Becker County Auditor-Treasurer	Copies	\$76.41
Check	03/04/2009	4181	Mower County Auditor	Copies	\$146.19
Check	03/04/2009	4179	St. Louis County	Copies	\$313.20
Check	03/04/2009	4185	Hubbard County Auditor	Copies	\$25.00
Check	03/11/2009	4187	Mower County Auditor	Copies	\$14.13
Credit Card Charge	03/26/2009		City of Bloomington	Copies	\$22.00
Credit Card Charge	03/26/2009		Minneapolis Finance Dept.	Copies	\$65.05
					\$1,631.98

Dorsey & Whitney, LLP

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 04/27/2009

Pay to the

Order of **Dorsey & Whitney, LLP**

[Name will appear on check exactly as it appears here]

Amount Due

\$ **1,552.20**

Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ *Easy Direct Delivery:* Finance to mail check

☐ Return check to:

Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Election Contest**

Authorizer's Name: **Leslie Anderson**

Employee #: **1283**

☐ Office:

GL#:

Acct. Description:

Expense

Description: **Copies of data practice request documents produced by the Dorsey & Whitney firm**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

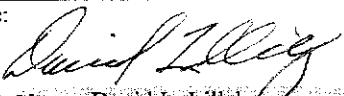
Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: David L. Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Leslie Anderson x7653**

4550639_1.DOC

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____

Check Date: _____

Cost Batch #: _____

Check Amount: _____

Check #: _____



MINNEAPOLIS OFFICE
612-340-2600

(Tax Identification No. 41-0223337)

STATEMENT OF ACCOUNT FOR PROFESSIONAL SERVICES

Christopher Stafford
Fredrikson & Byron, P.A.
Suite 4000
200 South Sixth Street
Minneapolis, MN 55402

February 12, 2009
Invoice No. 1554960

Client-Matter No.: 009999-11314
N. Coleman/A. Franken For Senate

For Disbursements and Services Charges Rendered Through February 12, 2009

INVOICE TOTAL

Total For Current Disbursements and Service Charges:	\$1,552.20
Total For Current Invoice	\$1,552.20

For your convenience, please remit payment to the address below or we offer the option of remitting payment electronically by wire transfer. If you have any questions regarding this information, please contact the lawyer you are working with on this project or Dorsey's Accounts Receivable Department at 1-800-861-0760. Thank you.

Mailing Instructions:
Dorsey & Whitney LLP
P.O. Box 1680
Minneapolis, MN 55480-1680

Wire Instructions:
U.S. Bank National Association
800 Nicollet Mall
Minneapolis, MN 55402

ABA Routing Number: 091000022
Account Number: 1602-3010-8500
Swift Code: USBKUS44DMT

Please make reference to the invoice number

Service charges are based on rates established by Dorsey & Whitney. A schedule of those rates has been provided and is available upon request. Disbursements and service charges, which either have not been received or processed, will appear on a later statement.

ALL INVOICES ARE DUE 30 DAYS FROM DATE OF INVOICE



MINNEAPOLIS OFFICE
612-340-2600

(Tax Identification No. 41-0223337)

STATEMENT OF ACCOUNT FOR PROFESSIONAL SERVICES

Christopher Stafford
Fredrikson & Byron, P.A.
Suite 4000
200 South Sixth Street
Minneapolis, MN 55402

February 12, 2009
Invoice No. 1554960

Client-Matter No: 009999-11314

N. Coleman/A. Franken For Senate
Our File No: 485835-01

For Disbursements and Service Charges Rendered Through February 12, 2009

Disbursements and Service Charges

Copies of Nobles County document production 4641 Copies @ \$.12 Per Page	556.92
Copy of Nobles County document production CD	25.00
Copies of Clearwater County document production 2121 @ \$.14 Per Page	296.94
Copy of Clearwater County document production CD	25.00
Copies of Winona, Plymouth & Robbinsdale document production 3882 @ \$.12 Per Page	458.64
Copies of Winona, Plymouth & Robbinsdale document production 131(11x17) @ \$.25 Per Page	32.75
Copy Brown County document production CD	25.00
Copy of Secretary of State document production CD	25.00

Service charges are based on rates established by Dorsey & Whitney. A schedule of those rates has been provided and is available upon request. Disbursements and service charges, which either have not been received or processed, will appear on a later statement.

ALL INVOICES ARE DUE 30 DAYS FROM DATE OF INVOICE



Christopher Stafford
Client-Matter No.: 009999-11314
Invoice No.: 1554960

February 12, 2009
Page 2

State Tax - Minnesota	93.94
City Tax - Minnesota	7.23
Hennepin County Sales Tax	2.17
Metro Area Transit Sales & Use Tax	3.61

Total for Disbursements and Service Charges	\$1,552.20
--	-------------------

Total This Invoice	\$1,552.20
---------------------------	-------------------

Service charges are based on rates established by Dorsey & Whitney. A schedule of those rates has been provided and is available upon request. Disbursements and service charges, which either have not been received or processed, will appear on a later statement.

ALL INVOICES ARE DUE 30 DAYS FROM DATE OF INVOICE



CAROLYN A. LARSON
PARALEGAL

(612) 492-6631
FAX (612) 340-2868
larson.carolyn@dorsey.com

January 15, 2009

VIA MESSENGER

David L. Lillehaug, Esq.
Fredrikson & Byron, P.A.
Suite 4000
200 South Sixth Street
Minneapolis, MN 55402

Re: In re Contest of General Election held on November 4, 2008 for the purpose
of electing a United States Senator from the State of Minnesota
Court File No. 62-CV-06-56

Dear Mr. Lillehaug:

Enclosed please find a CD containing documents received from Nobles County. An
invoice will be sent under separate cover.

Sincerely,

A handwritten signature in cursive script that reads 'Carolyn A. Larson'.

Carolyn A. Larson

CAL:abr
Enclosure

cc: Jim Langdon, Esq.
Gretchen Agee, Esq.



CAROLYN A. LARSON
PARALEGAL
(612) 492-6631
FAX (612) 340-2868
larson.carolyn@dorsey.com

January 20, 2009

VIA MESSENGER

David L. Lillehaug, Esq.
Fredrikson & Byron, P.A.
Suite 4000
200 South Sixth Street
Minneapolis, MN 55402

Re: **In re Contest of General Election held on November 4, 2008 for the purpose
of electing a United States Senator from the State of Minnesota**
Court File No. 62-CV-06-56

Dear Mr. Lillehaug:

Enclosed please find the following:

1. A CD containing documents received from Brown County;
2. A CD containing documents received from the Secretary of State;
3. Documents received from Winona County;
4. Documents received from Big Stone County;
5. Documents received from City of Plymouth; and
6. Documents received from City of Robbinsdale.

An invoice will be sent under separate cover.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carolyn A. Larson', written over a horizontal line.

Carolyn A. Larson

CAL/dbr
Enclosures

cc: James Langdon, Esq.
Gretchen Agee, Esq.

DORSEY & WHITNEY LLP • WWW.DORSEY.COM • T 612.340.2600 • F 612.340.2868
SUITE 1500 • 50 SOUTH SIXTH STREET • MINNEAPOLIS, MINNESOTA 55402-1498

USA CANADA EUROPE ASIA

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/09/2009

Pay to the
Order of **Total Technology Rental**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **✓ 851.84**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date: **2/19**
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003** ✓ *[Signature]*

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Leslie Anderson/David Lillehaug**

Employee #: **1574**

☐ Office:

GL#:

Accl. Description:

Expense

Description: **One month (February) projector rental expense for use at trial**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General

Notes:

Self

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <i>David Lillehaug</i> ✓	Signature:
Print/Type Name: Leslie Anderson/David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: **239389**

Cost Batch #: **427894**

Check Date: **2-19-09**

Check Amount: **851.84**

Check #: **261180**

TOTAL TECHNOLOGY RENTAL

More Choices. Better Prices. Superior Service.

P.O. Box 202174 Minneapolis, MN 55420 ✓

INVOICE

DATE ENTERED	INVOICE#
1/27/2009	5534




BILL TO:

FREDRIKSON & BYRON
200 S. 6TH ST. 40TH FL.
MPLS., MN. 55402
ATTN: MS. RACHELLE GASCA

INVOICE

SHIP TO:

40TH FL/ NORTH TOWER
ORDERED BY: RACHELLE
612-492-7752
FAX# 612-492-7077

P.O. NUMBER	TERMS	END/RENEWAL DATE	BEGIN DATE	SHIPPED VIA	REP CODE	TTR JOB#	PICKUP TIME
RACHELLE	Net 15	2/14/2009	1/26/2009	TTR	BR	4449	TBD
QUANTITY	ITEM CODE	DESCRIPTION				PRICE EACH	AMOUNT
1	0667	DELL 3000 LUM. DLP PROJECTOR SERVICE TAG# 3ZSV0D1 W/ REMOTE W/ VGA/POWER/CASE 7.15% w/ MPLS Sales Tax				795.00	795.00T
						7.15%	56.84
<div>Thank You!</div> <div>We accept credit cards</div> <div></div> <div>A 1.5% fee will be charged for late payments.</div>							

PROMPT PAYMENT IS APPRECIATED

TOTAL DUE: \$851.84

THANK YOU! We appreciate your business.

Joe Rohan: jrohan@ttrmn.com
Mike Brown: mbrown@ttrmn.com

Ph# 952-945-0900 Fax# 952-435-0778

Please remit payment to:
Total Technology Rental
P.O. Box 202174
Minneapolis, MN. 55420
Fed ID# 04-3590337

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 03/18/2009

100560
Pay to the
Order of Total Technology Rental
[Name will appear on check exactly as it appears here]

Amount Due
\$ 309.31
Currency Code: USD

EXPENSE DETAILS	PAYMENT DELIVERY INSTRUCTIONS
Expense Due Date: <u>4/2</u> Time Needed:	<input checked="" type="checkbox"/> Easy Direct Delivery: Finance to mail check <input type="checkbox"/> Return check to: Floor:

BILL TO INSTRUCTIONS

Expense Type: <input checked="" type="checkbox"/> Client <input type="checkbox"/> General Promo <input type="checkbox"/> CLE <input type="checkbox"/> Trust	<input type="checkbox"/> Office
Client/Matter #: <u>058501.0003</u> ✓	GL#:
Client Name: <u>Al Franken for Senate Committee</u>	Acct. Description:
Matter Name: <u>Election Contest</u>	
Authorizer's Name: <u>Leslie Anderson</u>	
Employee #: <u>1283</u>	

Expense
Description: Additional projector rental for use at trial (extended time)
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes: _____

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: _____ Print/Type Name: <u>Leslie Anderson</u>	Signature: _____ Print/Type Name: _____
Signature: _____ Print/Type Name: _____	Signature: _____ Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Lynn Alexander x7559

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: <u>242374</u>	Check Date: <u>4-2-09</u>
Cost Batch #: <u>436662</u>	Check Amount: <u>309.31</u>
	Check #: <u>262918</u>

TOTAL TECHNOLOGY RENTAL

More Choices. Better Prices. Superior Service. ✓
P.O. Box 202174 Minneapolis, MN 55420

INVOICE

DATE ENTERED	INVOICE#
3/9/2009	5582 ✓

BILL TO:

FREDRIKSON & BYRON
200 S. 6TH ST. 40TH FL.
MPLS., MN. 55402
ATTN: MS. RACHELLE GASCA

SHIP TO:

40TH FL/ NORTH TOWER
ORDERED BY: RACHELLE
612-492-7752
FAX# 612-492-7077

INVOICE

P.O. NUMBER	TERMS	END/RENEWAL DATE	BEGIN DATE	SHIPPED VIA	REP CODE	TTR JOB#	PICKUP TIME
RACHELLE	Net 15	3/13/2009	3/6/2009	TTR	BR	4449	TBD
QUANTITY	ITEM CODE	DESCRIPTION				PRICE EACH	AMOUNT
1	0667	DELL 3000 LUM. DLP PROJECTOR SERVICE TAG# 3ZSV0D1 W/ REMOTE W/VGA/POWER/CASE CASE EXTENDED pro-rated \$36 x 8 3/6 - 3/13 7.15% sales tax + .25% transit tax				288.00 7.40%	288.00T 21.31

Thank You!

We accept credit cards



A 1.5% fee will be charged for late payments.

PROMPT PAYMENT IS APPRECIATED

TOTAL DUE: \$309.31

THANK YOU! We appreciate your business.

Joe Rohan: jrohan@ttrmn.com
Mike Brown: mbrown@ttrmn.com

Ph# 952-945-0900 Fax# 952-435-0778

Please remit payment to:
Total Technology Rental
P.O. Box 202174
Minneapolis, MN. 55420
Fed ID# 04-3590337

03/Apr. 22. 2009 12:24PM

Metro Sales via VSI-FAX

Pa No. 4793F 2P. 41129 BE



1620 EAST 78TH STREET
MINNEAPOLIS, MN 55423
SALES (612) 881-4000
SERVICE (612) 881-1717

CYCLE INVOICE

PLEASE PAY FROM THIS INVOICE
OVERDUE ACCOUNTS WILL BE CHARGED A LATE
PAYMENT FEE OF 1% PER MONTH (18% ANNUALLY).

TOTAL INVOICE AMOUNT

4,871.11
PAYMENT AMOUNT ENCLOSED

LOCATION

01M233
MARY BONK
MN DFL
255 E PLATO BLVD
ST PAUL MN

55107

INVOICE NO.

320106 1
INVOICE DATE

03/18/09

DETACH HERE

CUSTOMER NO. 01M233	INVOICE NO. 320106	ID# 51207 A205P K6755800016	LEASE ID. SR	REPRESENTATIVE ORD DI
------------------------	-----------------------	--------------------------------	-----------------	--------------------------

DATE ▶ 01/30/09	PREVIOUS METER ▶ 690975	DATE ▶ 02/28/09	CURRENT METER ▶ 750975
INVOICE PERIOD ▶ 02/28/09		TO 03/30/09	

QUANTITY	CODE NO.	DESCRIPTION	QUANTITY
	60000	Contracted	
1	5M0RZ	RENT PAYMENT M/F COP	4,355.35
MONTHLY RENTAL PAYMENT \$4,355.35			
INCLUDES 60,000 IMAGES PER MONTH. ALL OVERAGES WILL BE BILLED AT \$0.01 PER IMAGE.			
	LOCATION TAX	315.76	LOCATION TOTAL
			4,671.11

SUBTOTAL
4,355.35

TAX 315.76	TOTAL DUE 4,671.11
---------------	-----------------------

MARY BONK
MN DFL
255 E PLATO BLVD
ST PAUL MN 55107

METRO SALES INC
1620 EAST 78TH STREET
RICHFIELD MN 55423

COMMENTS:

SHORT TERM RENTAL-INCLUDES SUPPLIES

WELCOME TO BEST BUY #6
INVER GROVE HEIGHTS, MN 55077
(651)457-5817

Keep your receipt!



Val #: 0167-7842-4767-3879

0006 004 4433 01/26/09 19:32 0043580

5426639 RZ CARD 0.00
REWARD ZONE CARD
SERIAL # 2340945812

8517875 CB411ARABA 99.99
HP LASERJET P1006 PRINTER
ITEM TAX 6.75 6.75%

8517875 CB411ARABA 99.99
HP LASERJET P1006 PRINTER
ITEM TAX 6.75 6.75%

8517875 CB411ARABA 99.99
HP LASERJET P1006 PRINTER
ITEM TAX 6.75 6.75%

8517884 CB435A 64.99
HP LASERJET CB435 BLACK PRINT
ITEM TAX 4.39 6.75%

8517884 CB435A 64.99
HP LASERJET CB435 BLACK PRINT
ITEM TAX 4.39 6.75%

8517884 CB435A 64.99
HP LASERJET CB435 BLACK PRINT
ITEM TAX 4.39 6.75%

5688865 TEUSB2AB2.0 33.99
DYNEX 6.0' USB GOLD A/B CABLE
ITEM TAX 2.29 6.75%

5688865 TEUSB2AB2.0 33.99
DYNEX 6.0' USB GOLD A/B CABLE
ITEM TAX 2.29 6.75%

5688865 TEUSB2AB2.0 33.99
DYNEX 6.0' USB GOLD A/B CABLE
ITEM TAX 2.29 6.75%

5688865 TEUSB2AB2.0 33.99
DYNEX 6.0' USB GOLD A/B CABLE
ITEM TAX 2.29 6.75%

SUBTOTAL 637.20
SALES TAX AMOUNT 40.29

TOTAL 637.20
CHECK 637.20

JDE
THANKS FOR SHOPPING AT BEST BUY TODAY!
YOUR REWARD ZONE BALANCES AS OF 12/21/08
POSTED POINTS: 25
GO TO WWW.MYREWARDZONE.COM FOR MORE INFO

Be ready for the Analog to Digital TV
Transition on Feb. 17, 2009. Learn More @
www.BestBuy.com/DTV or www.DTV2009.gov.

YOUR CUSTOMER SERVICE PIN IS:
0006 004 4433 012609

BEST BUY VALUES YOUR FEEDBACK!
TAKE OUR SURVEY AND ENTER FOR A CHANCE TO
WIN A \$5,000 BEST BUY SHOPPING SPREE!!

Visit <http://www.bestbuycanex.com>
Cuestionario en Español tambien

& enter the following codes:
Group A: D90867
Group B: 0349
Group C: 404637

NO PURCHASE NECESSARY. Must be legal
resident of 50 US/DC/PR, 18 or older.
2 Drawings Periods:
8/31/08-11/29/08 & 11/30/08-2/28/09.
Limit 3 entries per Drawing Period.
For free entry & other details, see
Official Rules at website or store.
Void where prohibited.

No. 4799 P. 1/1

MINNESOTA DFL
RE-COUNT FUND

Best Buy #637.20

1411

Apr. 22, 2009 12:48PM

Fredrikson Byron Copying Charges

Date	Rate	Amount	Description
01/09/09	\$0.20	\$2.00	Photocopy Charges
01/09/09	\$0.20	\$2.00	Photocopy Charges
01/09/09	\$0.20	\$8.20	Photocopy Charges
01/09/09	\$0.20	\$21.20	Photocopy Charges
01/09/09	\$0.20	\$3.00	Photocopy Charges
01/09/09	\$0.20	\$9.40	Photocopy Charges
		\$45.80	
01/12/09	\$0.20	\$5.60	Photocopy Charges
01/12/09	\$0.20	\$0.40	Photocopy Charges
01/12/09	\$0.20	\$93.00	Photocopy Charges
01/12/09	\$0.20	\$6.00	Photocopy Charges
01/12/09	\$0.20	\$0.40	Photocopy Charges
01/12/09	\$0.20	\$9.40	Photocopy Charges
01/12/09	\$0.20	\$9.60	Photocopy Charges
01/12/09	\$0.20	\$36.20	Photocopy Charges
01/12/09	\$0.20	\$0.20	Photocopy Charges
01/12/09	\$0.20	\$0.60	Photocopy Charges
01/12/09	\$0.20	\$12.80	Photocopy Charges
		\$174.20	
01/15/09	\$0.20	\$5.40	Photocopy Charges
01/16/09	\$0.20	\$0.40	Photocopy Charges
01/16/09	\$0.20	\$0.80	Photocopy Charges
01/16/09	\$0.20	\$0.20	Photocopy Charges
01/16/09	\$0.20	\$20.00	Photocopy Charges
01/16/09	\$0.20	\$0.20	Photocopy Charges
		\$21.60	
01/20/09	\$0.20	\$0.60	Photocopy Charges
01/20/09	\$0.20	\$1.80	Photocopy Charges
01/20/09	\$0.20	\$0.20	Photocopy Charges
01/20/09	\$0.20	\$0.40	Photocopy Charges
01/20/09	\$0.20	\$6.00	Photocopy Charges
01/20/09	\$0.20	\$6.00	Photocopy Charges
01/20/09	\$0.20	\$4.80	Photocopy Charges
01/20/09	\$0.20	\$5.40	Photocopy Charges
01/20/09	\$0.20	\$7.00	Photocopy Charges
01/20/09	\$0.20	\$4.80	Photocopy Charges
01/20/09	\$0.20	\$8.00	Photocopy Charges
01/20/09	\$0.20	\$6.00	Photocopy Charges
01/20/09	\$0.20	\$0.20	Photocopy Charges
01/20/09	\$0.20	\$0.20	Photocopy Charges
01/20/09	\$0.20	\$0.20	Photocopy Charges
01/20/09	\$0.20	\$0.20	Photocopy Charges
01/20/09	\$0.20	\$2.20	Photocopy Charges
01/20/09	\$0.20	\$11.20	Photocopy Charges
01/20/09	\$0.20	\$0.40	Photocopy Charges
01/20/09	\$0.20	\$14.80	Photocopy Charges

Fredrikson Byron Copying Charges

Date	Rate	Amount	Description
01/20/09	\$0.20	\$0.60	Photocopy Charges
01/20/09	\$0.20	\$4.80	Photocopy Charges
01/20/09	\$0.20	\$2.20	Photocopy Charges
		\$88.00	
01/21/09	\$0.20	\$2.20	Photocopy Charges
01/21/09	\$0.20	\$26.60	Photocopy Charges
01/21/09	\$0.20	\$0.80	Photocopy Charges
01/21/09	\$0.20	\$1.00	Photocopy Charges
01/21/09	\$0.20	\$0.40	Photocopy Charges
01/21/09	\$0.20	\$1.00	Photocopy Charges
01/21/09	\$0.20	\$0.40	Photocopy Charges
01/21/09	\$0.20	\$0.40	Photocopy Charges
01/21/09	\$0.20	\$2.80	Photocopy Charges
01/21/09	\$0.20	\$5.60	Photocopy Charges
01/21/09	\$0.20	\$0.20	Photocopy Charges
01/21/09	\$0.20	\$0.80	Photocopy Charges
01/21/09	\$0.20	\$43.20	Photocopy Charges
01/21/09	\$0.20	\$23.40	Photocopy Charges
01/21/09	\$0.20	\$7.80	Photocopy Charges
01/21/09	\$0.20	\$0.80	Photocopy Charges
01/21/09	\$0.20	\$22.40	Photocopy Charges
01/21/09	\$0.20	\$4.60	Photocopy Charges
01/21/09	\$0.20	\$14.40	Photocopy Charges
01/21/09	\$0.20	\$0.80	Photocopy Charges
01/21/09	\$0.20	\$0.20	Photocopy Charges
01/21/09	\$0.20	\$6.00	Photocopy Charges
01/21/09	\$0.20	\$0.60	Photocopy Charges
01/21/09	\$0.20	\$1.40	Photocopy Charges
01/21/09	\$0.20	\$0.20	Photocopy Charges
01/21/09	\$0.20	\$3.20	Photocopy Charges
		\$171.20	
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$6.00	Photocopy Charges
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$0.60	Photocopy Charges
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$1.60	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$1.20	Photocopy Charges
01/22/09	\$0.20	\$77.40	Photocopy Charges
01/22/09	\$0.20	\$2.20	Photocopy Charges
01/22/09	\$0.20	\$6.00	Photocopy Charges
01/22/09	\$0.20	\$17.00	Photocopy Charges
01/22/09	\$0.20	\$13.80	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$2.40	Photocopy Charges
01/22/09	\$0.20	\$0.60	Photocopy Charges

Fredrikson Byron Copying Charges

Date	Rate	Amount	Description
01/22/09	\$0.20	\$10.00	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$27.00	Photocopy Charges
01/22/09	\$0.20	\$13.80	Photocopy Charges
01/22/09	\$0.20	\$0.40	Photocopy Charges
01/22/09	\$0.20	\$0.80	Photocopy Charges
01/22/09	\$0.20	\$0.20	Photocopy Charges
01/22/09	\$0.20	\$2.00	Photocopy Charges
01/22/09	\$0.20	\$3.40	Photocopy Charges
01/22/09	\$0.20	\$2.40	Photocopy Charges
		\$191.80	
01/26/09	\$0.20	\$11.20	Photocopy Charges
01/26/09	\$0.20	\$1.00	Photocopy Charges
01/26/09	\$0.20	\$0.20	Photocopy Charges
01/26/09	\$0.20	\$17.40	Photocopy Charges
01/26/09	\$0.20	\$2.40	Photocopy Charges
01/26/09	\$0.20	\$21.20	Photocopy Charges
01/26/09	\$0.20	\$13.00	Photocopy Charges
01/26/09	\$0.20	\$27.20	Photocopy Charges
01/26/09	\$0.20	\$33.00	Photocopy Charges
01/26/09	\$0.20	\$0.20	Photocopy Charges
01/26/09	\$0.20	\$0.20	Photocopy Charges
01/26/09	\$0.20	\$0.40	Photocopy Charges
01/26/09	\$0.20	\$0.20	Photocopy Charges
01/26/09	\$0.20	\$1.80	Photocopy Charges
01/26/09	\$0.20	\$6.00	Photocopy Charges
01/26/09	\$0.20	\$1.20	Photocopy Charges
01/26/09	\$0.20	\$0.40	Photocopy Charges
01/26/09	\$0.20	\$1.20	Photocopy Charges
		\$138.20	
01/29/09	\$0.20	\$1.80	Photocopy Charges
01/29/09	\$0.20	\$9.80	Photocopy Charges
01/29/09	\$0.20	\$23.20	Photocopy Charges
01/29/09	\$0.20	\$1.60	Photocopy Charges
01/29/09	\$0.20	\$4.80	Photocopy Charges
01/29/09	\$0.20	\$4.60	Photocopy Charges
01/29/09	\$0.20	\$1.20	Photocopy Charges
		\$47.00	
02/02/09	\$0.20	\$1.20	Photocopy Charges
02/02/09	\$0.20	\$0.20	Photocopy Charges
02/02/09	\$0.20	\$30.40	Photocopy Charges
		\$31.80	
02/04/09	\$0.20	\$0.20	Photocopy Charges
02/04/09	\$0.20	\$7.00	Photocopy Charges
		\$7.20	

Fredrikson Byron Copying Charges

Date	Rate	Amount	Description
02/09/09	\$0.20	\$44.00	Photocopy Charges
02/09/09	\$0.20	\$44.00	Photocopy Charges
02/09/09	\$0.20	\$1.20	Photocopy Charges
02/09/09	\$0.20	\$0.60	Photocopy Charges
02/09/09	\$0.20	\$0.40	Photocopy Charges
		\$90.20	
02/11/09	\$0.20	\$12.00	Photocopy Charges
02/11/09	\$0.20	\$0.60	Photocopy Charges
02/11/09	\$0.20	\$2.00	Photocopy Charges
02/11/09	\$0.20	\$81.00	Photocopy Charges
02/11/09	\$0.20	\$0.20	Photocopy Charges
		\$95.80	
02/16/09	\$0.20	\$0.60	Photocopy Charges
02/16/09	\$0.20	\$1.40	Photocopy Charges
02/16/09	\$0.20	\$42.00	Photocopy Charges
02/16/09	\$0.20	\$40.80	Photocopy Charges
		\$84.80	
2/20/2009	\$0.20	\$0.80	Photocopy Charges
2/23/2009	\$0.20	\$1.20	Photocopy Charges
3/2/2009	\$0.20	\$51.20	Photocopy Charges
3/2/2009	\$0.20	\$63.20	Photocopy Charges
3/2/2009	\$0.20	\$12.80	Photocopy Charges
3/2/2009	\$0.20	\$16.00	Photocopy Charges
3/2/2009	\$0.20	\$0.40	Photocopy Charges
3/2/2009	\$0.20	\$40.00	Photocopy Charges
3/2/2009	\$0.20	\$87.80	Photocopy Charges
3/2/2009	\$0.20	\$0.80	Photocopy Charges
		\$272.20	



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	21.26
Control No.	4383744
C/M:	58501

TRACKING INFORMATION

Date: January 09, 2009 (Fri)

Secretary: Mary Peterman

Attorney: Richard Snyder

Client/Matter Name: Franken/Contest

Client/Matter No.: 058501.0003

Time: 2:21 PM

Extension: 7559

Employee No.: 0804

MO
21.26

ADDRESS INFORMATION:

☒ Business ☐ Residential

Person: Court Administrator

Company Name: Ramsey County District Court

Building: Ramsey County Courthouse

Floor/Suite: Room 600 - Civil Division

Address: 15 West Kellogg Boulevard

City, State Zip: St. Paul, MN 55102

Phone Number:

DELIVERY CLASSIFICATION:

☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Bike Streak**

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

Delive: very]

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

Delive 651 266 8263

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

Low, Fax FILE order.

Bill

\$25 FIRST 50 PG

des of vice rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Deliver

Urgent priority routing will be used. However, if the door the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

ATTEN FAX FILE

* Round Trip request allows for 1 hour for delivery and 1 hour for return

day, 365 requested Friday, or delivery time (before and holiday or \$25.00 and holiday 3 hours of

ADDITIONAL INFORMATION: COURT CLOSING AT 4

Signature:

Submit completed form to ARCHER (37th Floor)

01-09-09 15:54 IN



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	2438
Control No.	4389207
C/M:	58501/0003

TRACKING INFORMATION

Date: January 12, 2009 (Mon)
Secretary: Mary Peterman
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 11:11 AM
Extension: 7559
Employee No.: 0804

ENTERED
BY
DEB
SYNARCZYNSKI
24.38

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak**

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush**

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour**

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day**

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

**Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

ADDITIONAL INFORMATION: COURT CLOSING AT 4:30! Do not return to F&B. If window is not open, knock to see if Clerk still there. Otherwise leave in Clerk's box.

Signature:

Submit completed form to ARCHER (37th Floor)

01-12-09 14:50 IN

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of **Metro Legal Services**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **34.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Al Franken for Senate Committee**

Matter Name: **Election Contest**

Authorizer's Name: **David Lillehaug**

Employee #: **1574**

☐ Office:

GL#:

Acct. Description:

Expense
Description: **Court filing in Ramsey County District Court on 1/15/09 (3 hr. rate)**

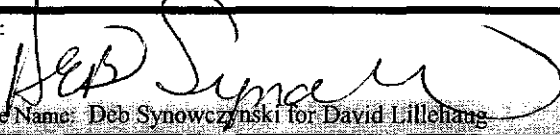
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: Deb Synowczynski for David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Synowczynski x7000**

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____
Cost Batch #: _____

Check Date: _____
Check Amount: _____
Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1576481

Invoice Date 01/19/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

JAN 21 2009

Send To:

Ramona Zamora
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms	
FREBY				Net 30 Days	
Billing Reference			Customer ID	Order Date	
058501.0003			SP/Steve Peterson (651)291-0008	01/15/09	
Code	Service Item	Item Description		Amount	
04	CF3B	Courthouse Service - 3 Hour Rate Ramsey co, 1/15		34.00	
<p>Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.</p>				Tax	0.00
				Total Invoice	34.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1576481

Invoice Date 01/19/09

Customer FREBY

Billing Ref 058501.0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00

Total Invoice 34.00

Terms: Net 30 Days

WDOK

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/21/2009

Pay to the
Order of **Metro Legal Services**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **34.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: **058501.0003** ✓
Client Name: **Al Franken for Senate Committee**
Matter Name: **Election Contest**
Authorizer's Name: **David Lillehaug**
Employee #: **1574**

☐ Office:

GL#:

Acct. Description:

Expense
Description: **Court filing in Ramsey County District Court on 1/16/09 (3 hr. rate)**

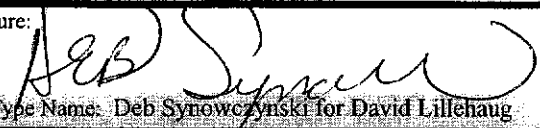
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature: _____
Print/Type Name: Deb Synowczynski for David Lillehaug	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Synowczynski x7000**

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____
Cost Batch #: _____

Check Date: _____
Check Amount: _____
Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1576858

Invoice Date 01/19/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

JAN 21 2009

Send To:

Ramona Zamora
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms	
FREBY			991500	Net 30 Days	
Billing Reference			Cust Service ID	Order Date	
058501.0003			SP/Steve Peterson (651)291-0008	01/16/09	
Code	Service Item	Item Description		Amount	
04	CF3B	Courthouse Service - 3 Hour Rate Ramsey County District Court Filing		34.00	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax	0.00
				Total Invoice	34.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1576858

Invoice Date 01/19/09

Customer FREBY

Billing Ref 058501.0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00

Total Invoice 34.00

DOKW

Terms: Net 30 Days

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/28/2009

Pay to the
Order of **Metro Legal Services**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **34.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Election Contest**

Authorizer's Name: **Crystal Patterson**

Employee #: **1602**

☐ Office:

GL#:

Acct. Description:

Expense
Description: **Filing 1/21/09**

[Description will appear on invoices exactly as it appears here]


TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:



Print/Type Name: **Crystal Patterson**

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Deb Uhrich x7702**

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____

Check Date: _____

Lost Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1579990

Invoice Date 01/26/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Debra
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			994018	Net 30 Days
Billing Reference			Order Service ID	Order Date
58501.0003			SP/Steve Peterson (651)291-0008	01/21/09
Code	Service Item	Item Description		Amount
J4	CF3B	Courthouse Service - 3 Hour Rate Court Filing: Ramsey County District Court St. Paul		34.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
				</

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1579990

Invoice Date 01/26/09

Customer FREBY

Billing Ref 58501.0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00

Total Invoice 34.00

DOKW

Terms: Net 30 Days



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	8.95
Control No.	4388980
C/M:	58501.0003

TRACKING INFORMATION

Date: January 21, 2009 (Wed)
Secretary: Deb Uhrich
Attorney: Crystal Patterson
Client/Matter Name: Franken/
Client/Matter No.: 58501.0003

Time: 2:58 PM
Extension: 7702
Employee No.: 1354

8.95

ADDRESS INFORMATION: ☐ Business ☐ Residential

Person: James Langdon, Esq.
Company Name: Dorsey & Whitney, LLP
Building:
Address: 50 South Sixth Street, Suite 1500
City, State Zip: Minneapolis, MN 55402
Phone Number:

Floor/Suite:

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☐ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak**

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☒ Bike Rush**

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour**

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day**

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

**Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION:

01-21-09 15:05 IN

Signature:

Submit completed form to ARCHER (37th Floor)

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/28/2009

Pay to the
Order of Metro Legal Services
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 102.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003
Client Name: Franken
Matter Name: Election Contest
Authorizer's Name: Crystal Patterson
Employee #: 1602

☐ Office:

GL#:

Acct. Description:

Expense
Description: Filing 1/22/09


[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:  Print/Type Name: <u>Crystal Patterson</u>	Signature: Print/Type Name: _____
Signature: Print/Type Name: _____	Signature: Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Deb Uhrich x7702

-----FOR FINANCE DEPARTMENT USE ONLY-----

Voucher #: _____

Check Date: _____

Post Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1580417

Invoice Date 01/27/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Debra Uhrich
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY			994829	Net 30 Days
Billing Reference			Cust. Service ID	Order Date
58501.3			SP/Steve Peterson (651)291-0008	01/22/09
Code	Service Item	Item Description	Amount	
04	CF1B	Courthouse Service - 1 Hour Rate Ramsey County District Court Filing	46.00	
04	CF1B	Courthouse Service - 1 Hour Rate File Appellate Court St. Paul	46.00	
04	LH1Z	Last Hour Surcharge	5.00	
04	LH1Z	Last Hour Surcharge File Appellate Court St. Paul	5.00	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	102.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1580417

Invoice Date 01/27/09

Customer FREBY

Billing Ref 58501.3

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00
Total Invoice 102.00

Terms: Net 30 Days

VALH



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	\$12.50
Control No:	4389562
C/M:	58501

TRACKING INFORMATION

Date: January 22, 2009 (Thu)
Secretary: Deb Uhrich
Attorney: Crystal Patterson
Client/Matter Name: Franken/Election Contest
Client/Matter No.: 058501.0003 ✓

Time: 12:36 PM
Extension: 7702
Employee No.: 1354

E.D.
12.50

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Hon. Denise Reilly
Company Name: Hennepin County District Court
Building: Hennepin County Government Center
Address: 300 South Sixth Street
City, State Zip: Minneapolis, MN 55487
Phone Number:

Floor/Suite: #623

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☐ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☒ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺ Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

ADDITIONAL INFORMATION:

Signature:

Submit completed form to ARCHER (37th Floor)

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 01/28/2009

Pay to the
Order of Metro Legal Services
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ 51.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Al Franken for Senate Committee
Matter Name: Post Election
Authorizer's Name: Mary Peterman
Employee #: 0454

☐ Office:
GL#:
Acct. Description:

Expense
Description: Delivery of documents to Courtroom on Rush basis 01/26/09
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes: _____

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>Mary L Peterman</u> Print/Type Name: <u>Mary Peterman</u>	Signature: _____ Print/Type Name: _____
Signature: _____ Print/Type Name: _____	Signature: _____ Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Lynn Alexander x7559

FOR FINANCE DEPARTMENT USE ONLY

Voucher #: _____
Cost Batch #: _____

Check Date: _____
Check Amount: _____
Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1580391

Invoice Date 01/27/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY			996043	Net 30 Days
Billing Reference			Order Service ID	Order Date
58501.3			SB/Scott Bordon (612)349-9517	01/26/09
Code	Service Item	Item Description		Amount
33	CF1B	Courthouse Service - 1 Hour Rate Delivery to: Courtroom #300, MN Judicial Center-- BOX St. Paul		51.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
Tax				0.00
Total Invoice				51.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1580391

Invoice Date 01/27/09

Customer FREBY

Billing Ref 58501.3

Tax 0.00

Total Invoice 51.00

Terms: Net 30 Days

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

DIVA

Bill of Lading

User Name: JULIE CIESYNSKI
Company: FREDRIKSON & BYRON

\$21.47

4390525

Edina Couriers

952-948-1001



025-04390525-001

Control Number: 4390525

eTrac Number: 68240578

Submitter Information	Shipping Information
Account: 67 Name: FREDRIKSON & BYRON Requested By: JULIE CIESYNSKI Reference: 058501.0003 ✓ BOL No.: Entered: 26-JAN-2009 08:24 Last Updated: 26-JAN-2009 09:25 (EST)	Service Type: URGENT Return Service: None Pieces: 1 Weight: 1.0 Lbs. Charges: 0.00 Quote: 21.47
Pick Up From	Deliver To
FREDRIKSON & BYRON JULIE CIESYNSKI 200 S 6TH ST 3700 MPLS, MN 55402 Phone: 612-492-7836	RAMSEY COUNTY DISTRICT COURT COURT ADMIN. 15 W KELLOGG BLVD ST PAUL, MN 55102
Pickup Details	Delivery Details
Requested Date: 26-JAN-2009 Ready Time: 08:40 (No Pickup Instructions) Actual Date: Arrival Time: Departure Time:	Requested Date: 26-JAN-2009 Deliver By: 09:55 (No Delivery Instructions) Actual Date: Arrival Time: Departure Time:
Driver: 119 Date: 01/25 Time: 9:55	Received by: X Print Name:



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	# 2147
Control No:	4392621
C/M:	585010003

TRACKING INFORMATION

Date: January 29, 2009 (Thu)
Secretary: Mary Peterman
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 11:33 AM
Extension: 7559
Employee No.: 0804

21.47

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION: File by 1:00 p.m.

Signature:

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

Submit completed form to ARCHER (37th Floor)

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/05/2009

Pay to the
Order of **Metro Legal Services**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **35.20**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003** ✓

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Mary Peterman**

Employee #: **0454**

☐ Office:

GL#:

Acct. Description:

Expense Description: **January 29, 2009 rush delivery to Minnesota Judicial Center of motion in limine re K. Banaian and letter to Panel**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary L. Peterman

Print/Type Name: Mary Peterman

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

-----FOR FINANCE DEPARTMENT USE ONLY-----

Number #: _____

Check Date: _____

Post Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1584063

Invoice Date 02/02/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY				Net 30 Days
Billing Reference		Billing Service Ref		Order Date
58501-3		SP/Steve Peterson (651)291-0008		01/29/09
Item	Service Ref	Item Description	Amount	
04	CRD06	Courier Service-Less Than 1 Hr Rate File MN Appeals, 1/29	35.20	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
Tax			0.00	
Total Invoice			35.20	
motion in limine King Banaian : 1hr to Panel				

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1584063

Invoice Date 02/02/09

Customer FREBY

Billing Ref 58501-3

Tax	0.00
Total Invoice	35.20

Terms: Net 30 Days

WDOK

T&B EXPENSE FORM

Cost Code: _____

Today's Date: 02/09/2009

Pay to the
Order of **Metro Legal Services***[Name will appear on check exactly as it appears here]*Amount Due
\$ **24.10**
Currency Code: **USD****EXPENSE DETAILS**

Expense Due Date:

Time Needed:

PAYMENT DELIVERY INSTRUCTIONS☒ *Easy Direct Delivery:* Finance to mail check☐ Return check to:

Floor:

BILL TO INSTRUCTIONSExpense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust☐ Office:

GL#:

Acct. Description:

Client/Matter #: **058501.0003** ✓Client Name: **Franken**Matter Name: **Contest**Authorizer's Name: **Mary Peterman**Employee #: **0454**Expense Description: **February 2, 2009 delivery to Minnesota Judicial Center of Judges' copies of week one proposed findings of fact and conclusions of law***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**

Expenditure Date:

Mileage: miles

Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

FEB 1 2009

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary L Peterman

Print/Type Name: Mary Peterman

Signature:

Print/Type Name:

Signature:

Signature:

Print/Type Name:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Mary Peterman x7555****FOR FINANCE DEPARTMENT USE ONLY**

Voucher #: _____

Check Date: _____

Lost Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1585647

Invoice Date 02/04/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

FREBY		1000020		Net 30 Days		
58501-3		SP/Steve Peterson (651)291-0008		02/02/09		
4	CR206	Courier Service - 2-5 Hour Rate Delivery to: St Paul			24.10	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.					Tax Total Invoice	0.00 24.10

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1585647

Invoice Date 02/04/09

Customer FREBY

Billing Ref 58501-3

Tax 0.00

Total Invoice 24.10

Terms: Net 30 Days

VALH



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	\$ 14.31
Control No.	4394220
C/M:	585010003

TRACKING INFORMATION

Date: February 02, 2009 (Mon)

Secretary: Mary Peterman

Attorney: Richard Snyder

Client/Matter Name: Franken/Contest

Client/Matter No.: 058501.0003

Time: ~~9:20 AM~~ 1:50 PM

Extension: 7559

Employee No.: 0804

14.31

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator

Company Name: Ramsey County District Court

Building: Ramsey County Courthouse

Floor/Suite: Room 600 - Civil Division

Address: 15 West Kellogg Boulevard

City, State Zip: St. Paul, MN 55102

Phone Number:

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☐ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☒ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

☐ Leave at door or in drop box

☐ Bring back to F&B (becomes a Round Trip*)

☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION: ~~File by 1:00 p.m.~~ File by 4:00

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

Signature:

Submit completed form to ARCHER (37th Floor)



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	21.47
Control No.	4395573
C/M.	585010003

TRACKING INFORMATION

Date: February 04, 2009 (Wed)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 11:33 AM
Extension: 7559
Employee No.: 0804

21.47

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Christopher Channing
Company Name:
Building: Minnesota Judicial Center
Address: 25 Rev. Dr. Martin Luther King Jr. Blvd
City, State Zip: St. Paul, MN 55155
Phone Number:

Floor/Suite:

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

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☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION:

Signature:

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

Submit completed form to ARCHER (37th Floor)

02-04-09 11:37 IN



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	21.47
Control No.	4395572
C/M:	585010003

TRACKING INFORMATION

Date: February 04, 2009 (Wed)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 10:51 AM
Extension: 7559
Employee No.: 0804

21-47

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

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ADDITIONAL INFORMATION: File by 1:00 p.m.

Signature:

Submit completed form to ARCHER (37th Floor)

02-04-09 11:37 IN

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/17/2009

Pay to the
Order of Metro Legal Services
[Name will appear on check exactly as it appears here]

Amount Due
\$ ✓ **24.10**
Currency Code: **USD**

EXPENSE DETAILS	PAYMENT DELIVERY INSTRUCTIONS
Expense Due Date: Time Needed:	<input checked="" type="checkbox"/> Easy Direct Delivery: Finance to mail check <input type="checkbox"/> Return check to: Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust ☐ Office:

Client/Matter #: **058501.0003** ✓
Client Name: **Franken**
Matter Name: **Contest**
Authorizer's Name: **Mary Peterman**
Employee #: **0454**

Expense Description: **February 9, 2009 delivery to Minnesota Judicial Center of Judges' copies of week two proposed findings of fact and conclusions of law**
[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes: _____

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: _____ Print/Type Name: Mary Peterman	Signature: _____ Print/Type Name: _____
Signature: _____ Print/Type Name: _____	Signature: _____ Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

-----FOR FINANCE DEPARTMENT USE ONLY-----

Voucher #: _____	Check Date: _____
Cost Batch #: _____	Check Amount: _____
	Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1590733

Invoice Date 02/11/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY			1003808	Net 30 Days
Billing Reference			Order Service ID	Order Date
58501-3			SP/Steve Peterson (651)291-0008	02/09/09
Code	Service Item	Item Description		Amount
4	CR206	Courier Service - 2-5 Hour Rate Delivery to:Christopher Channing St Paul		24.10
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
Tax				0.00
Total Invoice				24.10

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1590733

Invoice Date 02/11/09

Customer FREBY

Billing Ref 58501-3

Tax 0.00
Total Invoice 24.10

Terms: Net 30 Days

ESSJ



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price: \$14.45
Control No: 4317604
C/M: 585010003 DW

TRACKING INFORMATION

Date: February 9, 2009 (Mon)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time:
Extension: 7559
Employee No.: 0804

14.45

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to affect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☒ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

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☐ Bike Streak**

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

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Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour**

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

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Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

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☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

ADDITIONAL INFORMATION:

Signature:

Submit completed form to ARCHER (37th Floor)

\$21.67

Bill of Lading

User Name: PITNEY BOWES
Company: FREDRIKSON & BYRON

4399081

Edina Couriers

952-948-1001



025-04399081-001

Control Number: 4399081

eTrac Number: 68718594

Submitter Information	Shipping Information
Account: 67 Name: FREDRIKSON & BYRON Requested By: LYNN ALEXANDER Reference: 058501 MATTER 3 ✓ BOL No.: Entered: 11-FEB-2009 14:09 Last Updated: 11-FEB-2009 15:51 (EST)	Service Type: URGENT Return Service: None Pieces: 1 Weight: 0.0 Lbs. Charges: 0.00 Quote: 21.67
Pick Up From	Deliver To
FREDRIKSON & BYRON . MAILROOM/LYNN A 200 S 6TH ST 3700 MPLS, MN 55402 Phone: 612-492-7000	MN JUDICIAL CENTER FRONT DESK 25 DR MARTIN LUTHER KING JR BL ST PAUL GOVERNMT, MN 55155
Pickup Details	Delivery Details
Requested Date: 11-FEB-2009 Ready Time: 15:00 Pickup Instructions: PKG. Actual Date: Arrival Time: Departure Time:	Requested Date: 11-FEB-2009 Deliver By: 16:15 Delivery Instructions: ATTN: CHRISTOPHER CHANNING. Actual Date: Arrival Time: Departure Time:
Driver: _____ Date: _____ Time: _____	Received by: X _____ Print Name: LAMONT (33)

#7.22

Bill of Lading

User Name: PITNEY BOWES
Company: FREDRIKSON & BYRON

4399084

Edina Couriers

952-948-1001



Control Number: 4399084

eTrac Number: 68718595

025-04399084-001

Submitter Information	Shipping Information
Account: 67 Name: FREDRIKSON & BYRON Requested By: LYNN ALEXANDER Reference: 058501 MATTER 3 ✓ BOL No.: Entered: 11-FEB-2009 14:10 Last Updated: 11-FEB-2009 15:51 (EST)	Service Type: ADDSTOP Return Service: None Pieces: 1 Weight: 0.0 Lbs. Charges: 0.00 Quote: 7.22
Pick Up From	Deliver To
FREDRIKSON & BYRON . MAILROOM/LYNN A 200 S 6TH ST 3700 MPLS, MN 55402 Phone: 612-492-7000	MN JUDICIAL CENTER LESLIE ANDERSON 25 DR MARTIN LUTHER KING JR BL ST PAUL GOVERNMT, MN 55155
Pickup Details	Delivery Details
Requested Date: 11-FEB-2009 Ready Time: 15:00 Pickup Instructions: PKG. Actual Date: Arrival Time: Departure Time:	Requested Date: 11-FEB-2009 Deliver By: 16:15 Delivery Instructions: FRANKEN ATTORNEY RM NEXT TO ROOM 300. Actual Date: Arrival Time: Departure Time:
Driver: _____ Date: _____ Time: _____	Received by: X _____ Print Name: hamont (33)

Bill of Lading

User Name: PITNEY BOWES
Company: FREDRIKSON & BYRON\$10.97
4398964

Edina Couriers

952-948-1001



Control Number: 4398964

eTrac Number: 68706715

025-04398964-001

Submitter Information	Shipping Information
Account: 67 Name: FREDRIKSON & BYRON Requested By: LYNN ALEXANDER Reference: 058501.0003 BOL No.: Entered: 11-FEB-2009 10:52 Last Updated: 11-FEB-2009 11:56 (EST)	Service Type: 3HOUR Return Service: None Pieces: 1 Weight: 1.0 Lbs. Charges: 0.00 Quote: 10.97
Pick Up From	Deliver To
FREDRIKSON & BYRON LYNN ALEXANDER 200 S 6TH ST 3700 MPLS, MN 55402 Phone: 612-492-7559	DFL OFFICE LESLIE ANDERSON 255 EAST PLATO BOULEVARD ST PAUL, MN 55102 Phone: 612-492-7559
Pickup Details	Delivery Details
Requested Date: 11-FEB-2009 Ready Time: NOW (No Pickup Instructions) Actual Date: Arrival Time: Departure Time:	Requested Date: 11-FEB-2009 Deliver By: 13:52 (No Delivery Instructions) Actual Date: Arrival Time: Departure Time:
Driver: Larry Lemon 62 Date: 2-11-09 Time: 11:23	Received by: X Print Name:



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	24.61
Control No.	4899079
C/M:	585010003

TRACKING INFORMATION

Date: February 11, 2009 (Wed)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 12:44 PM
Extension: 7559
Employee No.: 0804

24.61

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION:

Signature:

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

Submit completed form to ARCHER (37th Floor)

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 02/20/2009

Pay to the
Order of **Metro Legal Services**

[Name will appear on check exactly as it appears here]

Amount Due
\$ **28.00**
Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003** ✓

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **Mary Peterman**

Employee #: **0454**

☐ Office:

GL#:

Acct. Description:

Expense Description: **February 16, 2009 delivery of Judge's copies of week 3 findings and conclusions to Minnesota Judicial Center**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary X Peterman

Print/Type Name: **Mary Peterman**

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

-----**FOR FINANCE DEPARTMENT USE ONLY**-----

Voucher #: _____

Check Date: _____

Cost Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1593368

Invoice Date 02/17/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1007663	Net 30 Days
Billing Reference			Our Service ID	Order Date
58501.3			SP/Steve Peterson (651)291-0008	02/16/09
Code	Service Item	Item Description		Amount
4	CFBB	Courthouse Service MN CT OF APPEALS St. Paul		28.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax 0.00
				Total Invoice 28.00

Findings
week 3

*Findings
week 3*

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1593368

Invoice Date 02/17/09

Customer FREBY

Billing Ref 58501.3

Tax 0.00
Total Invoice 28.00

DOKW

Terms: Net 30 Days



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price: \$10.97
Control No. 442421
C/M: 585010003

TRACKING INFORMATION

¹⁷
Date: February 16, 2009 (Mon)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 8:00 AM
Extension: 7559
Employee No.: 0804

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☐ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☐ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☒ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak⁺⁺

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION:

Signature:

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

Submit completed form to ARCHER (3rd Floor)

02-17-09 08:07 IN

F&B EXPENSE FORM

Cost Code: _____

Today's Date: 03/02/2009

Pay to the
Order of **Metro Legal Services***[Name will appear on check exactly as it appears here]*Amount Due
\$ **✓ 43.00**
Currency Code: **USD****EXPENSE DETAILS**Expense Due Date:
Time Needed:**PAYMENT DELIVERY INSTRUCTIONS**☒ **Easy Direct Delivery:** Finance to mail check
☐ Return check to:
Floor:**BILL TO INSTRUCTIONS**Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ TrustClient/Matter #: **058501.0003 ✓**Client Name: **Franken**Matter Name: **Contest**Authorizer's Name: **Leslie Anderson**Employee #: **1283**☐ Office:
GL#
Acct. Description:Expense
Description: **February 20, 2009 filing in Ramsey County District Court***[Description will appear on invoices exactly as it appears here]***TRAVEL, MEAL OR ENTERTAINMENT EXPENSES**Expenditure Date: Mileage: miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place:
Persons Attending:
Business Purpose/Nature of Discussion:General
Notes:****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

*Mary L. Peterman*Print/Type Name: **Leslie Anderson**

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****Form completed by: **Mary Peterman x7559****-----FOR FINANCE DEPARTMENT USE ONLY-----**

Voucher #: _____

Check Date: _____

Post Batch #: _____

Check Amount: _____

Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1598319

Invoice Date 02/25/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Shipment	Order Number	Terms
FREBY			1010500	Net 30 Days
Billing Reference	Vis./Serv./CA ID		Order Date	
58501.3	SP/Steve Peterson (651)291-0008		02/20/09	
Item	Service/Item	Item Description	Amount	
1	CFBB	Courthouse Service Ramsey County Filing	43.00	
includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	43.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1598319

Invoice Date 02/25/09

Customer FREBY

Billing Ref 58501.3

Tax 0.00

Total Invoice 43.00

Terms: Net 30 Days

DOKW

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 03/02/2009

Pay to the Order of Metro Legal Services
[Name will appear on check exactly as it appears here]

Amount Due
\$ 27.40
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: _____
Time Needed: _____

PAYMENT DELIVERY INSTRUCTIONS

☒ Easy Direct Delivery: Finance to mail check
☐ Return check to: _____
Floor: _____

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust
Client/Matter #: 058501.0003 ✓
Client Name: Franken
Matter Name: Contest
Authorizer's Name: Mary Peterman
Employee #: 0454

<input checked="" type="checkbox"/> Office:
GL#:
Acc. Description:

Expense Description: February 23, 2009 delivery of Judge's copies of week 4 findings and conclusions to Minnesota Judicial Center

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel
Place: _____
Persons Attending: _____
Business Purpose/Nature of Discussion: _____

General Notes: _____

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: <u>Mary Peterman</u>	Signature: _____
Print/Type Name: <u>Mary Peterman</u>	Print/Type Name: _____
Signature: _____	Signature: _____
Print/Type Name: _____	Print/Type Name: _____

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Mary Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Supplier #: _____
Invoice Batch #: _____

Check Date: _____
Check Amount: _____
Check #: _____



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1599081

Invoice Date 02/25/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Order Number	Terms
FREBY			1011672	Net 30 Days
Billing Reference			Cost/Service ID	Order Date
58501.3			SP/Steve Peterson (651)291-0008	02/23/09
Order Service Item	Item Description			Amount
CR106	Courier Service - 1-2 Hour Rate DELIVER MN JUSTICE CENTER			27.40
includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				
Tax				0.00
Total Invoice				27.40

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1599081

Invoice Date 02/25/09

Customer FREBY

Billing Ref 58501.3

Tax 0.00

Total Invoice 27.40

Terms: Net 30 Days

PYYL



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	21.67
Control No.	4404508
C/M:	585010003

TRACKING INFORMATION

Date: February 23, 2009 (Mon)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 10:38 AM
Extension: 7559
Employee No.: 0804

MS
21.67

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

☒ Rush

Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

☐ Bike Streak**

Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush**

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour**

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day**

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

**Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

Bike delivery must be bikeable. Packages will go at regular auto service rates.

☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

Urgent priority routing will be used. However, if the doors at the delivery location are found to be closed for the day:

- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

ADDITIONAL INFORMATION:

Signature:

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Submit completed form to ARCHER (37th Floor)

02-23-09 15:22 RCVD



9650 Newton Avenue South
Bloomington, Minnesota 55431
(952) 948-1001 • Fax (952) 948-1711

Price:	\$21.67
Control No.	9907724
C/M:	585010003

TRACKING INFORMATION

Date: March 02, 2009 (Mon)
Secretary: Mary Peterman/Lynn Alexander
Attorney: Richard Snyder
Client/Matter Name: Franken/Contest
Client/Matter No.: 058501.0003 ✓

Time: 3:35 PM
Extension: 7559
Employee No.: 0804

PS
21.67

ADDRESS INFORMATION: ☒ Business ☐ Residential

Person: Court Administrator
Company Name: Ramsey County District Court
Building: Ramsey County Courthouse
Address: 15 West Kellogg Boulevard
City, State Zip: St. Paul, MN 55102
Phone Number:

Floor/Suite: Room 600 - Civil Division

DELIVERY CLASSIFICATION: ☒ Delivery ☐ Pickup ☐ Service ☐ Round Trip

☒ Urgent

Highest priority service designed to effect the delivery as soon as possible over the quickest available route. [MOST EXPENSIVE]

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Pick up and delivery generally within 2 hours or less (depending on distance, time of day and road congestion) of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 4:00 p.m.

☐ 3 Hour

Pick up and delivery within three hours of the time shipment is ready. Available Monday-Friday 8:00 a.m. to 2:00 p.m.

☐ Same Day

Pick up and delivery by 5:00 p.m. of date of order. Available Monday-Friday 8:00 a.m. to 11:30 a.m. [MOST COST EFFECTIVE]

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Fastest available bike service. Delivery within 15 minutes from pick up. [Cost: \$12.25 per delivery]

☐ Bike Rush⁺⁺

Delivery within 30-45 minutes from pick up. [Cost: \$8.95 per delivery]

☐ Bike 2 Hour⁺⁺

Delivery within 1-2 hours from pick up. [Cost: \$4.95 per delivery]

☐ Bike Same Day⁺⁺

Low cost service that allows for delivery by 5:00 p.m. on day of order. Order must be called in by noon. [Cost: \$3.50 per delivery]

⁺⁺Bike rates apply to service within the downtown Zip Codes of 55401, 55402, 55403 and 55415

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☐ Pickup after 3:30 p.m. [DIRECT (non-bike) Delivery]

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- ☐ Leave at door or in drop box
- ☐ Bring back to F&B (becomes a Round Trip*)
- ☐ ECI may arrange for next day delivery

* Round Trip request allows for 1 hour for delivery and 1 hour for return

Edina Couriers provides service 24 hours a day, 365 days a year, including holidays. Pickups requested before 8:00 a.m. and after 4:00 p.m. Monday-Friday, or shipments requiring a specific pick up or delivery time are rated as DIRECTS. All off hours deliveries (before 7:00 a.m., after 6:00 p.m.), weekend and holiday deliveries are charged twice the direct rate or \$25.00, whichever is greater. Off hour weekend and holiday deliveries are usually delivered within 1 to 3 hours of request.

ADDITIONAL INFORMATION:

Signature:

Submit completed form to ARCHER (3rd Floor)

03-02-09 15:54 IN

Summary of Contestee's Costs for Service of Subpoenas Witness Fees on Voter Witnesses

Metro Legal Invoice Number	# of Subpoenas Served	Cost for Service of Process	Check Handling Fees	Witness Fees	Total Invoice
1608475	10	\$850.00		\$626.00	\$1,476.00
1612302	15	\$1,125.00	\$30.00	\$690.00	\$1,845.00
1609342	1	\$175.00	\$10.00	\$157.00	\$342.00
1612108	55	\$1,100.00	\$110.00	\$1,515.00	\$2,725.00
1612108	20	\$400.00	\$40.00	\$620.00	\$1,060.00
1612108	19	\$380.00	\$38.00	\$501.00	\$919.00
1612108	38	\$760.00	\$76.00	\$1,349.80	\$2,185.80
1612108	34	\$680.00	\$68.00	\$1,015.00	\$1,763.00
1612108	15	\$300.00	\$30.00	\$515.00	\$845.00
1612108	3	\$60.00	\$6.00	\$77.00	\$143.00
1612108	70	\$2,130.00		\$1,256.51	\$3,386.51
1612108	23	\$460.00	\$46.00	\$896.00	\$1,402.00
1612108	69	\$1,380.00	\$138.00	\$2,415.00	\$3,933.00
1612108	2	\$40.00	\$4.00	\$46.00	\$90.00
N/A	1			\$33.00	\$33.00
N/A	1			\$66.56	\$66.56
1617577	4	\$360.00	\$30.00	\$315.00	\$705.00
1612108 Credit for Returned Witness Fee Checks				-\$631.00	-\$631.00
1612108 Credit for Returned Witness Fee Checks				-\$59.00	-\$59.00
C1614137 Credit for Returned Witness Fee Checks				-\$1,534.80	-\$1,534.80
C1616349 Credit for Returned Witness Fee Checks				-\$1,070.00	-\$1,070.00
TOTALS	380	\$10,200.00	\$626.00	\$8,799.07	\$19,625.07

T&B EXPENSE FORM

Cost Code: _____
Today's Date: 04/27/2009

Pay to the
Order of Maura Coonan Amount Due
\$ **66.56**
[Name will appear on check exactly as it appears here] Currency Code: **USD**

EXPENSE DETAILS

Expense Due Date:
Time Needed:

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: **Mary Peterman**
Floor: **39**

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

Client/Matter #: **058501.0003**

Client Name: **Franken**

Matter Name: **Contest**

Authorizer's Name: **David Lillehaug**

Employee #:

☐ Office:

GL#:

Acct. Description:

Expense

Description: **Witness fee and mileage for trial testimony**

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel


Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature: 	Signature:
Print/Type Name: David Lillehaug	Print/Type Name:
Signature:	Signature:
Print/Type Name:	Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: **Mary Peterman x7559**

-----FOR FINANCE DEPARTMENT USE ONLY-----

oucher #: _____

Check Date: _____

ost Batch #: _____

Check Amount: _____

Check #: _____

F&B EXPENSE FORM

Cost Code: _____
Today's Date: 03/09/2009

Pay to the
Order of Elaine Anderson
[Name will appear on check exactly as it appears here]

Amount Due
\$ 33.00
Currency Code: USD

EXPENSE DETAILS

Expense Due Date: 3/9/2009
Time Needed: 04:30 PM

PAYMENT DELIVERY INSTRUCTIONS

☐ Easy Direct Delivery: Finance to mail check
☒ Return check to: Mary Peterman
Floor: 39

BILL TO INSTRUCTIONS

Expense Type: ☒ Client ☐ General Promo ☐ CLE ☐ Trust

☐ Office:

GL#

Acct. Description

Client/Matter #: 058501.0003

Client Name: Franken

Matter Name: Contest

Authorizer's Name: Richard D. Snyder

Employee #: 0804

Expense

Description: Witness fee and mileage for trial testimony

[Description will appear on invoices exactly as it appears here]

TRAVEL, MEAL OR ENTERTAINMENT EXPENSES

Expenditure Date: _____ Mileage: _____ miles Receipts: ☐ Entertainment ☐ Lodging ☐ Meals ☐ Parking ☐ Travel

Place:

Persons Attending:

Business Purpose/Nature of Discussion:

General
Notes:

****STAPLE SUPPORTING INVOICES & RECEIPTS TO EXPENSE FORM FOR BILLING/REIMBURSEMENT OF EXPENSES****

Signature:

Mary L. Peterman

Print/Type Name: Richard D. Snyder

Signature:

Print/Type Name:

Signature:

Print/Type Name:

Signature:

Print/Type Name:

**** Two Officers' Signatures Required for Trusts ****

Form completed by: Mary Peterman x7559

FOR FINANCE DEPARTMENT USE ONLY

Cheque #: 241271
Post Batch #: 433743

Check Date: 3-9-09
Check Amount: 33-
Check #: 261864



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1608475

Invoice Date 03/16/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Deb/Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1021988	Net 30 Days
Billing Reference		Cust Service ID		Order Date
058501.0003		JL/John Levesque (612)349-9521		03/16/09
Code	Service Item	Item Description		Amount
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON THOMAS JOSEPH PARISI		85.00
AF		Advanced Fees FEES ADVANCED TO THOMAS JOSEPH PARISI		65.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON MARGARET ANN LLOYD		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON FRANCES FOX		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON SAMUEL STEVEN HAGEDORN		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON KEVIN PATRICK CROAL		85.00

Remittance Stub

continued)

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1608475

Invoice Date 03/16/09

Customer FREBY

Billing Ref 058501.0003

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

VALH

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1608475

Invoice Date 03/16/09

Page 2

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Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1021988	Net 30 Days
Billing Reference		Cust Service ID		Order Date
058501.0003		JL/John Levesque (612)349-9521		03/16/09
Code	Service Item	Item Description		Amount
AF		Advanced Fees FEES ADVANCED TO MARGARET ANN LLOYD		65.00
AF		Advanced Fees FEES ADVANCED TO FRANCES FOX		65.00
AF		Advanced Fees FEES ADVANCED TO SAMUEL STEVEN HAGEDORN		65.00
AF		Advanced Fees FEES ADVANCED TO KEVIN PATRICK CROAL		65.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON DORIS STODDARD		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON DARLENE ANN RICHARDSON		85.00

Remittance Stub

continued)

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1608475

Invoice Date 03/16/09

Customer FREBY

Billing Ref 058501.0003

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Terms: Net 30 Days



METRO LEGAL SERVICES

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Invoice 1608475

Invoice Date 03/16/09

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Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1021988	Net 30 Days
Billing Reference		Cust Service ID		Order Date
058501.0003		JL/John Levesque (612)349-9521		03/16/09
Code	Service Item	Item Description		Amount
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON PAUL B. QUALY		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON JONATHAN L FISHER		85.00
NS1M		Nationally Arranged Service-Priority Rush-MN ARRANGED SERVICE ON AMY JO BATTEY		85.00
AF		Advanced Fees FEES ADVANCED TO DORIS STODDARD		55.00
AF		Advanced Fees FEES ADVANCED TO DARLENE ANN RICHARDSON		65.00
AF		Advanced Fees FEES ADVANCED TO PAUL B QUALY		51.00

Remittance Stub

Continued)

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1608475

Invoice Date 03/16/09

Customer FREBY

Billing Ref 058501.0003

METRO LEGAL SERVICES

Suite 150
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Minneapolis, MN 55401-2217 USA
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VALH

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1608475

Invoice Date 03/16/09

Page 4

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Minneapolis, MN 55401-2217 USA
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Send To:

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4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1021988	Net 30 Days
Billing Reference			Cust Service ID	Order Date
058501.0003			JL/John Levesque (612)349-9521	03/16/09
Code	Service Item	Item Description		Amount
3	AF	Advanced Fees FEES ADVANCED TO JONATHAN L FISHER		65.00
3	AF	Advanced Fees FEES ADVANCED TO AMY JO BATTEY		65.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax 0.00
				Total Invoice 1476.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Invoice 1608475

Invoice Date 03/16/09

Customer FREBY

Billing Ref 058501.0003

Tax 0.00

Total Invoice 1476.00

VALH

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1612302

Invoice Date 03/20/09

Page 1

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330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
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Send To:

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Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1025011	Net 30 Days
Billing Reference			Cust Service ID	Order Date
058501.0003			JL/John Levesque (612)349-9521	03/20/09
Code	Service Item	Item Description		Amount
3	NS1M	Nationally Arranged Service-Priority Rush-MN 15 Subpoenas @ \$75 each		1125.00
13	AF	Advanced Fees Witness fees advanced		690.00
14	AFC	Check Handling Charge 15 Checks @ \$2 each		30.00
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax 0.00
				Total Invoice 1845.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

ZAHS

Invoice 1612302

Invoice Date 03/20/09

Customer FREBY

Billing Ref 058501.0003

Tax 0.00
Total Invoice 1845.00

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1609342

Invoice Date 03/17/09

Page 1

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
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Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1019019	Net 30 Days
Billing Reference			Cust. Service ID	Order Date
			JL/John Levesque (612)349-9521	03/09/09
Code	Service Item	Item Description		Amount
3	NSDM	Nationally Arranged Service-Same Day-MN Lori Johnson MOORHEAD MN		175.00
4	AF	Advanced Fees		157.00
4	AFC	Check Handling Charge		10.00
includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.				Tax 0.00
				Total Invoice 342.00

Remittance Stub

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

DOKW

Invoice 1609342

Invoice Date 03/17/09

Customer FREBY

Billing Ref

Tax 0.00
Total Invoice 342.00

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1612108

Invoice Date 03/20/09

Page 1

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Minneapolis, MN 55401-2217 USA
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Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference		Cust Service ID		Order Date
54633.0001		SG/Scott Gray (612)349-9512		03/20/09
Code	Service Item	Item Description		Amount
01	LP4C	Legal Process Service - 48 Hr Rate 2/27 Request (20 Count)		400.00
09	AF	Advanced Fees Witness Fees		620.00
4	AFC	Check Handling Charge		40.00
01	LP4C	Legal Process Service - 48 Hr Rate 2/26 Request (55 Count)		1100.00
09	AF	Advanced Fees Witness Fees		1515.00
4	AFC	Check Handling Charge		110.00
01	LP4C	Legal Process Service - 48 Hr Rate 2/27 Request (19 Count)		380.00
09	AF	Advanced Fees Witness Fees		501.00
4	AFC	Check Handling Charge		38.00
09	LP4C	Legal Process Service - 48 Hr Rate 2/27 Request (38 Count)		760.00
09	AF	Advanced Fees Witness Fees		1349.80

Remittance Stub

Continued)

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

ZAHS

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1612108

Invoice Date 03/20/09

Page 2

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference			Cust Service ID	Order Date
54633.0001			SG/Scott Gray (612)349-9512	03/20/09
Code	Service Item	Item Description	Amount	
4	AFC	Check Handling Charge	76.00	
08	LP4C	Legal Process Service - 48 Hr Rate 3/2 Request (23 Count)	460.00	
09	AF	Advanced Fees Witness Fees	896.00	
4	AFC	Check Handling Charge	46.00	
01	LP4C	Legal Process Service - 48 Hr Rate 3/3 Request (2 Count)	40.00	
09	AF	Advanced Fees Witness Fees	46.00	
4	AFC	Check Handling Charge	4.00	
01	LP4C	Legal Process Service - 48 Hr Rate 2/27 Request (34 Count)	680.00	
09	AF	Advanced Fees Witness Fees	1015.00	
4	AFC	Check Handling Charge	68.00	
01	LP4C	Legal Process Service - 48 Hr Rate 2/27 Request (15 Count)	300.00	
09	AF	Advanced Fees Witness Fees	515.00	

Remittance Stub

Continued)

Customer Original

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

ZAHS

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1612108

Invoice Date 03/20/09

Page 3

Suite 150
330 2nd Ave South
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Phone: 612/332-0202 Fax: 612/332-5215
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Send To:

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Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
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Skip Tracing
Asset Searches

Customer Original

Customer	Type	Ship Via	Our Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference			Cust Service ID	Order Date
54633.0001			SG/Scott Gray (612)349-9512	03/20/09
Code	Service Item	Item Description	Amount	
14	AFC	Check Handling Charge	30.00	
01	LP4C	Legal Process Service - 48 Hr Rate	1380.00	
		32 Request (69 Count)		
09	AF	Advanced Fees	2415.00	
		Witness Fees		
14	AFC	Check Handling Charge	138.00	
01	LP4C	Legal Process Service - 48 Hr Rate	60.00	
		2/27 Request (3 Count)		
09	AF	Advanced Fees	77.00	
		Witness Fees		
14	AFC	Check Handling Charge	6.00	
01	LP4C	Legal Process Service - 48 Hr Rate	2130.00	
		2/28 Request (71 Count)		
09	AF	Advanced Fees	0.00	
		Witness Fees		
4	AFC	Check Handling Charge	0.00	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	17195.80

Remittance Stub

Customer Original

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4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

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Suite 150
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Telephone: 612/332-0202

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Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

Tax 0.00

Total Invoice 17195.80

Terms: Net 30 Days



METRO LEGAL SERVICES

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Skip Tracing
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Customer Original (Reprinted)

Customer	Type	Ship Via	Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference		Order Service ID		Order Date
54633.0001		SG/Scott Gray (612)349-9512		03/20/09
Code	Service Item	Item Description		Amount
01	LP4C	Legal Process Service - 48 Hr Rate		400.00
		2/27 Request (20 Count)		
09	AF	Advanced Fees		620.00
		Witness Fees		
14	AFC	Check Handling Charge		40.00
01	LP4C	Legal Process Service - 48 Hr Rate		1100.00
		2/26 Request (55 Count)		
09	AF	Advanced Fees		1515.00
		Witness Fees		
14	AFC	Check Handling Charge		110.00
01	LP4C	Legal Process Service - 48 Hr Rate		380.00
		2/27 Request (19 Count)		
09	AF	Advanced Fees		501.00
		Witness Fees		
14	AFC	Check Handling Charge		38.00
09	LP4C	Legal Process Service - 48 Hr Rate		760.00
		2/27 Request (38 Count)		

Remittance Stub

(Continued)

Customer Original (Reprinted)

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

ZAHS

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice 1612108

Invoice Date 03/20/09

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Service of Process
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Asset Searches

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Customer Original (Reprinted)

Customer	Invoice	Ship Via	Our Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference		Guest Service ID		Order Date
54633.0001		SG/Scott Gray (612)349-9512		03/20/09
Code	Section Item	Item Description		Amount
09	AF	Advanced Fees		1349.80
		Witness Fees		
14	AFC	Check Handling Charge		76.00
08	LP4C	Legal Process Service - 48 Hr Rate		460.00
		3/2 Request (23 Count)		
09	AF	Advanced Fees		896.00
		Witness Fees		
14	AFC	Check Handling Charge		46.00
01	LP4C	Legal Process Service - 48 Hr Rate		40.00
		3/3 Request (2 Count)		
09	AF	Advanced Fees		46.00
		Witness Fees		
14	AFC	Check Handling Charge		4.00
01	LP4C	Legal Process Service - 48 Hr Rate		680.00
		2/27 Request (34 Count)		
09	AF	Advanced Fees		1015.00
		Witness Fees		

Remittance Stub

(Continued)

Customer Original (Reprinted)

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

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ZAHS

Terms: Net 30 Days



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Legal Support Specialists Since 1969

Invoice 1612108

Invoice Date 03/20/09

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Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Customer Original (Reprinted)

Customer	Invoice #	Ship Via	Our Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference		Cust/Service ID		Order Date
54633.0001		SG/Scott Gray (612)349-9512		03/20/09
Code	Service Item	Item Description		Amount
14	AFC	Check Handling Charge		68.00
01	LP4C	Legal Process Service - 48 Hr Rate		300.00
		2/27 Request (15 Count)		
09	AF	Advanced Fees		515.00
		Witness Fees		
14	AFC	Check Handling Charge		30.00
01	LP4C	Legal Process Service - 48 Hr Rate		1380.00
		32 Request (69 Count)		
09	AF	Advanced Fees		2415.00
		Witness Fees		
14	AFC	Check Handling Charge		138.00
01	LP4C	Legal Process Service - 48 Hr Rate		60.00
		2/27 Request (3 Count)		
09	AF	Advanced Fees		77.00
		Witness Fees		
14	AFC	Check Handling Charge		6.00
01	LP4C	Legal Process Service - 48 Hr Rate		2130.00
		2/28 Request (71 Count)		

Remittance Stub

(Continued)

Customer Original (Reprinted)

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

ZAHS

Terms: Net 30 Days



METRO LEGAL SERVICES

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Page 4

Suite 150
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Customer Original (Reprinted)

Customer	Type	Ship Via	Order Number	Terms
FREBY			1024915	Net 30 Days
Billing Reference		Order Service ID		Order Date
54633.0001		SG/Scott Gray (612)349-9512		03/20/09
Code	Service Item	Item Description	Amount	
09	AF	Advanced Fees	0.00	
		Witness Fees		
14	AFC	Check Handling Charge	0.00	
Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.			Tax	0.00
			Total Invoice	17195.80

Remittance Stub

Customer Original (Reprinted)

less \$1534.80 credit adv fees
less \$1500.00 payment
currently outstanding \$14161.00

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Invoice 1612108

Invoice Date 03/20/09

Customer FREBY

Billing Ref 54633.0001

METRO LEGAL SERVICES

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

Tax 0.00
Total Invoice ~~17195.80~~
\$14161.00

ZAHS

Terms: Net 30 Days



METRO LEGAL SERVICES

Legal Support Specialists Since 1969

Invoice C1614137

Invoice Date 03/25/09

Page 1

THIS IS A CREDIT MEMO

Suite 150
330 2nd Ave South
Minneapolis, MN 55401-2217 USA
Phone: 612/332-0202 Fax: 612/332-5215
www.metrolegal.com Corp Fed Tax ID 41-1254535

Send To:

Mary Peterman
Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

Service of Process
Court Filings
Courier Service
Public Records Searches
Real Property Recordings
Nationally Arranged Services
Skip Tracing
Asset Searches

Customer Original (Reprinted)

FREBY		1612108	Net 30 Days
54633.0001		SG/Scott Gray (612)349-9512	03/25/09
09	AF	Advanced Fees Cancelled Witness Fees	-1534.80
<small>Includes any applicable fuel surcharge. There will be no charge if we are unable to complete your request due to circumstances within our control. We will do everything reasonably possible to effectively complete your request to your stated specifications and deadline and/or keep you informed of any delays or problems which occur. Under no circumstances can we be held responsible for consequential or incidental damages.</small>			Tax 0.00
			Total Invoice -1534.80

Remittance Stub

Customer Original (Reprinted)

Fredrikson & Byron, P.A.
4000 U.S. Bank Plaza
200 South 6th Street
Minneapolis, MN 55402-

METRO LEGAL SERVICES

Suite 150
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Minneapolis, MN 55401-2217 USA
Telephone: 612/332-0202

SZAH

Invoice C1614137

Invoice Date 03/25/09

Customer FREBY

Billing Ref 54633.0001

Tax 0.00
Total Invoice -1534.80

Terms: Net 30 Days

first name	middle name	last name	address1	city	Miles	Add	Total
Sharon	Jean	Kruckeberg	3718 Bryant Ave S	Minneapolis	12.1	20.00	26.78
Gertrude		Lappin	205 Coventry Ct	Edina	18.5	20.00	30.36
Joshua		Leddy	12040 45th Ave N	Plymouth	22.6	20.00	32.66
Pamela	Nelson	Litman	2950 Dean Pkwy - 2504	Minneapolis	12.2	20.00	26.83
Danielle		Livon-Bemel	13395 36th Ave N	Plymouth	21.4	20.00	31.98
Eireann		Lorsung	4249 Nokomis Ave S	Minneapolis	8.7	20.00	24.87
Wade		Macdonald	10761 Crow Hassan Pk Rd	Hanover	36.1	20.00	40.22
Maria	S	Maine	6805 Penn Ave S	Richfield	16.6	20.00	29.30
Amanda	Ruth	Martin	11313 Georgia Ave	Champlin	26.7	20.00	34.95
Dylan		Mccall-Landry	5325 Grand Ave S	Minneapolis	13.9	20.00	27.78
Bernell		McPherson	3607 Texas Ave S	St Louis Park	17.1	20.00	29.58
John	Barton	Melchisedech	1940 Ithaca Ln N.	Plymouth	21.9	20.00	32.26
Adam	T	Miles	24035 Mary Lake Trail	Shorewood	30.5	20.00	37.08
Herbert	B	Miller	13325 55Th Ave N.	Plymouth	26.7	20.00	34.95
Agnes	L	Morgan	1834 Yoma	Plymouth	23	20.00	32.88
David		Morris	10401 Cedar Lake Rd apt 415	Minnetonka	18.3	20.00	30.25
Kathryn		Murphy	2230 Archer Ln N	Plymouth	23.3	20.00	33.05
Britta		Nordahl	3513 Skycroft Dr	St Anthony	15.2	20.00	28.51
Sven	G	Norling	18125 30Th Ave N.	Plymouth	24.1	20.00	33.50
Anna Mae	E	Oliver	1118 62Nd Ave N	Brooklyn Center	17.7	20.00	29.91
Chad		Olson	2020 Garfield Ave	Minneapolis	10.3	20.00	25.77
Alex	K	Orcutt	10115 Gristmill Ridge	Eden Prairie	26.7	20.00	34.95
Judith		Osterman	2313 4Th St. Ne	Robbinsdale	13.7	20.00	27.67
Audrey		Overby	4501 Shoreline Dr Apt 220	Spring Park	29.8	20.00	36.69
Catherine L	Wells	Pardieck	11201 Fairfield Rd	Minnetonka	17.8	20.00	29.97
Lina	Elyse	Patton	173 Meadow Ln	Long Lake	26.1	20.00	34.62
Charles	Robert	Plain	1818 Arthur St Ne - 11	Minneapolis	11.7	20.00	26.55
Ardis	D	Punchochar	16500 92nd Ave N #305	Maple Grove	28.1	20.00	35.74
Marie	J	Putnam	2715 York Ave N	Robbinsdale	14.6	20.00	28.18
Varya		Rislove	2506 Stinson Pkwy	Minneapolis	12	20.00	26.72
Michael		Ritchie	17110 28th Ave N	Plymouth	25.4	20.00	34.22
Dayle		Ruiter	9324 Magnolia Ln N	Maple Grove	26.8	20.00	35.01
Patricia	J	Ryan	10630 Vessey Road	Bloomington	22	20.00	32.32

Matthew	Saterbak	4200 Grimes Ave N	Robbinsdale	20.2	11.31	20.00	31.31
Marie	Scharber	1421 Yale Pl	Minneapolis	10.9	6.10	20.00	26.10
Jeffrey	Settles	2892 Ardmore Avenue	Medina	31.7	17.75	20.00	37.75
Uba	Sing	3244 19Th Ave S	Minneapolis	8.3	4.65	20.00	24.65
Anatoli	Sokhor	10645 44Th Ave	Plymouth	21.6	12.10	20.00	32.10
Kari	Torgerson	4109 Ensign Ave N	New Hope	21.3	11.93	20.00	31.93
John	Vogelgesang	11755 Bass Lk Rd	Plymouth	25.2	14.11	20.00	34.11
Carolyn	Waltz	1801 2Nd Ave S	Minneapolis	9.7	5.43	20.00	25.43
LaVonne	Wanha	3155 Vicksburg Ln	Plymouth	23.8	13.33	20.00	33.33
Yer	Yang	7608 Douglas Dr N	Brooklyn Park	20.6	11.54	20.00	31.54
Caroline	Stephenson	1778 James Ave S	Minneapolis	10.9	6.10	20.00	26.10
Craig	Strong	14815 41St Ave N.	Plymouth	24.3	13.61	20.00	33.61
Mary	Toliver	4740 Stevens Ave	Minneapolis	12.6	7.06	20.00	27.06
Nick	Tomsche	6733 Willow Lane	Brooklyn Center	17.7	9.91	20.00	29.91
Leona	Werner	4645 Vincent Ave S #5	Minneapolis	15.1	8.46	20.00	28.46
Zachary	Willette	600 2Nd St S	Minneapolis	9.4	5.26	20.00	25.26

first name	middle name	last name	address1	city	Mileage	Amount	Add	Total
Pernilla		Lembke	1415 Almond Ave	Saint Paul	9.60	2.68	20.00	22.68
Michele		Levenson	3421 Kent St #512, Shoreview	Saint Paul	16.00	4.48	20.00	24.48
Elizabeth		Lund	202 Alberta Ln	Little Canada	11.60	3.24	20.00	23.24
Ruby		Marvin	2945 Lincoln Drive Apt 232	Roseville	19.00	5.32	20.00	25.32
George		Matteson	643 Portland Ave	Saint Paul	3.80	1.06	20.00	21.06
Douglas		Melby	545 Sandhurst Dr W	Roseville	12.40	3.46	20.00	23.46
Beverly		Moore	658 Woodlawn Ave	Saint Paul	13.20	3.68	20.00	23.68
Lorraine		Neal	750 Mississippi River Blvd S # 235	St Paul	13.40	3.74	20.00	23.74
Sara	Joy	Nere	1314 County Road C E	Maplewood	14.20	3.98	20.00	23.98
Tatiana		Petefish	10 Exchange St W #500	Saint Paul	1.40	0.40	20.00	20.40
David		Preus	863 Osceola Ave	Saint Paul	5.80	1.62	20.00	21.62
Kathryn		Rafnson	1512 Park St.	White Bear Lake	21.80	6.10	20.00	26.10
Beverly		Rheaume	1319 Clarence St	Saint Paul	7.80	2.02	20.00	22.02
Florence		Skwier	545 Sandhurst Dr W	Maplewood	12.40	3.46	20.00	23.46
Sarah	Elizabeth	Smith	2570 Forest St N	Maplewood	14.00	3.92	20.00	23.92
Jenny		Spence	4189 White Bear Ave N	White Bear Lake	25.80	7.22	20.00	27.22
Michael		Spence	4189 White Bear Ave N	White Bear Lake	25.80	7.22	20.00	27.22
Chiyeko		Teragawa	2750 Victoria St N	Roseville	14.80	4.14	20.00	24.14
Tasha	Rose	Terry	723 Woodlawn Avenue, # 209		13.20	3.70	20.00	23.70
Thomas	Dale	Weaver	2051 Farrington Street	Roseville	8.40	2.34	20.00	22.34
June		Wilcox	260 Osceola Ave S #310	Saint Paul	5.00	1.34	20.00	21.34