



UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
OFFICE OF THE CLERK
1 COURTHOUSE WAY
BOSTON, MASSACHUSETTS 02210

ROBERT M. FARRELL
CLERK OF COURT

September 10, 2013

MEMORANDUM

TO: Hon. Denise J. Casper, United States District Judge

FROM: Barbara G. Leboff

RE: Total Payments in US v Bulger

Attached are copies of all the CJA 20 vouchers that have been submitted to date. All have been approved by the District Court. The two most recent vouchers for June 10, 2013 - June 30, 2013 are currently awaiting review and approval. However, since they will be processed for payment within the next month, I have included these in the total paid figure. The only amounts still missing are the attorney fees and expenses for the months of July and August.

The total of the CJA 20 vouchers paid and/or approved for payment to date is \$2,424,408.26. In addition to the CJA 20 vouchers for counsel, CJA 21 vouchers for service providers and other experts were submitted for a total of \$210,764.96 and CJA 24 vouchers for transcripts were submitted for a total \$36,158.55. A more detailed breakdown of the service provider costs appears below. Grand total cost of the representation \$2,671,331.77.

Investigative Services \$62,135.26
Computer Hardware/Software \$1,850.87
Paralegal Services \$139,098.30
Duplication Services \$1,509.88
Computer Forensics \$3,372.50
Other Experts \$2,798.15
Transcript Costs \$36,158.55

Neither Attorney Carney nor Attorney Brennan have submitted vouchers for the months of July or August as of yet nor have I received vouchers for paralegal services covering these months of service. Additionally, service provider funds for experts were requested, but currently no CJA 21 vouchers have been submitted from these individuals.

Thank you.

USA v. James Bulger
1:99-CR-10371-DJC

<u>Document</u>	<u>Attorney</u>	<u>Date of Service</u>	<u>In/Out Court</u>	<u>Expenses</u>	<u>Total</u>	<u>Status</u>	<u>Pymt Date</u>
110713000278	Peter Krupp	06/24/11-06/30/11	\$500.00	\$0.00	\$500.00	Paid	08/03/11
111021000057	J.W. Carney	06/30/11-08/31/11	\$9,912.50	\$97.23	\$10,009.73	Paid	11/09/11
111026000198	J.W. Carney	09/01/11-09/26/11	\$2,300.00	\$0.00	\$2,300.00	Paid	11/17/11
120120000079	J.W. Carney	10/01/11-10/31/11	\$16,350.00	\$79.40	\$16,429.40	Paid	02/09/12
120120000086	J.W. Carney	11/01/11-11/30/11	\$7,962.50	\$238.57	\$8,201.07	Paid	02/03/12
120207000153	J.W. Carney	12/01/11-12/31/11	\$8,125.00	\$118.57	\$8,243.57	Paid	03/01/12
120221000101	J.W. Carney	01/01/12-01/31/12	\$24,025.00	\$321.80	\$24,346.80	Paid	03/29/12
120322000042	J.W. Carney	02/01/12-02/29/12	\$44,825.00	\$476.30	\$45,301.30	Paid	04/30/12
120503000280	J.W. Carney	03/01/12-03/31/12	\$74,925.00	\$736.78	\$75,661.78	Paid	05/24/12
120607000244	J.W. Carney	04/01/12-04/30/12	\$66,075.00	\$289.83	\$66,364.83	Paid	07/18/12
120717000016	J.W. Carney	05/01/12-05/31/12	\$106,450.00	\$859.53	\$107,309.53	Paid	09/13/12
120802000224	J.W. Carney	06/01/12-06/30/12	\$112,500.00	\$311.62	\$112,811.62	Paid	10/05/12
120824000230	J.W. Carney	07/01/12-07/31/12	\$106,750.00	\$504.81	\$107,254.81	Paid	10/05/12
121005000065	J.W. Carney	08/01/12-08/31/12	\$97,412.50	\$841.84	\$98,254.34	Paid	10/23/12
121105000072	J.W. Carney	09/01/12-09/30/12	\$77,612.50	\$108.20	\$77,720.70	Paid	11/16/12
121105000094	Henry Brennan	06/30/11-09/30/12	\$27,737.50	\$225.90	\$27,963.40	Paid	11/16/12
121113000082	J.W. Carney	10/01/12-10/31/12	\$113,987.50	\$340.01	\$114,327.51	Paid	12/10/12
121113000092	Henry Brennan	10/01/12-10/31/12	\$27,325.00	\$90.36	\$27,415.36	Paid	12/10/12
121227000108	J.W. Carney	11/01/12-11/30/12	\$124,050.00	\$773.76	\$124,823.76	Paid	01/11/13
121227000114	Henry Brennan	11/01/12-11/30/12	\$28,162.50	\$225.90	\$28,388.40	Paid	01/11/13
130304000073	J.W. Carney	12/01/12-12/31/12	\$128,575.00	\$292.53	\$128,867.53	Paid	03/19/13
130304000076	Henry Brennan	12/01/12-12/31/12	\$26,275.00	\$180.72	\$26,455.72	Paid	04/05/13
130319000011	J.W. Carney	01/01/13-01/31/13	\$138,737.50	\$62.09	\$138,799.59	Paid	04/25/13
130319000013	Henry Brennan	01/01/13-01/31/13	\$27,150.00	\$183.96	\$27,333.96	Paid	04/25/13
130327000010	J.W. Carney	02/01/13-02/28/13	\$139,550.00	\$478.77	\$140,028.77	Paid	04/25/13
130327000013	Henry Brennan	02/01/13-02/28/13	\$28,612.50	\$91.98	\$28,704.48	Paid	04/25/13
130506000017	J.W. Carney	03/01/13-03/31/13	\$166,012.50	\$324.49	\$166,336.99	Paid	05/28/13
130506000020	Henry Brennan	03/01/13-03/31/13	\$33,412.50	\$183.96	\$33,596.46	Paid	05/28/13
130517000082	J.W. Carney	04/01/13-04/30/13	\$155,812.50	\$284.55	\$156,097.05	Paid	06/07/13
130517000088	Henry Brennan	04/01/13-04/30/13	\$31,687.50	\$91.98	\$31,779.48	Paid	06/07/13
130624000063	J.W. Carney	05/01/13-05/31/13	\$166,250.00	\$360.13	\$166,610.13	Paid	07/23/13
130624000067	Henry Brennan	05/01/13-05/31/13	\$37,200.00	\$108.98	\$37,308.98	Paid	07/23/13
130809000016	Henry Brennan	06/01/13-06/09/13	\$12,250.00	\$0.00	\$12,250.00	Paid	08/29/13
130809000011	J.W. Carney	06/01/13-06/09/13	\$49,962.50	\$619.73	\$50,582.23	Paid	09/06/13
130820000192	J.W. Carney	06/10/13-06/30/13	\$159,837.50	\$1,066.48	\$160,903.98	Pending Final Approval	
130820000194	Henry Brennan	06/10/13-06/30/13	\$35,125.00	\$0.00	\$35,125.00	Pending Final Approval	
Grand Total CJA 20			\$2,413,437.50	\$10,970.76	\$2,424,408.26		
Grand Total CJA 21 (All Categories)			\$204,410.91	\$6,354.05	\$210,764.96		
Grand Total CJA 24			\$36,158.55	\$0.00	\$36,158.55		
Total Cost of Representation			\$2,654,006.96	\$17,324.81	\$2,671,331.77		

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED BULGER, JAMES J.		VOUCHER NUMBER 110713-278	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:99-010371-003 (RG-5)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. WEEKS, et al		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
10. REPRESENTATION TYPE (See Instructions) Criminal Case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1962-7471.F -- AUSE I.C. FACILITIES/MURDER FOR HIRE RACKETEERING, MURDER					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS KRUPP, PETER B. Lurie and Krupp LLP One McKinley Square Boston MA 02109 Telephone Number: (617) 367-1970			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 06/24/2011 Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) LURIE AND KRUPP, LLP One McKinley Square Boston MA 02109 <div style="position: absolute; top: 0; right: 0; text-align: right;"> VERIFIED 8/2/11 PROCESSED 8/2/11 </div>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)		1.5			
(Rate per hour = \$ 125.00) TOTALS:		1.5	187.50		
16. a. Interviews and Conferences		1.5			
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time		1.0			
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 125.00) TOTALS:		2.5	312.50		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			500.00		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 6/24/11 TO 6/30/11			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: July 6, 2011					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>Richard A. Thurm</i>			DATE 8-2-11.	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR/DIST/DIV CODE MAX		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 111021-57	
3 MAG. DKT./DEF. NUMBER		4 DIST. DKT./DEF. NUMBER 99-10371-RGS-003		5. APPEALS DKT./DEF. NUMBER	
7 IN CASE/MATTER OF (Case Name) U.S. v. James Bulger us v weeks et al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10 REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U S Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13 COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ 15/ Lucien Adam Signature of Presiding Judicial Officer or By Order of the Court 06/30/11 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Ste. 1405 Boston, MA 02116 VERIFIED 05/2 11/7/11 PROCESSED 11/11/11					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea		0.50		0.5	
b. Bail and Detention Hearings		0.00		—	
c. Motion Hearings		0.00		—	
d. Trial		0.00		—	
e. Sentencing Hearings		0.00		—	
f. Revocation Hearings		0.00		—	
g. Appeals Court		0.00		—	
h. Other (Specify on additional sheets)		1.00		1.0	
(RATE PER HOUR = \$ 125) TOTALS		1.50	187.50 ✓	1.5	187.50
16. a. Interviews and Conferences		20.70		18.6	
b. Obtaining and reviewing records		26.30		25.0	
c. Legal research and brief writing		25.80		25.8	
d. Travel time		4.00		4.0	
e. Investigative and other work (Specify on additional sheets)		4.40		4.4	
(RATE PER HOUR = \$ 125) TOTALS		81.20	10150.00	77.8	9725.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			40.80 ✓	40.80	
18. Other Expenses (other than expert, transcripts, etc.)			56.43 ✓	56.43	
GRAND TOTALS (CLAIMED AND ADJUSTED):			10434.73		10009.73
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 6/30/2011 TO: 8/31/2011			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 1 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney JW Carney Jr Date 10/14/11					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT			
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard A. Stearns				DATE 10-24-11	
29 IN COURT COMP.		30 OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge				DATE 11-2-11	
				34a. JUDGE CODE	

005 1012711

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV. CODE MAX	2 PERSON REPRESENTED James Bulger	VOUCHER NUMBER 111026-198	
3 MAG. DKT./DEF. NUMBER	4 DIST. DKT./DEF. NUMBER 99-10371-003 (RGS)	5 APPEALS DKT./DEF. NUMBER	6 OTHER DKT. NUMBER
7 IN CASE/MATTER OF (Case Name) US v Bulger	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC

11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Ste. 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
- ☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)**191 Lucien Adam**

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Ste. 1405
Boston, MA 02116

VERIFIED 3/2 11/16/11
PROCESSED 11/16/11

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.00				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.30				
(RATE PER HOUR = \$ 125) TOTALS:		0.30	37.50			
16. Out of	a. Interviews and Conferences	0.60				
	b. Obtaining and reviewing records	5.90				
	c. Legal research and brief writing	11.60				
	d. Travel time	0.00				
	e. Investigative and other work (Specify on additional sheets)	0.00				
	(RATE PER HOUR = \$ 125) TOTALS:	18.10	2262.50			
17	Travel Expenses (lodging, parking, meals, mileage, etc.)		0.00			
18	Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			2300.00			

19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
9/1/2011 TO: **9/26/2011**20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **2** ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

JW Carney Jr

Date

10/17/11

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP	24 OUT OF COURT COMP	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27 TOTAL AMT APPR./CERT
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE 10-28-11		28a JUDGE/MAG JUDGE CODE	
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT. APPROVED
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE 11-14-11		34a JUDGE CODE

Honorable O. Rogerie Thompson
U.S. Circuit Judge

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR/DIST/DIV CODE MAX	2. PERSON REPRESENTED James Bulger	VOUCHER NUMBER 120120-79	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-3 (PRC-S)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.

Please refer to Superseding Indictment - Document 215

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Ste. 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
- ☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's **Peter E. Kupp**Appointment Dates: **6/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions) **1/3/ Lucien Aden**

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Ste. 1405
Boston, MA 02116

VERIFIED **6/2 2/8/12**
 PROCESSED **OK 2/8/12**

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea		0.00				
	b. Bail and Detention Hearings		0.00				
	c. Motion Hearings		0.00				
	d. Trial		0.00				
	e. Sentencing Hearings		0.00				
	f. Revocation Hearings		0.00				
	g. Appeals Court		0.00				
	h. Other (Specify on additional sheets)		0.00				
	(RATE PER HOUR = \$) TOTALS:		0.00	0.00			
Out of	a. Interviews and Conferences		23.80				
	b. Obtaining and reviewing records		94.10				
	c. Legal research and brief writing		9.20				
	d. Travel time		0.00				
	e. Investigative and other work (Specify on additional sheets)		3.70				
	(RATE PER HOUR = \$ 125) TOTALS:		130.80	16350.00		16350.00	
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)			0.00			
18.	Other Expenses (other than expert, transcripts, etc.)			233.41		79.40	
GRAND TOTALS (CLAIMED AND ADJUSTED):				16583.41		16429.40	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
10/1/2011 TO: 10/31/201120. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **3** ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date **11/2/12**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard D. Stearns	DATE 1-20-12		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 2-7-12	34a. JUDGE CODE

066 1126/12

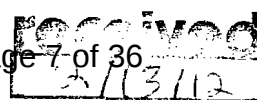
CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 120120-86	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-3 (RGS)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. Please refer to Superseding Indictment - Document 215					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's: <u>Peter B. Krupp</u> Appointment Dates: <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>IS/ Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Ste. 1405 Boston, MA 02116 <i>VERIFIED 6/22 2/2/12</i> <i>PROCESSED CLK 2/2/12</i>					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:		0.00			
16. Out of					
a. Interviews and Conferences		16.40			
b. Obtaining and reviewing records		35.10			
c. Legal research and brief writing		3.00			
d. Travel time		3.60			
e. Investigative and other work (Specify on additional sheets)		5.60			
(RATE PER HOUR = \$ 125) TOTALS:		63.70	7962.50		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			0.00		
18. Other Expenses (other than expert, transcripts, etc.)			238.57		
GRAND TOTALS (CLAIMED AND ADJUSTED):			8201.07		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 11/1/2011 TO: 11/30/2011			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 24 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>J. W. Carney, Jr.</u> Date: <u>11/2/12</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT		28a. JUDGE/MAG. JUDGE CODE	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard L. Hamm</u>		DATE 1-26-12.		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		34a. JUDGE CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge				DATE 1-31-12	

OCE 1/26/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV. CODE MAX		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 120207-153	
3 MAG. DKT./DEF. NUMBER		4 DIST. DKT./DEF. NUMBER 99-10371-003 (RG5)		5 APPEALS DKT./DEF. NUMBER	
6 OTHER DKT. NUMBER		7 IN CASE/MATTER OF (Case Name) US v. Weeks, et al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10 REPRESENTATION TYPE (See Instructions) CC			
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense 18 USC 1962-7471.F Facilities/Murder for Hire, Racketeering, Murder					
12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13 COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Peter B. Krupp Appointment Dates: 06/24/11 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) 13/ Lucien Adam Signature of Presiding Judicial Officer or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Ste. 1405 Boston, MA 02116 VERIFIED 06/27/12 PROCESSED LANA 2/29/12					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15 In					
a Arraignment and/or Plea		0.00			
b Bail and Detention Hearings		0.00			
c Motion Hearings		0.00			
d Trial		0.00			
e Sentencing Hearings		0.00			
f Revocation Hearings		0.00			
g Appeals Court		0.00			
h Other (Specify on additional sheets)		0.00			
(RATE PER HOUR = \$) TOTALS:		0.00	0.00		
16 Out of					
a Interviews and Conferences		15.00			
b Obtaining and reviewing records		41.50			
c Legal research and brief writing		0.20			
d Travel time		7.20			
e Investigative and other work (Specify on additional sheets)		1.10			
(RATE PER HOUR = \$ 125) TOTALS:		65.00	8125.00		
17 Travel Expenses (lodging, parking, meals, mileage, etc.)			81.60		
18 Other Expenses (other than expert, transcripts, etc.)			36.97		
GRAND TOTALS (CLAIMED AND ADJUSTED):			8243.57		
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 12/1/2011 TO: 12/31/2011			20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 45 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney JW Carney Date 11/23/12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP.		24 OUT OF COURT COMP.		25 TRAVEL EXPENSES	
26 OTHER EXPENSES		27 TOTAL AMT. APPR./CERT.			
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard J. Kearns				DATE 2-9-12	
29 IN COURT COMP.		30 OUT OF COURT COMP.		31 TRAVEL EXPENSES	
32 OTHER EXPENSES		33 TOTAL AMT. APPROVED			
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. Honorable O. Rogene Thompson U.S. Circuit Judge				DATE 2-27-12	
				34a JUDGE CODE	



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James Bulger	VOUCHER NUMBER 120221-101	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-RGS (005)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Bulger	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.

18 USC 1962-7471.F Facilities/Murder for Hire, Racketeering, Murder

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Ste. 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
- ☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's **Peter B. Krupp**Appointment Dates: **02/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

15/Lucien Adam
 Signature of Presiding Judicial Officer or By Order of the Court

02/28/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Ste. 1405
Boston, MA 02116

VERIFIED 2/28/12
PROCESSED 2/28/12

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea		0.00				
	b. Bail and Detention Hearings		0.00				
	c. Motion Hearings		0.00				
	d. Trial		0.00				
	e. Sentencing Hearings		0.00				
	f. Revocation Hearings		0.00				
	g. Appeals Court		0.00				
	h. Other (Specify on additional sheets)		0.00				
	(RATE PER HOUR = \$) TOTALS		0.00	0.00	✓		
Out of	a. Interviews and Conferences		50.80				
	b. Obtaining and reviewing records		106.00				
	c. Legal research and brief writing		12.80				
	d. Travel time		10.50				
	e. Investigative and other work (Specify on additional sheets)		12.10				
	(RATE PER HOUR = \$ 125) TOTALS:		192.20	24025.00	✓		
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)			230.94	✓		
18.	Other Expenses (other than expert, transcripts, etc.)			90.86	✓		
GRAND TOTALS (CLAIMED AND ADJUSTED):				24346.80	✓		

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

1/1/2012TO: **1/31/2012**

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **56** ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date **2/10/12**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard W. Stearns			DATE 2-22-12.	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 3-27-12	34a. JUDGE CODE

RECEIVED
3/13/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR/DIST/DIV CODE MAX	2 PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 120322-42	
3 MAG DKT/DEF NUMBER	4 DIST. DKT/DEF NUMBER 99-10371-RGS (003)	5 APPEALS DKT/DEF NUMBER	6 OTHER DKT NUMBER
7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et al.	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC

11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.

18 USC 1962-7471.F Facilities/Murder for Hire, Racketeering, Murder

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's

Peter B. Krupp

Appointment Dates:

06/24/11

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)**12/Lucien Adam**

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED 8/31/12 4/27/12
PROCESSED cll 4/27/12

FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea	0.00				
b. Bail and Detention Hearings	0.00				
c. Motion Hearings	0.00				
d. Trial	0.00				
e. Sentencing Hearings	0.00				
f. Revocation Hearings	0.00				
g. Appeals Court	0.00				
h. Other (Specify on additional sheets)	0.50				
(RATE PER HOUR = \$ 125) TOTALS:	0.50	62.50 ✓			
16. a. Interviews and Conferences	86.90				
b. Obtaining and reviewing records	132.80				
c. Legal research and brief writing	80.70				
d. Travel time	7.00				
e. Investigative and other work (Specify on additional sheets)	50.70				
(RATE PER HOUR = \$ 125) TOTALS:	358.10	44762.50 ✓			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		40.80			
18. Other Expenses (other than expert, transcripts, etc.)		435.50			
GRAND TOTALS (CLAIMED AND ADJUSTED):		45301.30			

19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

2/1/2012

TO:

2/29/2012

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS

☐ Final Payment☒ Interim Payment Number **7**☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO

☐ YES ☒ NO

If yes, were you paid?

☐ YES ☒ NO

If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

JWC Carney

Date

3/13/12

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP	24 OUT OF COURT COMP.	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE		28a. JUDGE/MAG. JUDGE CODE	
Richard B. Adams	3-28-12.			
29 IN COURT COMP	30 OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount	DATE		34a. JUDGE CODE	
Honorable O. Rogerie Thompson	4-26-12			
U.S. Circuit Judge				

received
4724112

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR/DIST/DIV CODE MAX		2 PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 120503-280	
3 MAG DKT/DEF. NUMBER		4. DIST DKT/DEF. NUMBER 99-10371-RGS (003)		5 APPEALS DKT/DEF. NUMBER	
6 OTHER DKT. NUMBER		7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense 18 USC 1962-7471.F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Peter B. Krupp Appointment Dates: 06/24/11 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) 15/ Lucien Adam Signature of Presiding Judicial Officer or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116			VERIFIED BTJ 5/23/12 PROCESSED LR 5/23/12		
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.40			
(RATE PER HOUR = \$ 125) TOTALS:		0.40	50.00		
16. Out of					
a. Interviews and Conferences		117.40			
b. Obtaining and reviewing records		160.20			
c. Legal research and brief writing		239.40			
d. Travel time		7.80			
e. Investigative and other work (Specify on additional sheets)		74.20			
(RATE PER HOUR = \$ 125) TOTALS		599.00	74875.00		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			40.80		
18. Other Expenses (other than expert, transcripts, etc.)			695.98		
GRAND TOTALS (CLAIMED AND ADJUSTED):			75661.78		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 3/1/2012 TO: 3/31/2012			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 8 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney [Signature] Date 4/25/12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER [Signature]		DATE 5-7-12		28a. JUDGE/MAG JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount: Honorable O. Rogerlee Thompson U.S. Circuit Judge				DATE 5-21-12 34a. JUDGE CODE	



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5-7-9)

1. CIR. DIST./DIV. CODE <u>1125</u>		2. PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 120607-244	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-RGS (203)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense 18 USC 1962-7471.F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's: <u>Peter B. Knapf</u> Appointment Dates: <u>6/12/12</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>See Instructions Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>6/13/12</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED <u>6/12</u> 7/16/12 PROCESSED <u>6/12</u> 7/17/12					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.90			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.30			
(RATE PER HOUR = \$ 125) TOTALS:		0.30	37.50		37.50
16. a. Interviews and Conferences		80.00			
b. Obtaining and reviewing records		211.80			
c. Legal research and brief writing		194.30			
d. Travel time		5.00			
e. Investigative and other work (Specify on additional sheets)		37.20			
(RATE PER HOUR = \$ 125) TOTALS:		528.30	66037.50		66,037.50
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			138.93		142.58
18. Other Expenses (other than expert, transcripts, etc.)			147.25		147.25
GRAND TOTALS (CLAIMED AND ADJUSTED):			66361.18		66,364.83
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 4/1/2012 TO: 4/30/2012			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>9</u> <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>JW Carney Jr</u> Date: <u>6-1-12</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard B. Stearns</u>		DATE <u>6-11-12</u>		28a. JUDGE/MAG JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount <u>Honorable O. Rogerlee Thompson</u> <u>U.S. Circuit Judge</u>				DATE <u>7-13-12</u>	
				34a. JUDGE CODE	

received
6/19/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV CODE MAX		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 120717-16	
3 MAG. DKT./DEF. NUMBER		4 DIST. DKT./DEF. NUMBER 99-10371-203 (RGS)		5 APPEALS DKT./DEF. NUMBER	
7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10 REPRESENTATION TYPE (See Instructions) CC					
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense 18 USC 1962-7471.F					
12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13 COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Krupp</u> Appointment Dates <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>Is/ Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED <u>BJL 9/11/12</u> PROCESSED <u>clk 9/12/12</u>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.50			
(RATE PER HOUR = \$ 125) TOTALS:		0.50	62.50 ✓		62.50
16. a. Interviews and Conferences		109.20			
b. Obtaining and reviewing records		461.90			
c. Legal research and brief writing		221.70			
d. Travel time		13.70			
e. Investigative and other work (Specify on additional sheets)		44.60			
(RATE PER HOUR = \$ 125) TOTALS:		851.10	106387.50 ✓		106,387.50
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			357.30		360.75
18. Other Expenses (other than expert, transcripts, etc.)			498.78		498.78
GRAND TOTALS (CLAIMED AND ADJUSTED):			107306.28		107309.53
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 05/01/2012 TO: 05/31/2012			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>10</u> <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>JW Carney Jr</u> Date <u>6-15-2012</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP	24 OUT OF COURT COMP	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27. TOTAL AMT APPR./CERT.	
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard B. Stearns</u>			DATE <u>7-19-12.</u>	28a. JUDGE/MAG. JUDGE CODE	
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT APPROVED	
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge			DATE <u>9-11-12</u>	34a. JUDGE CODE	



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV. CODE MAX		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 120802-224	
3 MAG. DKT./DEF. NUMBER		4 DIST. DKT./DEF. NUMBER 99-10371-003 (RGS)		5 APPEALS DKT./DEF. NUMBER	
7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10 REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Krupp</u> Appointment Dates: <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>15/ Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Nunc Pro Tunc Date Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED BJR 10/4/12 PROCESSED CX 11/10/12					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.50			
(RATE PER HOUR = \$ 125) TOTALS:		0.50 ✓	62.50		
16. Out of					
a. Interviews and Conferences		89.90			
b. Obtaining and reviewing records		457.80			
c. Legal research and brief writing		311.50			
d. Travel time		6.30			
e. Investigative and other work (Specify on additional sheets)		34.00			
(RATE PER HOUR = \$ 125) TOTALS:		899.50	112437.50		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			195.72		
18. Other Expenses (other than expert, transcripts, etc.)			115.90		
GRAND TOTALS (CLAIMED AND ADJUSTED):			112811.62		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 6/1/2012 TO: 6/30/2012			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 11 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>JW Carney Jr</u> Date 7-13-12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard L. Stearns</u>		DATE 9-12-12		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount <u>Honorable O. Rogerlee Thompson</u> U.S. Circuit Judge			DATE 10-3-12	34a. JUDGE CODE	

9/13/12

8/15/12

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR/DIST/DIV. CODE MAX	2 PERSON REPRESENTED James Bulger	VOUCHER NUMBER 120824-230	
3 MAG DKT./DEF NUMBER	4 DIST. DKT./DEF NUMBER 99-10371-RGS (003)	5 APPEALS DKT./DEF NUMBER	6 OTHER DKT.-NUMBER
7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et.al.	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense
18 USC 1962-7471F

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number **617-338-5566**

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

13 COURT ORDER

☐ O Appointing Counsel
☒ F Subs For Federal Defender
☐ P Subs For Panel Attorney
☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's **Peter B Krupp**

Appointment Dates **06/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

15/ Lucien Adam

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a	Arraignment and/or Plea		0.00				
	b. Bail and Detention Hearings		0.00				
	c. Motion Hearings		0.00		0.7		
	d. Trial		0.00				
	e. Sentencing Hearings		0.00				
	f. Revocation Hearings		0.00				
	g. Appeals Court		0.00				
	h. Other (Specify on additional sheets)		1.20		0.5		
(RATE PER HOUR = \$ 125) TOTALS:			1.20	150.00	1.2	\$150.00	
16. a	Interviews and Conferences		86.30		86.3		
	b. Obtaining and reviewing records		557.60		557.6		
	c. Legal research and brief writing		151.50		151.5		
	d. Travel time		9.40		9.4		
	e. Investigative and other work (Specify on additional sheets)		48.00		48.0		
(RATE PER HOUR = \$ 125) TOTALS			852.80	106600.00	852.8	106600.00	
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)			255.90		255.90	
18.	Other Expenses (other than expert, transcripts, etc.)			248.91		248.91	
GRAND TOTALS (CLAIMED AND ADJUSTED):				107254.81		107254.81	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
 7/1/2012 TO: 7/31/2012

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **12** ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO
 If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

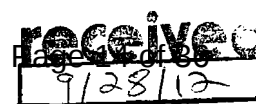
8-10-12

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP	24 OUT OF COURT COMP.	25. TRAVEL EXPENSES	26 OTHER EXPENSES	27. TOTAL AMT APPR /CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE 8-28-12.		28a. JUDGE/MAG JUDGE CODE	
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32 OTHER EXPENSES	33. TOTAL AMT. APPROVED
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE 0-3-12		34a. JUDGE CODE

Honorable O. Rogerie Thompson

U.S. Circuit Judge



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV CODE		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 121005-65	
3 MAG DKT./DEF NUMBER		4 DIST. DKT./DEF. NUMBER 99-10371-003 (RGS)		5 APPEALS DKT./DEF. NUMBER	
6 OTHER DKT. NUMBER		7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10 REPRESENTATION TYPE (See Instructions) CC			
11 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F.					
12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13 COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Kruff</u> Appointment Dates: <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> _____ Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED 10/22/12 PROCESSED 10/22/12					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.70			
(RATE PER HOUR = \$ 125) TOTALS:		0.70	87.50 ✓		
16. a. Interviews and Conferences		104.60			
b. Obtaining and reviewing records		526.00			
c. Legal research and brief writing		65.10			
d. Travel time		14.20			
e. Investigative and other work (Specify on additional sheets)		68.70			
(RATE PER HOUR = \$ 125) TOTALS:		778.60	97325.00 ✓		
17 Travel Expenses (lodging, parking, meals, mileage, etc.)			327.36 ✓		
18 Other Expenses (other than expert, transcripts, etc.)			514.48 ✓		
GRAND TOTALS (CLAIMED AND ADJUSTED):			98254.34 ✓		
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 7/30/2012 TO: 8/31/2012			20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 13 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>JW Carney</u> Date 9-26-12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP.	24 OUT OF COURT COMP.	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27 TOTAL AMT APPR./CERT.	
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard B. Thompson</u>			DATE 10-5-12	28a. JUDGE/MAG. JUDGE CODE	
29 IN COURT COMP.	30 OUT OF COURT COMP.	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33. TOTAL AMT APPROVED	
34 SIGNATURE OF CHIEF JUDGE in excess of the statutory thr <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge			DATE 10-19-12	34a. JUDGE CODE	

received
11/14/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger (003)		VOUCHER NUMBER 121105-72	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-RGS		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18 USC 1962-7471F.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Krumpf</u> Appointment Dates: <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>13/Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED <u>05/2 11/14/12</u> PROCESSED <u>06/14/12</u>					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea	0.00			
	b. Bail and Detention Hearings	0.00			
	c. Motion Hearings	0.00			
	d. Trial	0.00			
	e. Sentencing Hearings	0.00			
	f. Revocation Hearings	0.00			
	g. Appeals Court	0.00			
	h. Other (Specify on additional sheets)	1.00			
	(RATE PER HOUR = \$ 125) TOTALS:	1.00	125.00	125.00	
16. Out of	a. Interviews and Conferences	56.40			
	b. Obtaining and reviewing records	467.00			
	c. Legal research and brief writing	66.60			
	d. Travel time	1.50			
	e. Investigative and other work (Specify on additional sheets)	28.40			
	(RATE PER HOUR = \$ 125) TOTALS:	619.90	77487.50	77,487.50	
	17. Travel Expenses (lodging, parking, meals, mileage, etc.)		62.30	60.18	
	18. Other Expenses (other than expert, transcripts, etc.)		51.97	48.02	
	GRAND TOTALS (CLAIMED AND ADJUSTED):		77726.77	77,720.70	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 9/1/2012 TO: 9/30/2012		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>14</u> <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>JW Carney Jr</u> Date <u>10-30-12</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard B. Stearns</u>				DATE <u>11-6-12</u>	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory limit <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge				DATE <u>11-13-12</u>	
				34a. JUDGE CODE	

received
36/01/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR/DIST/DIV. CODE MAX	2. PERSON REPRESENTED James Bulger	VOUCHER NUMBER 121105-94	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-003 (RGS)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS

Henry Brennan
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☐ P Subs For Panel Attorney
- ☒ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/05/12

Date of Order

06/30/11

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Brennan & Associates, P.C.
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED **3/2 11/14/12**
 PROCESSED **10/14/12**

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea	0.50				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.00				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	5.10				
(RATE PER HOUR = \$ 125) TOTALS:		5.60	700.00			
Out of	a. Interviews and Conferences	31.10				
	b. Obtaining and reviewing records	152.80				
	c. Legal research and brief writing	4.20				
	d. Travel time	8.00				
	e. Investigative and other work (Specify on additional sheets)	20.20				
(RATE PER HOUR = \$ 125) TOTALS:		216.30	27037.50			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		225.90			
18.	Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			27963.40			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
 FROM: **6/30/2011** TO: **9/30/2012**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number _____

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets.

☐ YES ☒ NO

If yes, were you paid? ☐ YES ☒ NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____

Date **10/23/12**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard D. Heavens	DATE 11-6-12.		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogene Thompson U.S. Circuit Judge			DATE 11-13-12	34a. JUDGE CODE

11/7 2

Received
11/8/12

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST. DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 121113-82	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-RGS (oc3)		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Krupp</u> Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>1st Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Date of Order _____ Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 2px;"> VERIFIED <u>12/5/12</u> PROCESSED <u>12/6/12</u> </div>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		0.00			
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		1.00			
(RATE PER HOUR = \$ 125) TOTALS:		1.00	125.00		
16. a. Interviews and Conferences		115.70			
b. Obtaining and reviewing records		517.30			
c. Legal research and brief writing		229.80			
d. Travel time		0.20			
e. Investigative and other work (Specify on additional sheets)		47.90			
(RATE PER HOUR = \$ 125) TOTALS:		910.90	113862.50		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			0.00		
18. Other Expenses (other than expert, transcripts, etc.)			340.01		
GRAND TOTALS (CLAIMED AND ADJUSTED):			114327.51		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 10/1/2012 TO: 10/31/2012			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 15 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>JWC Carney Jr</u> Date 11-7-12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard J. Stearns</u>				DATE 11-14-12.	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold and fee <u>Honorable O. Rogerlee Thompson</u> U.S. Circuit Judge				DATE 12-5-12 34a. JUDGE CODE	

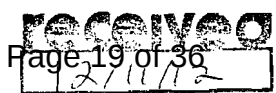
CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 12 1113-92	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-RGS (003)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et.al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Henry Brennan 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u><i>Bailiana J. Leloff</i></u> Signature of Presiding Judicial Officer or By Order of the Court <u><i>10/05/12</i></u> <u><i>06/30/11</i></u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan & Associates 20 Park Plaza, Suite 1405 Boston, MA 02116					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In					
a. Arraignment and/or Plea	0.00				
b. Bail and Detention Hearings	0.00				
c. Motion Hearings	0.00				
d. Trial	0.00				
e. Sentencing Hearings	0.00				
f. Revocation Hearings	0.00				
g. Appeals Court	0.00				
h. Other (Specify on additional sheets)	1.00				
(RATE PER HOUR = \$ 125) TOTALS:	1.00	125.00			
16. Out of					
a. Interviews and Conferences	40.00				
b. Obtaining and reviewing records	98.60				
c. Legal research and brief writing	64.20				
d. Travel time	3.60				
e. Investigative and other work (Specify on additional sheets)	11.20				
(RATE PER HOUR = \$ 125) TOTALS:	217.60	27200.00			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		90.36			
18. Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):		27415.36			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 10/1/2012 TO: 10/31/2012		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 2 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u><i>[Signature]</i></u> Date <u><i>11/7/12</i></u>					

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u><i>Richard J. Thompson</i></u>		DATE 11-4-12.		28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson <i>U.S. Circuit Judge</i>		DATE 12-5-12		34a. JUDGE CODE



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James Bulger	VOUCHER NUMBER 121227-108	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-RGS (003)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. Weeks, et al	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's **Peter B. Krupp**

Appointment Dates: **06/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Isaac Adam

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED BY 1/9/13
PROCESSED 1/19/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.30				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.00				
(RATE PER HOUR = \$ 125) TOTALS:		0.30	37.50			
16. Out of	a. Interviews and Conferences	76.10				
	b. Obtaining and reviewing records	698.20				
	c. Legal research and brief writing	182.80				
	d. Travel time	1.60				
	e. Investigative and other work (Specify on additional sheets)	33.40				
(RATE PER HOUR = \$ 125) TOTALS:		992.10	124012.50			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		30.00			
18.	Other Expenses (other than expert, transcripts, etc.)		743.76			
GRAND TOTALS (CLAIMED AND ADJUSTED):			124823.76			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
11/1/2012 TO: **11/30/2012**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **16** ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☒ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date **12/10/12**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard B. Stearns		DATE 1-4-13		28a. JUDGE-MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE OF APPEALS (OR DEPUTY CHIEF JUDGE OF APPEALS) in excess of the statutory threshold amount. Honorable U. Reginald Thompson U.S. Circuit Judge		DATE 1-8-13		34a. JUDGE CODE

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 121227-114	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-23 (RGS)		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) US v. Weeks, et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Other		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Henry Brennan 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <i>Bulger J. Liberty</i> Signature of Presiding Judicial Officer or By Order of the Court 10/05/12 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan & Associates 20 Park Plaza, Suite 1405 Boston, MA 02116 <i>PROCESSED CLK 1/9/13</i>					

CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	15. a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.30				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.00				
	(RATE PER HOUR = \$ 125) TOTALS:	0.30	37.50			
Out of	16. a. Interviews and Conferences	27.60				
	b. Obtaining and reviewing records	140.60				
	c. Legal research and brief writing	16.00				
	d. Travel time	8.00				
	e. Investigative and other work (Specify on additional sheets)	32.80				
	(RATE PER HOUR = \$ 125) TOTALS:	225.00	28125.00			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		225.90			
18.	Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			28388.40			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 11/1/2012 TO: 11/30/2012		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 3 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: 12/10/12					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>Richard J. Stearns</i>				DATE 1-4-13.	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. Honorable O. Rogerie Thompson U.S. Circuit Judge				DATE 1-8-13	
				34a. JUDGE CODE	

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR. DIST. DIV. CODE MAX	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130304-73	
3. MAG. DKT. DEF. NUMBER	4. DIST. DKT. DEF. NUMBER 99-10371-RGS 1003	5. APPEALS DKT. DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et.al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☒ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's **Peter B. Krupp**

Appointment Dates: **06/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

131 Lucien Adam

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.00				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.00				
(RATE PER HOUR = \$) TOTALS:		0.00	0.00		0.00	
16.	a. Interviews and Conferences	96.70				
	b. Obtaining and reviewing records	483.00				
	c. Legal research and brief writing	411.50				
	d. Travel time	3.90				
	e. Investigative and other work (Specify on additional sheets)	33.50				
	(RATE PER HOUR = \$ 125) TOTALS:	1028.60	128575.00		128,575.00	
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		48.59		47.73	
18.	Other Expenses (other than expert, transcripts, etc.)		244.80		244.80	
GRAND TOTALS (CLAIMED AND ADJUSTED):			128663.39		128,867.53	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
12/1/2012 TO: **12/31/2012**

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **17** ☐ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☒ NO If yes, were you paid? ☐ YES ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date **Feb 21, 2013**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP. 128,867.53	25. TRAVEL EXPENSES 47.73	26. OTHER EXPENSES 244.80	27. TOTAL AMT. APPR. CERT. 128,867.53
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Richard A. Stearns	DATE 3-5-13			28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 128,867.53
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge				34a. JUDGE CODE

RECEIVED
02/25/13

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 130304-76	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 99-10371-003 (RG-5)		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et.al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Henry Brennan 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>15/ Barbara G. Lebeckff</u> Signature of Presiding Judicial Officer or By Order of the Court <u>10/05/12</u> <u>06/30/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan and Associates 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED <u>BOJ 4/13/13</u> PROCESSED <u>LKA 4/13/13</u>					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.00				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.00				
(RATE PER HOUR = \$) TOTALS:		0.00	0.00		0.00	
Out of	a. Interviews and Conferences	26.30				
	b. Obtaining and reviewing records	79.70				
	c. Legal research and brief writing	70.90				
	d. Travel time	6.40				
	e. Investigative and other work (Specify on additional sheets)	26.90				
(RATE PER HOUR = \$ 125) TOTALS:		210.20	26275.00		26275.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			183.96		180.72	
18. Other Expenses (other than expert, transcripts, etc.)			0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			26458.96		26455.72	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 12/1/2012 TO: 12/31/2012		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 4 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>[Signature]</u> Date <u>2/21/13</u>					

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP. 26,275.00	25. TRAVEL EXPENSES 180.72	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. 26,455.72
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Richard D. Hennessy</u>			DATE 3-5-13	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 26,455.72
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. <u>[Signature]</u>			DATE 4-2-13	34a. JUDGE CODE

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR/DIST/DIV CODE MAX		2 PERSON REPRESENTED James Bulger		VOUCHER NUMBER 130319 -11	
3 MAG DKT./DEF. NUMBER		4 DIST DKT./DEF. NUMBER 99-10371-RGS		5 APPEALS DKT./DEF. NUMBER	
7 IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10 REPRESENTATION TYPE (See Instructions) CC					
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M I, Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's: <u>Peter B. Kruff</u> Appointment Dates: <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>151 Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED 301 4/23/13 PROCESSED 4/23/13					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15 a. Arraignment and/or Plea		0.00			
b. Bail and Detention Hearings		0.00			
c. Motion Hearings		1.20		1.2	
d. Trial		0.00			
e. Sentencing Hearings		0.00			
f. Revocation Hearings		0.00			
g. Appeals Court		0.00			
h. Other (Specify on additional sheets)		0.00			
(RATE PER HOUR = \$ 125) TOTALS:		1.20	150.00	1.2	150.00
16 a. Interviews and Conferences		54.50		54.5	
b. Obtaining and reviewing records		783.50		784.6	
c. Legal research and brief writing		236.40		238.00	
d. Travel time		0.00			
e. Investigative and other work (Specify on additional sheets)		31.60		31.6	
(RATE PER HOUR = \$ 125) TOTALS:		1106.00	138250.00	1,108.7	138,587.50
17 Travel Expenses (lodging, parking, meals, mileage, etc)			0.00		
18 Other Expenses (other than expert, transcripts, etc)			62.09		62.09
GRAND TOTALS (CLAIMED AND ADJUSTED):			158462.09		138,799.59
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 1/1/2013 TO: 1/31/2013			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 18 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>JW Carney Jr</u> Date: 3-2-2013					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP 150.00	24 OUT OF COURT COMP. 138,587.50	25 TRAVEL EXPENSES	26 OTHER EXPENSES 62.09	27 TOTAL AMT APPR /CERT 138,799.59	
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Dennis A. Con</u>			DATE 4/18/13	28a JUDGE/MAG/JUDGE CODE	
29 IN COURT COMP	30 OUT OF COURT COMP.	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT APPROVED 138,799.59	
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS, OR DISTRICT JUDGE in excess of the statutory threshold amount <u>Honorable O. Rogier Thompson</u> U.S. Circuit Judge			DATE 4-22-13	34a JUDGE CODE	

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5-99)

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130319-13	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-003 (DTC)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. Weeks, et. al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS

Henry Brennan
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel ☒ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/05/12
 Date of Order

06/30/11
 Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Brennan & Associates
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED 4/23/13
PROCESSED 4/23/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	1.20				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.00				
	(RATE PER HOUR = \$ 125) TOTALS:	1.20	150.00			
Out of	a. Interviews and Conferences	19.20				
	b. Obtaining and reviewing records	66.60				
	c. Legal research and brief writing	64.60				
	d. Travel time	7.60				
	e. Investigative and other work (Specify on additional sheets)	58.00				
	(RATE PER HOUR = \$ 125) TOTALS:	216.00	27000.00			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		183.96			
18.	Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			27333.96			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
1/1/2013 TO: **1/31/2013**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **5** ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____

Date: **2/28/13**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP. 150.00	24. OUT OF COURT COMP. 27,000.00	25. TRAVEL EXPENSES 183.96	26. OTHER EXPENSES —	27. TOTAL AMT. APPR. CERT. 27,333.96
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Honorable O. Rogerie Thompson			DATE 4/1/13	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 27,333.96
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 4-20-13	34a. JUDGE CODE

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR /DIST /DIV CODE MAX		2 PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 130327-10	
3 MAG DKT/DEF NUMBER		4 DIST DKT/DEF NUMBER 99-10371-DJC (CCS)		5 APPEALS DKT/DEF NUMBER	
7 IN CASE/MATTER OF (Case Name) US v Weeks, et. al.		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10 REPRESENTATION TYPE (See Instructions) CC	
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense 18 USC 1962-7471F					
12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number 617-338-556			13 COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Peter B. Krupp</u> Appointment Dates <u>06/24/11</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>15/ Lucien Adam</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/28/11</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED <u>BJL 4/23/13</u> PROCESSED <u>UMA 4/23/13</u>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
15 In					
a Arraignment and/or Plea			0.00		
b Bail and Detention Hearings			0.00		
c Motion Hearings			0.90		
d Trial			0.00		
e Sentencing Hearings			0.00		
f Revocation Hearings			0.00		
g Appeals Court			0.00		
h Other (Specify on additional sheets)			0.00		
(RATE PER HOUR = \$ 125) TOTALS:			0.90	✓ 112.50	
16 Out of					
a Interviews and Conferences			75.60		
b Obtaining and reviewing records			699.40		
c Legal research and brief writing			289.50		
d Travel time			6.10		
e Investigative and other work (Specify on additional sheets)			44.90		
(RATE PER HOUR = \$ 125) TOTALS			1115.50	✓ 139437.50	
17 Travel Expenses (lodging, parking, meals, mileage, etc)				131.14	
18 Other Expenses (other than expert, transcripts, etc)				347.63	
GRAND TOTALS (CLAIMED AND ADJUSTED):				140028.77	
19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE <u>2/1/2013</u> TO: <u>2/28/2013</u>			20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21 CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 19 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney <u>J. Carney</u> Date <u>3-12-2013</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
23 IN COURT COMP <u>112.50</u>		24 OUT OF COURT COMP <u>139,437.50</u>		25 TRAVEL EXPENSES <u>131.14</u>	
26 OTHER EXPENSES <u>347.63</u>		27 TOTAL AMT APPR/CERT <u>140,028.77</u>		28a JUDGE/MAG JUDGE CODE	
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Demetrius</u>		DATE <u>4/8/13</u>		33 TOTAL AMT APPROVED <u>140,028.77</u>	
29 IN COURT COMP		30 OUT OF COURT COMP		31 TRAVEL EXPENSES	
32 OTHER EXPENSES		34a JUDGE CODE		DATE <u>4-22-13</u>	
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge					

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

VOUCHER NUMBER

130327-13

1 CIR/DIST/DIV CODE MAX	2 PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130327-13	
3 MAG DKT/DEF NUMBER	4 DIST DKT/DEF NUMBER 99-10371-DJC (cc)	5 APPEALS DKT/DEF NUMBER	6 OTHER DKT NUMBER
7 IN CASE/MATTER OF (Case Name) US v. Weeks, et.al.	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC

11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense
18 USC 1962-747F

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

Henry Brennan
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number

13 COURT ORDER

- ☐ O Appointing Counsel ☒ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's

Appointment Dates

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/05/12

Date of Order

06/30/11

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment ☐ YES ☐ NO

14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Brennan & Associates
20 Park Plaza, Suite 1405
Boston, MA 02116

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15	a Arraignment and/or Plea	0.00				
	b Bail and Detention Hearings	0.00				
	c Motion Hearings	0.90				
	d Trial	0.00				
	e Sentencing Hearings	0.00				
	f Revocation Hearings	0.00				
	g Appeals Court	0.00				
	h Other (Specify on additional sheets)	0.00				
	(RATE PER HOUR = \$ 125) TOTALS	0.90	112.50			
16	a Interviews and Conferences	15.00				
	b Obtaining and reviewing records	108.80				
	c Legal research and brief writing	16.30				
	d Travel time	3.20				
	e Investigative and other work (Specify on additional sheets)	84.70				
	(RATE PER HOUR = \$ 125) TOTALS	228.00	28500.00			
17	Travel Expenses (lodging, parking, meals, mileage, etc.)		91.98			
18	Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):			28704.48			

19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
2/1/2013 TO: 2/28/2013

20 APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number 6 ☐ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

3-15-13

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP 112.50	24 OUT OF COURT COMP 28,580.00	25 TRAVEL EXPENSES 91.98	26 OTHER EXPENSES	27 TOTAL AMT APPR /CERT 28,704.48
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>[Signature]</i>			DATE 4/5/13	28a JUDGE/MAG JUDGE CODE
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT APPROVED 28,704.48
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 4-22-13	34a. JUDGE CODE

Received

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130506-17	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-DJC (003)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Weeks, et. al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

☐ O Appointing Counsel
☐ F Subs For Federal Defender
☒ P Subs For Panel Attorney
☐ C Co-Counsel
☐ R Subs For Retained Attorney
☐ Y Standby Counsel

Prior Attorney's **Peter B. Krupp**

Appointment Dates: **06/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

15/Lucien Adam

Signature of Presiding Judicial Officer or By Order of the Court

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED BY 5/22/13
PROCESSED LWA 5/23/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	a. Arraignment and/or Plea	0.00				
	b. Bail and Detention Hearings	0.00				
	c. Motion Hearings	0.00				
	d. Trial	0.00				
	e. Sentencing Hearings	0.00				
	f. Revocation Hearings	0.00				
	g. Appeals Court	0.00				
	h. Other (Specify on additional sheets)	0.50				
(RATE PER HOUR = \$ 125) TOTALS:		0.50	62.50			
Out of	a. Interviews and Conferences	90.40				
	b. Obtaining and reviewing records	873.50				
	c. Legal research and brief writing	331.40				
	d. Travel time	7.70				
	e. Investigative and other work (Specify on additional sheets)	24.60				
(RATE PER HOUR = \$ 125) TOTALS:		1327.60	165950.00			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		92.44			
18.	Other Expenses (other than expert, transcripts, etc.)		232.05			
GRAND TOTALS (CLAIMED AND ADJUSTED):			166336.99			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
3/1/2013 TO: **3/31/2013**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **20** ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☒ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

April 18, 2013

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP 62.50	24. OUT OF COURT COMP 165,950.00	25. TRAVEL EXPENSES 92.44	26. OTHER EXPENSES 232.05	27. TOTAL AMT. APPR./CERT. 166,336.99
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER [Signature]			DATE May 13 2013	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 166,336.99
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 5-21-13	34a. JUDGE CODE

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130506-20	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-DJC (505)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v Weeks, et. al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
18 USC 1964-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

Henry Brennan
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: 617-338-5566

13. COURT ORDER

- ☐ O Appointing Counsel ☒ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/05/12

06/30/11

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Brennan & Associates
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED BJJ 5/22/13
PROCESSED LHM 5/23/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea	0.00				
b. Bail and Detention Hearings	0.00				
c. Motion Hearings	0.00				
d. Trial	0.00				
e. Sentencing Hearings	0.00				
f. Revocation Hearings	0.00				
g. Appeals Court	0.00				
h. Other (Specify on additional sheets)	0.50				
(RATE PER HOUR = \$ 125) TOTALS:	0.50	62.50			
16. a. Interviews and Conferences	50.20				
b. Obtaining and reviewing records	78.70				
c. Legal research and brief writing	58.50				
d. Travel time	6.40				
e. Investigative and other work (Specify on additional sheets)	73.00				
(RATE PER HOUR = \$ 125) TOTALS:	266.80	33350.00			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		183.96			
18. Other Expenses (other than expert, transcripts, etc.)		0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):		33596.46			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
3/01/2013 TO: 3/31/2013

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number 7 ☐ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

4/16/13

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP. 62.50	24. OUT OF COURT COMP. 33,350.00	25. TRAVEL EXPENSES 183.96	26. OTHER EXPENSES —	27. TOTAL AMT. APPR./CERT. 33,596.46
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Honorable C. Rogers Thompson				28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 33,596.46
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS OR DELEGATE IN EXCESS OF THE STATUTORY THRESHOLD AND/OR				34a. JUDGE CODE

U.S. Circuit Judge

received
5/10/13

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV CODE MAX	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130517-82	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-DJC	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v Weeks, et.al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.
158 USC 1962-7471F

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS

J. W. Carney, Jr.
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

☐ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☒ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's **Peter B. Krupp**

Appointment Dates: **06/24/11**

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

131 Lucien Adam
 Signature of Presiding Judicial Officer or By Order of the Court

06/30/11
 Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED **BJZ 6/5/13**
 PROCESSED **OK 6/5/13**

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.	a. Arraignment and/or Plea		0.00		—		
	b. Bail and Detention Hearings		0.00		—		
	c. Motion Hearings		1.50		1.5		
	d. Trial		0.00		—		
	e. Sentencing Hearings		0.00		—		
	f. Revocation Hearings		0.00		—		
	g. Appeals Court		0.00		—		
	h. Other (Specify on additional sheets)		0.00		—		
	(RATE PER HOUR = \$ 125) TOTALS:		1.50	187.50	1.5	187.50	
16.	a. Interviews and Conferences		85.80		84.2		
	b. Obtaining and reviewing records		859.70		859.7		
	c. Legal research and brief writing		255.40		255.4		
	d. Travel time		7.70		7.7		
	e. Investigative and other work (Specify on additional sheets)		38.00		38.0		
	(RATE PER HOUR = \$ 125) TOTALS:		1246.60	155825.00	1245.0	155625.00	
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)			129.71		129.71	
18.	Other Expenses (other than expert, transcripts, etc.)			154.84		154.84	
GRAND TOTALS (CLAIMED AND ADJUSTED):				156297.05		156097.05	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
4/1/2013 TO: **4/30/2013**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **21** ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

J. W. Carney Jr.

Date

5-6-2013

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP 187.50	24. OUT OF COURT COMP 155,625.00	25. TRAVEL EXPENSES 129.71	26. OTHER EXPENSES 154.84	27. TOTAL AMT APPR./CERT 156,097.05
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Denise A. Caproni			DATE 5/24/13	28a. JUDGE/MAG JUDGE CODE
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED 156,697.05
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson U.S. Circuit Judge			DATE 6-4-13	34a. JUDGE CODE

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV CODE MAX	2 PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130517-88	
3. MAG DKT/DEF NUMBER	4. DIST DKT/DEF NUMBER 99-10371-DJC	5. APPEALS DKT/DEF NUMBER	6. OTHER DKT NUMBER
7 IN CASE/MATTER OF (Case Name) US v. Weeks, et.al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense.

18 USC 1962-7471F12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

Henry Brennan
20 Park Plaza, Suite 1405
Boston, MA 02116

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel ☒ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

10/05/12

Date of Order

06/30/11

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Brennan & Associates
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED BJJ 6/5/13
PROCESSED JR 6/5/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In	15. a. Arraignment and/or Plea		0.00				
	b. Bail and Detention Hearings		0.00				
	c. Motion Hearings		1.00				
	d. Trial		0.00				
	e. Sentencing Hearings		0.00				
	f. Revocation Hearings		0.00				
	g. Appeals Court		0.00				
	h. Other (Specify on additional sheets)		0.00				
	(RATE PER HOUR = \$ 125) TOTALS:		1.00	✓ 125.00			
Out of	16. a. Interviews and Conferences		62.40				
	b. Obtaining and reviewing records		147.80				
	c. Legal research and brief writing		23.50				
	d. Travel time		7.00				
	e. Investigative and other work (Specify on additional sheets)		11.80				
	(RATE PER HOUR = \$ 125) TOTALS:		252.50	✓ 31562.50			
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)			91.98			
18.	Other Expenses (other than expert, transcripts, etc.)			0.00			
GRAND TOTALS (CLAIMED AND ADJUSTED):				31779.48			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
4/1/2013 TO: **4/30/2013**20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **8** ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO If yes, were you paid? ☐ YES ☒ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☒ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

ST Mark Brennan

Date

5/7/13

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP. 125.00	24. OUT OF COURT COMP. 31,562.50	25. TRAVEL EXPENSES 91.98	26. OTHER EXPENSES —	27. TOTAL AMT. APPR./CERT. 31,779.48
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Denise J. Goff			DATE May 23, 2013	28a JUDGE/MAG JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 31,779.48
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogerie Thompson			DATE 6-4-13	34a. JUDGE CODE

U.S. Circuit Judge

received
09/13/13

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV CODE MAX		2. PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 130624-63	
3. MAG. DKT./DEF NUMBER		4. DIST. DKT./DEF NUMBER 99-10371-DJC 1003		5. APPEALS DKT./DEF NUMBER	
7. IN CASE/MATTER OF (Case Name) US v Weeks, et.al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Other		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense. 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Peter B Krupp Appointment Dates: 06/24/11 <input type="checkbox"/> Because the above-named person represented has testified under oath and has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) 13/ Lucien Adam Signature of Presiding Judicial Officer or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED 3/2 8/19/13 PROCESSED LXA 7/19/13					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea	0.00			
	b. Bail and Detention Hearings	0.00			
	c. Motion Hearings	0.00			
	d. Trial	0.00			
	e. Sentencing Hearings	0.00			
	f. Revocation Hearings	0.00			
	g. Appeals Court	0.00			
	h. Other (Specify on additional sheets)	.6	0.6		
	(RATE PER HOUR = \$ 125.00) TOTALS:	0.60	75.00	0.6	75.00
16. Out of	a. Interviews and Conferences	119.2	119.2		
	b. Obtaining and reviewing records	929.2	929.2		
	c. Legal research and brief writing	238.7	238.7		
	d. Travel time	4.6	4.6		
	e. Investigative and other work (Specify on additional sheets)	37.8	37.7		
	(RATE PER HOUR = \$ 125.00) TOTALS:	1329.50	166187.50	1329.4	166,175.00
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)		97.10		97.10
18.	Other Expenses (other than expert, transcripts, etc.)		263.03		263.03
GRAND TOTALS (CLAIMED AND ADJUSTED):			166622.63		166,610.13
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 5/1/2013 TO: 5/31/2013			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 22 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney J. W. Carney Jr. Date 6-13-2013					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR./CERT.	
75.00	166,175.00	97.10	263.03	166,610.13	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER Lucien Adam			DATE 7/1/13	28a. JUDGE/MAG JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED	
				166,610.13	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount O. Rogerie Thompson U.S. Circuit Judge			DATE 7-17-13	34a. JUDGE CODE	

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR./DIST./DIV. CODE MAX	2 PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 130624-67	
3 MAG DKT/DEF NUMBER	4 DIST DKT/DEF NUMBER 99-10371-DJC (003)	5 APPEALS DKT/DEF NUMBER	6 OTHER DKT. NUMBER
7 IN CASE/MATTER OF (Case Name) US v Weeks, et.al.	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10 REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, accordingly to severity of offense
18 USC 1962-7471F

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS

**Henry Brennan
 20 Park Plaza, Suite 1405
 Boston, MA 02116**

Telephone Number: **617-338-5566**

13. COURT ORDER

- ☐ O Appointing Counsel ☒ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order **10/05/12**

Nunc Pro Tunc Date **06/30/11**

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In					
a. Arraignment and/or Plea	0				
b. Bail and Detention Hearings	0				
c. Motion Hearings	0				
d. Trial	0				
e. Sentencing Hearings	0				
f. Revocation Hearings	0				
g. Appeals Court	0				
h. Other (Specify on additional sheets)	.6				
(RATE PER HOUR = \$ 125.00) TOTALS:	0.60	75.00			
16. Out of					
a. Interviews and Conferences	73.3				
b. Obtaining and reviewing records	190.8				
c. Legal research and brief writing	14.9				
d. Travel time	4.5				
e. Investigative and other work (Specify on additional sheets)	13.5				
(RATE PER HOUR = \$ 125.00) TOTALS:	297.00	37125.00			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		108.98			
18. Other Expenses (other than expert, transcripts, etc.)		0			
GRAND TOTALS (CLAIMED AND ADJUSTED):		37308.98			

19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
5/1/2013 TO: **5/31/2013**

20. APPOINTMENT TERMINATION DATE
 IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22 CLAIM STATUS ☐ Final Payment ☒ Interim Payment Number **9**

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☒ NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO
 If yes, give details on additional sheets.

If yes, were you paid? ☐ YES ☐ NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____

Date **6/12/13**

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP. 75.00	24. OUT OF COURT COMP. 37,125.00	25. TRAVEL EXPENSES 108.98	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. 37,308.98
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>[Signature]</i>			DATE 7/1/13	28a. JUDGE/MAG/JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 37,308.98
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Honorable O. Rogernee Thompson U.S. Circuit Judge			DATE 7-17-13	34a. JUDGE CODE

FEDERAL JUDICIAL APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12-03)

1. CIR. DIST. DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 130809-16		
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER 99-10371-DJC		5. APPEALS DKT. DEF. NUMBER		
7. IN CASE MATTER OF (Case Name) US v Bulger		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions) CC						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense 1962-7471F						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Henny Brennan 20 Park Plaza, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other (See Instructions) Barbara J. J. J. J. Signature of Presiding Judge or By Order of the Court 10/05/12 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan & Associates 20 Park Plaza, Ste. 1405 Boston, MA 02116 8/22/13						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (attach transcription of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH TECH ADJUSTED HOURS	
					MATH TECH ADJUSTED AMOUNT	
					ADDITIONAL REVIEW	
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ 125) TOTALS:			6.0	750.00	9.0	1125.00
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
	(RATE PER HOUR = \$ 125) TOTALS:		12.2	11.500	12.2	11.125.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS CLAIMED AND ADJUSTED:				12,250.00	12,250.00	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 6/1/13 TO: 6/9/13				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: 7/24/13						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP 1125.00		24. OUT OF COURT COMP 11,125.00		25. TRAVEL EXPENSES		
26. OTHER EXPENSES		27. TOTAL AMT APPR/CERT 12,250.00		28a. JUDGE CODE		
29. IN COURT COMP		30. OUT OF COURT COMP		31. TRAVEL EXPENSES		
32. OTHER EXPENSES		33. TOTAL AMT APPROVED 12,250.00		34a. JUDGE CODE		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold Honorable O. Rogerie Thompson U.S. Circuit Judge				DATE 8-23-13		

Received
9/24/13

2. CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR/DIST/DIV CODE MAX		2. PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 130809-11	
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 99-10371-DJC		5. APPEALS DKT/DEF. NUMBER	
7. IN CASE/MATTER OF (Please Name) US v Bulger		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number (617) 338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Peter B Krupp Appointment Dates: 06/24/11 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) 16/Lucien Adam Signature of Presiding Judge or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In Court					
a. Assignment and/or Plea			0.00		0.00
b. Bail and Detention Hearings			0.00		0.00
c. Motion Hearings		8.80	1,100.00	8.3	0.00
d. Trial			0.00		0.00
e. Sentencing Hearings			0.00		0.00
f. Revocation Hearings			0.00		0.00
g. Appeals Court			0.00		0.00
h. Other (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$ 125.00) TOTALS:		8.80	1,100.00	1037.50	0.00
16. Out of Court					
a. Interviews and Conferences		45.90	5,737.50	45.9	0.00
b. Obtaining and reviewing records		260.00	32,500.00	260.0	0.00
c. Legal research and brief writing		64.50	8,062.50	64.5	0.00
d. Travel time		3.20	400.00	3.2	0.00
e. Investigative and other work (Specify on additional sheets)		19.30	2,412.50	19.3	0.00
(RATE PER HOUR = \$ 125.00) TOTALS:		392.90	49,112.50	49,175.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			153.92	25.00	
18. Other Expenses (other than expert transcripts, etc.)			640.84	594.73	
GRAND TOTALS (CLAIMED AND ADJUSTED):			50,986.26	50,832.23	0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 6/1/2013 TO: 6/9/2013			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 23 <input type="checkbox"/> Supplemental Payment			Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: JWC Carney Date: 7-23-2013		
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP. 1037.50	24. OUT OF COURT COMP. 48,125.00	25. TRAVEL EXPENSES 25.00	26. OTHER EXPENSES 594.73	27. TOTAL AMT. APPR/CERT \$0.00 50,832.23	
28. SIGNATURE OF THE PRESIDING JUDGE [Signature]		29. IN COURT COMP. 1037.50		28a. JUDGE CODE	
30. OUT OF COURT COMP. 48,125.00		31. TRAVEL EXPENSES 25.00		32. OTHER EXPENSES 594.73	
33. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory limit of \$10,000 Honorable O. Rogerie Thompson U.S. Circuit Judge		34. JUDGE CODE		33. TOTAL AMT. APPROVED \$0.00 50,582.23	

received
8/19/13

SCIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR/DIST/DFV. CODE MAX		2. PERSON REPRESENTED James J. Bulger		VOUCHER NUMBER 130820-192	
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 99-10371-DJC		5. APPEALS DKT/DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v Bulger		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 1962-7471F					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS J. W. Carney, Jr. 20 Park Plaza, Suite 1405 Boston, MA 02116 Telephone Number: (617) 338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Peter B. Krupp Appointment Dates: 06/24/11 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) 15/ Lucien Adam Signature of Presiding Judge or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court					
a. Arraignment and/or Plea			0.00		0.00
b. Bail and Detention Hearings			0.00		0.00
c. Motion Hearings			0.00		0.00
d. Trial		182.80	22,850.00	182.8	0.00
e. Sentencing Hearings			0.00		0.00
f. Revocation Hearings			0.00		0.00
g. Appeals Court			0.00		0.00
h. Other (Specify on additional sheets)		10.80	1,350.00	10.8	0.00
(RATE PER HOUR = \$ 125.00) TOTALS:		193.60	24,200.00	193.6	0.00
16. Out of Court					
a. Interviews and Conferences		76.10	9,512.50	76.1	0.00
b. Obtaining and reviewing records		885.90	110,737.50	885.9	0.00
c. Legal research and brief writing		81.40	10,175.00	81.0	0.00
d. Travel time		19.40	2,425.00	19.4	0.00
e. Investigative and other work (Specify on additional sheets)		23.70	2,962.50	23.7	0.00
(RATE PER HOUR = \$ 125.00) TOTALS:		1,086.20	135,775.00	1085.1	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			644.00	644.00	644.00
18. Other Expenses (other than expert, transcripts, etc.)			422.48	422.48	422.48
GRAND TOTALS (CLAIMED AND ADJUSTED):			161,041.48	160903.98	0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 6/10/2013 TO: 6/30/2013			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 24 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney JW Carney Jr Date 8-11-2013					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP. 24,200.00		24. OUT OF COURT COMP. 135,637.50		25. TRAVEL EXPENSES 644.00	
26. OTHER EXPENSES 422.48		27. TOTAL AMT. APPR./CERT. \$0.00 160,903.98		28a. JUDGE CODE	
28. SIGNATURE OF THE PRESIDING JUDGE Lucien Adam		DATE 7/5/13		28b. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED \$0.00		34a. JUDGE CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE		

*CJA 30 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR. DIST. DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 130820-194			
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER 99-10371-DJC		5. APPEALS DKT. DEF. NUMBER			
7. IN CASE MATTER OF (Case Name) US v James Bulger		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other			
10. REPRESENTATION TYPE (See Instructions) CC							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) (If more than one offense, list up to five) major offenses charged, according to severity of offense 1962-7471F.							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Henry Brennan 20 Park Plaza, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) Barbara J. Lofgren Signature of Presiding Judge or By Order of the Court 10/05/12 06/30/11 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan & Associates							
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial		64.3		58.1		
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ 125) TOTALS:			64.3	7162.5	58.1	7262.50	
Out of Court	a. Interviews and Conferences		19.9		19.9		
	b. Obtaining and reviewing records		190.8		190.8		
	c. Legal research and brief writing		0				
	d. Travel time		0				
	e. Investigative and other work (Specify on additional sheets)		10		12.2		
(RATE PER HOUR = \$) TOTALS:			220.7	27997.50	222.9	27962.50	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert transcripts, etc.)							
GRAND TOTALS (CLAIMED AND ADJUSTED):				39,250.00		35,125.00	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 6/10/13 TO: 6/28/13				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: 7/24/13							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. IN COURT COMP 7,262.50		24. OUT OF COURT COMP 27,862.50		25. TRAVEL EXPENSES —		26. OTHER EXPENSES —	
27. TOTAL AMT APPR CERT 35,125.00				28. JUDGE CODE 7/5/13			
29. IN COURT COMP		30. OUT OF COURT COMP		31. TRAVEL EXPENSES		32. OTHER EXPENSES	
33. TOTAL AMT APPROVED				34. JUDGE CODE			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount				DATE		34a. JUDGE CODE	