



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		

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
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3 MAG. DKT./DEF NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-RGS-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
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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
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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 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)
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, Ste. 1405
Boston, MA 02116**

VERIFIED BY 11/7/11
PROCESSED 11/8/11

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. 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)	0.50		0.5		
	0.00		—		
	0.00		—		
	0.00		—		
	0.00		—		
	0.00		—		
	0.00		—		
	1.00			1.0	
(RATE PER HOUR = \$ 125) TOTALS:	1.50	187.50	1.5	187.50	
16. 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)	20.70		18.6		
	26.30		25.0		
	25.80		25.8		
	4.00		4.0		
	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
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22. CLAIM STATUS Final Payment Interim Payment Number 1 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: 10/14/11

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 <u>Richard W. Heurms</u>			DATE <u>10-24-11.</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. Rogeriee Thompson</u> U.S. Circuit Judge			DATE <u>11-2-11</u>	34a. JUDGE CODE

OCC 1012711

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 111026-198		
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 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, 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 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)
Isr 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 BY 11/16/11
PROCESSED BY 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. 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)	0.00				
	0.00				
	0.00				
	0.00				
	0.00				
	0.00				
	0.00				
	0.30				
(RATE PER HOUR = \$ 125) TOTALS:	0.30	37.50			
16. 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)	0.60				
	5.90				
	11.60				
	0.00				
	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 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 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 <u>Richard D. Stearns</u>			DATE <u>10-28-11</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.S. Circuit Judge			DATE <u>11-14-11</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 120120-79
3. MAG. DKT./DEF. NUMBER	4. DIST.-DKT./DEF. NUMBER 99-10371-3 (PRC-S)	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. Kupp</u> Appointment Dates: <u>6/24/11</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>1/3/ Lucien Aden</u> Signature of Presiding Judicial Officer or By Order of the Court <u>06/30/11</u> 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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Ste. 1405 Boston, MA 02116	VERIFIED <u>06/2 2/8/12</u> PROCESSED <u>ck 2/8/12</u>
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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)	0.00				
(RATE PER HOUR = \$) TOTALS:	0.00	0.00			
16. 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: 10/31/2011	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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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 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: JW Carney 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 <u>Richard J. Stearns</u>			DATE: <u>1-20-12</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. Honorable O. Rogeriee Thompson U.S. Circuit Judge			DATE: <u>2-7-12</u>	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

6 OTHER DKT. NUMBER

7 IN CASE/MATTER OF (Case Name)
U.S. v. Weeks, et al.

8 PAYMENT CATEGORY
 Felony
 Misdemeanor
 Appeal
 Petty Offense
 Other

9 TYPE PERSON REPRESENTED
 Adult Defendant
 Juvenile Defendant
 Other
 Appellant
 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.
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 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, Ste. 1405
Boston, MA 02116

*VERIFIED 08/22/12
 PROCESSED clk 2/2/12*

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
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
 FROM **11/1/2011** TO **11/30/2011**

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number **24** 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 **1/12/12**

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. Adam</u>			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. <u>Honorable O. Rogeriee Thompson</u> U.S. Circuit Judge			DATE 1-31-12	34a. JUDGE CODE

ocf 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 (RGS)	5 APPEALS DKT./DEF. NUMBER	6 OTHER DKT. NUMBER
7 IN CASE/MATTER OF (Case Name) 19 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, Ste. 1405 Boston, MA 02116 Telephone Number: 617-338-5566	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's: <u>Peter B. Krupp</u> Appointment Dates: <u>06/30/11</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>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, Ste. 1405
Boston, MA 02116**
VERIFIED [Signature] 2/29/12
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	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)	0.00				
(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
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22 CLAIM STATUS Final Payment Interim Payment Number **45** 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

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

Signature of Attorney: JW Carney Date: 1/23/12

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: <u>Richard J. Deurns</u>			DATE: <u>2-9-12</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. Rogelia Thompson</u> <u>U.S. Circuit Judge</u>			DATE: <u>2-27-12</u>	34a JUDGE CODE

2/13/12

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

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED James Bulger		VOUCHER NUMBER 120221-101	
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. Bulger		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 1962-7471.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 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. K...FP 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	
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Carney & Bassil
20 Park Plaza, Ste. 1405
Boston, MA 02116**

VERIFIED **3/23/12**
PROCESSED **04/28/12**

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
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	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 AN ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 1/1/2012 TO: 1/31/2012		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 16 <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 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 D. 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 D. Rogerie Thompson U.S. Circuit Judge			DATE 3-27-12	34a. JUDGE CODE

RECEIVED
3/15/12

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 <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 1962-7471.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	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained 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> Date of Order Nunc Pro Tunc Date
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116	Telephone Number: <u>617-338-5566</u> VERIFIED <u>8/31/12 4/27/12</u> PROCESSED <u>4/27/12</u>
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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	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 <u>2/1/2012</u> TO: <u>2/29/2012</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 <u>7</u> <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 If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>JWC Carney</u> Date: <u>3/13/12</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. Strom</u>			DATE <u>3-28-12</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. Rogeriee Thompson</u> U.S. Circuit Judge			DATE <u>4-26-12</u>	34a. JUDGE CODE	

received
4/26/12

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

1 CIR/DIST/DIV CODE MAX	2 PERSON REPRESENTED James 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
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

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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116

VERIFIED BY **BJJ 5/23/12**
 PROCESSED **JKS/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	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)	0.40			
(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 FROM: 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 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: J. Carney 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 Richard B. Stearns			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. Rogeriee Thompson U.S. Circuit Judge			DATE 5-21-12	34a. JUDGE CODE	



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

1. CIR. DIST./DIV. CODE <i>1125</i>	2. PERSON REPRESENTED James J. Bulger	VOUCHER NUMBER 120607-244	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-RGS (23)	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 checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Peter B. Kumpf Appointment Dates: 6/27/12 <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) Signature of Presiding Judicial Officer or By Order of the Court Date of Order 6/13/11 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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116
VERIFIED BY 7/16/12
PROCESSED LXA 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	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	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		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 Final Payment Interim Payment Number 9 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 *JWCarey* Date 6-1-12

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 D. Stearns</i>			DATE 6-11-12.	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 7-13-12	34a. JUDGE CODE

received
6/17/12

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 (RCS)	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 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> 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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116**
*VERIFIED BJ 9/11/12
PROCESSED CLK 9/12/12*

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
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 <u>05/01/2012</u> TO: <u>05/31/2012</u>	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS Final Payment Interim Payment Number 10 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 JW Carney Jr Date 6-15-2012

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. Rogeriee Thompson</u> U.S. Circuit Judge	DATE <u>9-11-12</u>	34a. JUDGE CODE		

received
7/18/12

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 120802-224	
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	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>/s/ 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 BJR 10/4/12 PROCESSED CK 10/4/12	

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
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	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 <u>6/1/2012</u> TO: <u>6/30/2012</u>	20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21 CASE DISPOSITION
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22 CLAIM STATUS Final Payment Interim Payment Number 11 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 JW Carney Jr 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 A. Stearns</u>	DATE <u>9-12-12</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. Rogeriee Thompson</u> U.S. Circuit Judge			DATE <u>10-3-12</u>	34a JUDGE CODE	

01/13/12

8915112

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 <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 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) 151 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
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14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116**
*VERIFIED 3/22 10/4/12
PROCESSED CX at 10/4/12*

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
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		107,254.81	

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, give details on additional sheets

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

Signature of Attorney **JW Carney** 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 Richard J. Stearns	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. Honorable O. Rogeriee Thompson U.S. Circuit Judge	DATE 0-3-12	34a. JUDGE CODE		

received
9/28/12

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

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)
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 BJJ 10/22/12
PROCESSED elk 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	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)	0.70			
	(RATE PER HOUR = \$ 125) TOTALS:	0.70		87.50	
16. Out of	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 Final Payment Interim Payment Number **13** 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 **JWCarey** 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 Richard B. Thompson	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	Honorable O. Rogerie Thompson U.S. Circuit Judge		DATE 10-19-12	34a. JUDGE CODE

RECEIVED
11/12

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"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other
	<input type="checkbox"/> Petty Offense <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"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained 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 11/14/12
PROCESSED 11/14/12*

CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		ADDITIONAL REVIEW
			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)	1.00				
(RATE PER HOUR = \$ 125) TOTALS:	1.00	125.00		125.00	
16. Out of					
a. Interviews and Conferences	56.90				
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 Final Payment Interim Payment Number **14** 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: **10-30-12**

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 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 limit Honorable O. Rogerie Thompson U.S. Circuit Judge	DATE 11-13-12	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 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"/> 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 checked="" type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court <u><i>Budiana J. Deloff</i></u> Date of Order: <u>10/05/12</u> Nunc Pro Tunc Date: <u>06/30/11</u> 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, P.C. 20 Park Plaza, Suite 1405 Boston, MA 02116 VERIFIED BY <u>11/14/12</u> PROCESSED <u>11/14/12</u>	Signature of Presiding Judicial Officer or By Order of the Court <u><i>Budiana J. Deloff</i></u> Date of Order: <u>10/05/12</u> Nunc Pro Tunc Date: <u>06/30/11</u>
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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	0.50			
	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		
16. 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: <u>6/30/2011</u> TO: <u>9/30/2012</u>	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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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, 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: *[Signature]* 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 <u><i>Richard J. Stearns</i></u>			DATE <u>11-6-12.</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><i>Honorable O. Rogerie Thompson</i></u> U.S. Circuit Judge			DATE <u>11-13-12</u>	34a. JUDGE CODE

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 (ccs)	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, 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. 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>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
--	---

VERIFIED BY 12/5/12
PROCESSED BY 12/6/12

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
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
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22. CLAIM STATUS Final Payment Interim Payment Number **15** 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 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 <u>11-14-12.</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. Rogeriee Thompson</u> U.S. Circuit Judge	DATE <u>12-5-12</u>	34a. JUDGE CODE		

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 12 1113 - 92	
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 1962-7471F			

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) Baird J. Liberty 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	

VERIFIED **BJZ** 12/5/12
PROCESSED **ck** 12/6/12

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
15. In	a. Arraignment and/or Plea	0.00			
	b. Bail and Detention Hearings	0.00			
	c. Motions 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 _____ 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 Richard J. Sturms			DATE 11-4-12.	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. Rogeriee Thompson U.S. Circuit Judge			DATE 12-5-12	34a. JUDGE CODE	

Received
12/11/13

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

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James 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 <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 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>Isaac 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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116**

VERIFIED BY BJZ 1/9/13
PROCESSED ck 1/9/13

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	0.30				
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. 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: JW Carney Jr Date: 12/10/13

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 A. Stearns</u>	DATE <u>1-4-13</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 PRESIDENTIAL PAYEE) in excess of the statutory threshold amount. <u>U.S. Circuit Judge</u>	DATE <u>1-8-13</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 12227-114	
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. 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
Boulama J. Liberty
 Date of Order: **10/25/12** Nuac Pro Tunc Date: **06/30/11**
 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
PROCESSED BY CLK 1/9/13

CLAIM FOR SERVICES AND EXPENSES **FOR COURT USE ONLY**

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		
			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	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 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: **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.	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. <i>Honorable O. Rogeriee Thompson</i> U.S. Circuit Judge	DATE 1-8-13	34a. JUDGE CODE		

RECEIVED
21 of 36 / 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 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 <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) 137 Lucien Adam Signature of Presiding Judicial Officer or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date
--	---

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Carney & Bassil
20 Park Plaza, Suite 1405
Boston, MA 02116**

*VERIFIED 12/17 3/15/13
PROCESSED ok 3/18/13*

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):		128868.39		128867.53	

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 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: **JWC** 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. Rogeriee Thompson U.S. Circuit Judge			DATE 3/14/13	34a. JUDGE CODE

RECEIVED
22 of 36
02/25/13

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

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED James 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"/> 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 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) 15/ Barbara G. Lebcff 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 and Associates 20 Park Plaza, Suite 1405 Boston, MA 02116 <i>VERIFIED BY 4/13/13 PROCESSED WA 4/13/13</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
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) (RATE PER HOUR = \$) TOTALS:	0.00	0.00		0.00
16. 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) (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
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22. CLAIM STATUS Final Payment Interim Payment Number **4** 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 **2/21/13**

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 Richard D. 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 26,455.72	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. Rogeriee Thompson			DATE 4-2-13	34a. JUDGE CODE	

3/5/13

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

1 CIR/DIST/DIV CODE MAX	2 PERSON REPRESENTED James Bulger	VOUCHER NUMBER 130319 -11
3 MAG DKT/DEF. NUMBER	4 DIST DKT/DEF NUMBER 99-10371-RGS 003 (DJC)	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>Isi Lucien Adam</u> 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 PROCESSED 4/23/13 CKM 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
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
 FROM: 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 18 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: 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 /COST 138,799.59
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u><i>Denise O. Conroy</i></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 CLERK OF COURT <u><i>Honorable O. Roger Thompson</i></u> in excess of the statutory threshold U.S. Circuit Judge			DATE 4-22-13	34a JUDGE CODE

RECEIVED
3/5/13

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 130319-13	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 99-10371-003 (WTC)	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"/> 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 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) Barbara A. Luboff 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
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)
**Brennan & Associates
20 Park Plaza, Suite 1405
Boston, MA 02116**
VERIFIED BY **BJL 4/23/13**
PROCESSED BY **LYNS 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	MATH/TECH	ADDITIONAL REVIEW
			ADJUSTED HOURS	ADJUSTED AMOUNT	
15. 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				
b. Other (Specify on additional sheets)	0.00				
(RATE PER HOUR = \$ 125) TOTALS:	1.20	150.00			
16. 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
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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, 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 Barbara A. Luboff			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. Rogeriee Thompson U.S. Circuit Judge			DATE 4-20-13	34a. JUDGE CODE

received
3/14/13

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 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

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. Ferrup
 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
06/25/11
 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 BJJ 4/23/13
 PROCESSED UMA 4/23/13

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		ADDITIONAL REVIEW
			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	0.90			
	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			
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			
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
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 19 Supplemental Payment

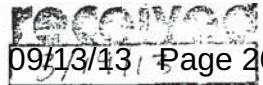
Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, were you 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 JWC Date 3-12-2013

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>
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Demetrius Adams</u>			DATE <u>4/8/13</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 <u>140,028.77</u>
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount <u>Honorable O. Rogeriee Thompson</u> U.S. Circuit Judge			DATE <u>4-22-13</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 J. Bulger	VOUCHER NUMBER 130327-13			
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	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)
14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Brennan & Associates 20 Park Plaza, Suite 1405 Boston, MA 02116	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 <input type="checkbox"/> YES <input type="checkbox"/> 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	0.90				
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 <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number 6 <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: _____ Date: 3-15-13		

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP 112.50	24 OUT OF COURT COMP 28,590.00	25 TRAVEL EXPENSES 91.98	26 OTHER EXPENSES	27 TOTAL AMT APPR /CERT 28,704.48
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER 			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. Rogeriee Thompson			DATE 4-22-13	34a. JUDGE CODE

U.S. Circuit Judge

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"/> 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>/s/ 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 BJL 5/22/13
 PROCESSED UKA 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. 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	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 <u>3/1/2013</u> TO: <u>3/31/2013</u>	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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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 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: JWC Date: April 18, 2013

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP <u>62.50</u>	24. OUT OF COURT COMP. <u>165,950.00</u>	25. TRAVEL EXPENSES <u>92.44</u>	26. OTHER EXPENSES <u>232.05</u>	27. TOTAL AMT. APPR./CERT. <u>166,336.99</u>
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>[Signature]</u>			DATE <u>May 13 2013</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 <u>166,336.99</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>U.S. Circuit Judge</u>			DATE <u>5-21-13</u>	34a. JUDGE CODE

4/23/13

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 (cc's)	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	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: _____

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) Bulger J. Feloff
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 LYM 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. 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	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 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. <u>62.50</u>	24. OUT OF COURT COMP. <u>33,350.00</u>	25. TRAVEL EXPENSES <u>183.96</u>	26. OTHER EXPENSES <u>—</u>	27. TOTAL AMT. APPR./CERT. <u>33,596.46</u>
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>Honorable O. Rogerie Thompson</u>			DATE <u>May 13 2013</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 <u>33,596.46</u>
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS OR THE CLERK OF COURT in excess of the statutory threshold amount <u>Honorable O. Rogerie Thompson</u> U.S. Circuit Judge			DATE <u>5-21-13</u>	34a. JUDGE CODE

received
5/10/13

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 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 <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) 1st 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
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CLAIM FOR SERVICES AND EXPENSES **FOR COURT USE ONLY**

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		ADDITIONAL REVIEW
			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	1.50		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		156,097.05	

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
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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 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 **JW 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 Lucien Adam			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 156,097.05
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

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 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 1962-7471F

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	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) _____ Signature of Presiding Judicial Officer or By Order of the Court Barbara J. Telroff 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**

VERIFIED **BJJ 6/5/13**
 PROCESSED **ck 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. In	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	
16. Out of	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
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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 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 **Henry 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 Barbara J. Telroff			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. Rogeriee Thompson			DATE 6-4-13	34a. JUDGE CODE

U.S. Circuit Judge

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 130624-63	
3. MAG. DKT./DEF NUMBER	4. DIST. DKT./DEF NUMBER 99-10371-DJC 1003	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"/> 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 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>151 Lucien Adam</u> 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 BY 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	FOR COURT USE ONLY		ADDITIONAL REVIEW
			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)	.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 Final Payment Interim Payment Number **22** 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** Date **6-13-2013**

APPROVED FOR PAYMENT - COURT USE ONLY

23 IN COURT COMP. 75.00	24 OUT OF COURT COMP. 166,175.00	25 TRAVEL EXPENSES 97.10	26 OTHER EXPENSES 263.03	27 TOTAL AMT APPR./CERT. 166,610.13
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>David A. Capron</u>			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 <u>O. Rogeriee Thompson</u> 3. 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"/> 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 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 type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained 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>Henry J. Brennan</i> 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. <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	

VERIFIED BY 7/19/13
PROCESSED LKDA 7/19/13

CLAIM FOR SERVICES AND EXPENSES **FOR COURT USE ONLY**

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		
			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
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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 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 **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>Honorable O. Rogene Thompson</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. Rogene Thompson U.S. Circuit Judge			DATE 7-17-13	34a. JUDGE CODE

7/30/13

FD-31A 20 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"/> 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	
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, incl. d/b/a or 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 type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained 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. Delort 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			FOR COURT USE ONLY		
CATEGORIES (Attach transcription of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court					
a. Arrangement 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)	6.0		9.0		
(RATE PER HOUR = \$ 125) TOTALS:	6.0	750.00	9.0	1125.00	
16. Out of Court					
a. Interviews and Conferences	12.2		12.2		
b. Obtaining and reviewing records	68.9		68.9		
c. Legal research and brief writing	3.5		3.5		
d. Travel time	0		-		
e. Investigative and other work (Specify on additional sheets)	7.4		4.4		
(RATE PER HOUR = \$ 125) TOTALS:	92	11,500	89	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 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 1125.00	24. OUT OF COURT COMP 11,125.00	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR/CERT 12,250.00	
28. SIGNATURE OF THE PRESIDING JUDGE Barbara J. Delort			DATE 6/17/13	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	
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	34a. JUDGE CODE	

Received
8/24/13

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	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Use 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, 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"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Peter B Kruff 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) is/Lucien Adam Signature of Presiding Judge or By Order of the Court 06/30/11 Date of Order Nunc Pro Tunc Date		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Carney & Bassil 20 Park Plaza, Suite 1405 Boston, MA 02116					
Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> 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 Court					
a. Arraignment 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	491.95	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	50,932.23	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
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22. CLAIM STATUS Final Payment Interim Payment Number 23 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* Date: 7-23-2013

APPROVED FOR PAYMENT — COURT USE ONLY				
23. IN COURT COMP. 1037.50	24. OUT OF COURT COMP. 48,925.00	25. TRAVEL EXPENSES 25.00	26. OTHER EXPENSES 594.73	27. TOTAL AMT. APPR/CERT \$0.00 50,932.23
28. SIGNATURE OF THE PRESIDING JUDGE <i>Lucien Adam</i>	29. IN COURT COMP. 1037.50	30. OUT OF COURT COMP. 48,925.00	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 Honorable O. Rogerie Thompson U.S. Circuit Judge	34. JUDGE CODE	35. JUDGE CODE	36. JUDGE CODE	37. JUDGE CODE

received
8/19/13

OCIA 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 130820-192	
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 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	ADDITIONAL REVIEW	
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:		193.80	24,200.00	193.6 0.00	24,200.00	
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	81.70	10,137.50	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	22.7	0.00	
(RATE PER HOUR = \$ 125.00) TOTALS:		1,086.20	135,775.00	1085.1 0.00	135,637.50	
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		

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
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22. CLAIM STATUS Final Payment Interim Payment Number **24** 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 **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	
28. SIGNATURE OF THE PRESIDING JUDGE Lucien Adam			DATE 9/5/13	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	

RECEIVED

FD-302A 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: **99-10371-DJC** 4. JUST. DKT. DEF. NUMBER: **99-10371-DJC** 5. APPEALS DKT. DEF. NUMBER: 6. OTHER DKT. NUMBER:

7. IN CASE MATTER OF (Case Name): **US v James Bulger** 8. PAYMENT CATEGORY: Felony Misdemeanor Appeal Petty Offense Other

9. TYPE PERSON REPRESENTED: Adult Defendant Juvenile Defendant Other Appellant 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, according to severity of offense): **1962-7471 F.**

12. ATTORNEY'S NAME (First Name, M.I., Last Name, incl. ding and suffix) AND MAILING ADDRESS: **Henry Brennan
20 Park Plaza, Ste. 1405
Boston, MA 02116
Telephone Number: 617-338-5566**

13. COURT ORDER: Appointing Counsel Co-Counsel Subs For Federal Defender Subs For Retained Attorney Subs For Panel Attorney Standby Counsel

Prior Attorney's Name: **Barbara J. Lutoff**
Appointment Dates: **10/05/12** to **06/30/11**
 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)

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions): **Brennan & Associates**

Signature of Presiding Judge or By Order of the Court: **Barbara J. Lutoff**
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 transcription of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. 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	
16. 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 = \$ 220.7) TOTALS:	210.7	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):		30,250.00		35125.00	

19. CERTIFICATION OF ATTORNEY-PAYEE FOR THE PERIOD OF SERVICE FROM: **6/10/13** TO: **6/30/13**

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 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: **[Signature]** 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. SIGNATURE OF THE PRESIDING JUDGE: [Signature]	DATE: 7/5/13	28a. 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: [Signature]	DATE: 	34a. JUDGE CODE: 		