

Elizabeth M. Streit, Lead Trial Attorney
Jennifer S. Diamond, Trial Attorney
Rosemary Hollinger, Regional Counsel
Commodity Futures Trading Commission
525 West Monroe Street, Suite 1100
Chicago, Illinois 60661
312-596-0537
ES-2235
JD-5642
RH-6870

Paul Blaine
Assistant United States Attorney
for the District of New Jersey
Camden Federal Building & U.S. Courthouse
401 Market Street, 4th Floor
Camden, New Jersey 08101
856-757-5412
PB-5422

**In The United States District Court
For The District Of New Jersey
Camden Vicinage**

Commodity Futures Trading Commission,
Plaintiff,

vs.

Equity Financial Group LLC, Tech Traders, Inc.,
Tech Traders, Ltd., Magnum Investments, Ltd.,
Magnum Capital Investments, Ltd.,
Vincent J. Firth,
Robert W. Shimer, Coyt E. Murray, and
J. Vernon Abernethy,
Defendants.

Hon. Robert B. Kugler
District Court Judge

Hon. Ann Marie Donio
Magistrate

Civil Action No: 04-1512 (RBK)

MOTION DATE: JULY 7, 2008

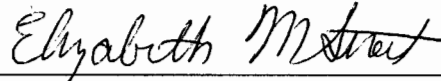
NOTICE OF MOTION AND MOTION

TO: SEE ATTACHED SERVICE LIST

PLEASE TAKE NOTICE that on July 7, 2008¹, application to the Clerk of the Court will be made to tax Defendants Robert Shimer, Vincent Firth and Equity Financial Group LLC the costs set forth in the attached Bill of Costs, a copy of which is hereby served upon you.

Date: June 12, 2008

Respectfully submitted,



Elizabeth M. Streit
Lead Trial Attorney
A.R.D.C. No. 06188119

Jennifer S. Diamond
Trial Attorney
A.R.D.C. No. 6278482

Commodity Futures Trading Commission
525 West Monroe Street, Suite 1100
Chicago, Illinois 60661

(312) 596-0537 (Streit)
(312) 596-0549 (Diamond)
(312) 596-0700 (office number)
(312) 596-0714 (facsimile)

¹ While Local Rule 54.1 provides that application to the Clerk should be not less than four nor more than six days from the date the notice is deposited in the mail, Clerk John O'Brien recommended that the parties use the regular motion schedule to provide more time for any response.

AO 133 (Rev. 8/06) Bill of Costs

UNITED STATES DISTRICT COURT

District of NEW JERSEY

U.S. CFTC

BILL OF COSTS

V.

EQUITY FINANCIAL GROUP, et al.

Case Number: 04-CV-1512

Judgment having been entered in the above entitled action on 6/4/2008 against EFG, R SHIMER & V FIRTH, the Clerk is requested to tax the following as costs:

Table with 2 columns: Description of costs and Amount. Includes items like Fees of the Clerk, Fees for service of summons and subpoena, Fees of the court reporter, etc. Total amount is \$40,584.96.

SPECIAL NOTE: Attach to your bill an itemization and documentation for requested costs in all categories.

DECLARATION

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill has been served on all parties in the following manner:

- Electronic service by e-mail as set forth below and/or.
Conventional service by first class mail, postage prepaid as set forth below.

s/ Attorney: Elizabeth M. Streit

Name of Attorney: ELIZABETH STREIT

For: U.S. COMMODITY FUTURES TRADING COMMISSION Date: 6/12/08

Costs are taxed in the amount of \$0.00 and included in the judgment.

Clerk of Court By: Deputy Clerk Date

AO 133 (Rev. 8/06) Bill of Costs

UNITED STATES DISTRICT COURT

WITNESS FEES (computation, cf. 28 U.S.C. 1821 for statutory fees)							
NAME, CITY AND STATE OF RESIDENCE	ATTENDANCE		SUBSISTENCE		MILEAGE		Total Cost Each Witness
	Days	Total Cost	Days	Total Cost	Miles	Total Cost	
SEE FORM ATTACHED HERETO.							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
					TOTAL		\$0.00

NOTICE

Section 1924, Title 28, U.S. Code (effective September 1, 1948) provides:

“Sec. 1924. Verification of bill of costs.”

“Before any bill of costs is taxed, the party claiming any item of cost or disbursement shall attach thereto an affidavit, made by himself or by his duly authorized attorney or agent having knowledge of the facts, that such item is correct and has been necessarily incurred in the case and that the services for which fees have been charged were actually and necessarily performed.”

See also Section 1920 of Title 28, which reads in part as follows:

“A bill of costs shall be filed in the case and, upon allowance, included in the judgment or decree.”

The Federal Rules of Civil Procedure contain the following provisions:

Rule 54 (d)

“Except when express provision therefor is made either in a statute of the United States or in these rules, costs shall be allowed as of course to the prevailing party unless the court otherwise directs, but costs against the United States, its officers, and agencies shall be imposed only to the extent permitted by law. Costs may be taxed by the clerk on one day’s notice. On motion served within 5 days thereafter, the action of the clerk may be reviewed by the court.”

Rule 6(e)

“Whenever a party has the right or is required to do some act or take some proceedings within a prescribed period after the service of a notice or other paper upon him and the notice or paper is served upon him by mail, 3 days shall be added to the prescribed period.”

Rule 58 (In Part)

“Entry of the judgment shall not be delayed for the taxing of costs.”

**COURT REPORTER AND
TRANSCRIPT FEES**

SHIMER - Days 1-3

Susan Soble Associates, P.C.

1460 North Clark Street - 2611
 Chicago, IL 60610-5572
 (312) 988-9868
 FEIN 20-0251206

Invoice

Date	Invoice No.
10/25/2005	5307

BILL TO
Commodity Futures Trading Commission Finance Office, Three LaFayette Centre 1155 21st Street, N.W. Washington, D.C. 20581

SHIP TO
Commodity Futures Trading Comm Division of Enforcement 525 West Monroe Street - 1100 Chicago, Illinois 60661

Case No.	Terms	Reporter	Attorney
04 CV 1512	Net 30	SS	Beth Streit

Description	Pgs/Hrs	Rate	Amount
CFTC v. EQUITY FINANCIAL, et al.			
Deposition of: ROBERT W. SHIMER 10-18-05 Full day session Original & 1 copy (Accelerated)	282	125.00 5.00	125.00 1,410.00
Deposition of: ROBERT W. SHIMER - 10-19-05 Full day session Original & 1 copy (pgs 283-602) (Accelerated)	320	125.00 5.00	125.00 1,600.00
Deposition of: ROBERT W. SHIMER - 10-20-05 Full day session Original & 1 copy (pgs 603-1009) (Accelerated)	407	125.00 5.00	125.00 2,035.00
Condensed Trans/Word Index	3	10.00	30.00
Final ASCII (s)	3	0.00	0.00
Handling fee		4.50	4.50
PO #0683001			

PURCHASE ORDER # 0683001
 DATE GOODS/SERVICES RECEIVED AND ACCEPTED: 11-23-05
 AMOUNT APPROVED: 5,454.50
 THIS IS A: FINAL BILL PARTIAL BILL
 REVISED BILL
 SIGNATURE: Musiel J. Naughtie
 TITLE/PHONE # AV = 5342
 RETURN TO OFM BY: _____

Total	\$5,454.50
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DOC ID: 0683001
 VENDOR: 545506

Shimer - Day 4

Jan-18-2006 10:13am From: Veritex C

T-739 P 002/002 F-293

Waxman & Schaffer Reporting
 25B Vreeland Road, Suite 301
 Florham Park, NJ 07932
 Tel. 973-410-4040 Fax. 973-410-1313

Bill To: Murlie Slaughter
 Commodity Futures Trading Commission
 Three Lafayette Centre
 1155 21st Street N.W.-Office of Financial Management
 Washington, DC 20581

Invoice #: NJ38659
Invoice Date: 11/10/2005
Balance Due: \$ 1,781.33
Ambassador # 64,499

Case: Commodity Futures Trading Commission v. Equity Financial Group Job #: 87690 Job Date: 11/03/2005 Delivery: Normal Billing Atty: Murlie Slaughter Location: Pepper Hamilton 3000 Two Logan Square 18th and Arch Streets Philadelphia, PA 1 Sched Atty: Elizabeth Streit Esq Deposing Att: Elizabeth Streit Esq	Purchase Order #: 06-83-008
---	------------------------------------

Item	Witness	Description	Units	Qty	Price	Amount
1	Robert Shimer	Attendance Fee (appearance)		1.00	\$75.00	\$75.00
2		Transcript - Original & 1 copy	Page	375.00	\$4.40	\$1,660.00
3		Shipping	Package	1.00	\$30.00	\$30.00
PURCHASE ORDER # <u>0683008</u> DATE GOODS/SERVICE RECEIVED <u>1-18-05</u> DATE GOODS/SERVICE ACCEPTED _____ AMOUNT APPROVED <u>\$1755.00</u>						Invoice Total: \$1,765.00 Payment: _____ Credit: _____ Interest: \$29.33 Balance Due: \$1,781.33
Fed. Tax ID: 22-2867998 Term: Net 30 REVISID BILL			FINAL BILL PARTIAL BILL			

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts past due 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 90 days.

THIS INVOICE IS 68 DAYS PAST DUE PLEASE REMIT - THANK YOU

RETURN TO OFM BY AO-5392

DOC ID: 0683008
 VENDOR: VERITEX A

Make check payable to:
Veritex New Jersey Reporting Co.
 26B Vreeland Road, Suite 301
 Florham Park, NJ 07932

Invoice #: NJ38659
Job #: 87690
Invoice Date: 11/10/2005
Balance: \$1,781.33

VISA, MASTERCARD & AMERICAN EXPRESS ACCEPTED

SHMER-DAYS



VERITEXT L.L.C.

1845 Walnut St
 Philadelphia, PA 19103
 Tel. 215- 241-1000 Fax. 215-241-1539

Bill To:
 Commodity Futures Trading Commission
 Division of Enforcement
 525 West Monroe Street, Suite 1100
 Chicago, IL 60661

Remit To: Veritext Pennsylvania
 1845 Walnut St
 Philadelphia, PA 19103

Statement of Account

Statement Date: 1/3/2006		Page 1 of 1		Total Balance Due: \$1,512.30			
Inv #	Invoice Date	Job #	Job Date	Caption	Contact	Aged (Days)	Balance Due
PA 27318	12/02/05	64583	1/16/05	Cftc vs Equity Financial Gro	Elizabeth M. Streit, Esq	32	\$1,512.30
						TOTAL:	\$1,512.30

Current	31-60 Days	61-90 days	>90 days	Total
\$ 0.00	\$ 1,512.30	\$ 0.00	\$ 0.00	\$ 1,512.30

Make check payable to:

Veritext Pennsylvania
 1845 Walnut St
 Philadelphia, PA 19103

VISA, MASTERCARD &
 AMERICAN EXPRESS ACCEPTED

Fed. Tax ID: 20-3132569

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 90 days.

Firth - DAY 1

INVOICE

Waxman & Schaffer Reporting

25B Vreeland Road, Suite 301
 Florham Park, NJ 07932
 Tel. (973)410-4087
 Fax. 973-410-1313

Bill To:

Commodity Futures Trading Commission
 Three Lafayette Centre
 1155 21st Street N.W.
 Washington, DC 20581

Invoice #: NJ15663
 Invoice Date: 05/12/2004
 Balance Due: \$1,367.65

0483065
 VERITEXT
 A

<p>Case: Commodity Futures Trading Commission v. Equidy Financial Group</p> <p>Job #: 58024 Job Date: 04/22/2004 Delivery: Normal</p> <p>Billing Atty:</p> <p>Location: US Attorney Office 401 Market Street 4th Floor Camden, NJ</p> <p>Sched Atty: Elizabeth Streit Esq</p> <p>Deposing Atty: ELIZABETH M. STREIT</p>	<p>Purchase Order #04-8</p>
--	------------------------------------

Item	Witness	Description	Units	Qty	Price	Amount
	Vincent Firth	Attendance Fee (appearance)		1.00	\$65.00	\$65.00
		Transcript - Original & 1 copy	Page	271.00	\$4.25	\$1,151.75
		Exhibits	Page	316.00	\$0.40	\$126.40
		Shipping & handling	Package	1.00	\$24.50	\$24.50
Notes:					Invoice Total:	\$1,367.65
PURCHASE ORDER # _____					Payment:	
DATE GOODS/SERVICES RECEIVED _____					Credit:	
AND ACCEPTED: _____					Balance Due:	\$1,367.65
AMOUNT APPROVED: _____						
Fed. Tax ID: 22-2667998			Term: Net 30		PARTIAL BILL	

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments will be made after 90 days.

Please tear off stub and return with payment.

RETURN TO OFM BY: _____

Make check payable to:

Veritext/New Jersey Reporting Co., LLC
 P.O. Box 14048A
 Newark, New Jersey 07198-0048

Invoice #: NJ15663
 Job #: 58024
 Invoice Date: 05/12/2004
 Balance: \$1,367.65

VISA, MASTERCARD & AMERICAN EXPRESS ACCEPTED

Oct-19-2004 09:08am From:Veritex

FIRTH-DAY 2
T-415 P.002/002 F-474

Waxman & Schaffer Reporting

25B Vreeland Road, Suite 301
Florham Park, NJ 07932
Tel. (973)410-4087
Fax. 973-410-1313

Bill To: Elizabeth Strelt Esq
Commodity Futures Trading Commission
Three Lafayette Centre
1155 21st Street N.W.
Washington, DC 20581

Invoice #: NJ21780
Invoice Date: 10/15/2004
Balance Due: \$1,540.10
Ambassador #: 0

Case: Commodity Futures Trading Commission v. Equity Financial Group Job #: 87582 Job Date: 09/28/2004 Delivery: Normal Billing Atty: Elizabeth Strelt Esq Location: Pepper Hamilton 3000 Two Logan Square 18th and Arch Streets Philadelphia, PA 1 Sched Atty: Elizabeth Strelt Esq Deposing Atty: Elizabeth Strelt Esq	
--	--

		Quantity	Unit Price	Amount	Balance
Vincent Firth	Attendance Fee (appearance)	1.00	\$75.00	\$75.00	
	Transcript - Original & 1 copy	Page 324.00	\$4.40	\$1,426.60	
	Shipping & handling - Express Delivery	1.00	\$39.50	\$39.50	
Notes:				Invoice Total:	\$1,540.10
				Payment:	
				Credit Interest:	\$0.00
Fed. Tax ID: 22-2667998				Balance Due:	\$1,540.10
Term: Net 30					

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.8% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 60 days.

Make check payable to:

0483087
VERITEX

Veritex/New Jersey Reporting Co., LLC
P.O. Box 14048A
Newark, New Jersey 07198-0048

Invoice #: NJ21780
Job #: 87582
Invoice Date: 10/15/2004
Balance: \$1,540.10

VISA, MASTERCARD & AMERICAN EXPRESS ACCEPTED

OCT 19 2004 10:33

PAGE. 02

Beovich Walter & Friend, Inc.
 Certified Court Reporters
 1001 SW 5th Avenue, Suite 1200
 Portland, OR 97204
 (503) 228-7201 Fax (503) 228-3978

INVOICE

INVOICE NO.	DATE	JOB NUMBER
126317	01/17/2006	01-40750
JOB DATE	REPORTER(S)	CASE NUMBER
12/21/2005	FRAZPA	104CV01512
CASE CAPTION		
CFTC v. Equity Financial Group		
TERMS		
Net 30		

Muriel Slaughter
 Commodity Futures Trading Comm / Office of Financial Mgt.
 Three Lafayette Centre
 1155 21st Street N.W.
 Washington, DC 20581

COPY OF TRANSCRIPT / WORDLIST
 Elaine Teague - Vol. 1
 ARCHIVE FEE
 PHOTOCOPIES / TABS

319 Pages 622.05
 80.00 Pages 20.00
TOTAL DUE >>>> 649.55
 AFTER 02/16/2006 PAY 659.29

MiniTran - NO CHARGE
 Sent transcript using your FedEx account.
 Thank You!!

PO # 05 83 018

0683018 ✓
 DATE GOODS SERVICE RECEIVED 2-7-06 ✓
 DATE GOODS SERVICE ACCEPTED
 ACCOUNT APPROVED \$649.55 ✓
 FINAL BILL
 REVISED BILL
 Muriel Slaughter
 (202) 418-5392

TAX ID NO.: 93-0522014

Please detach bottom portion and return with payment.

Muriel Slaughter
 Commodity Futures Trading Comm / Office of Financial Mgt.
 Three Lafayette Centre
 1155 21st Street N.W.
 Washington, DC 20581

Invoice No.: 126317
 Date : 01/17/2006
 TOTAL DUE : 649.55
 AFTER 2/16/2006 PAY : 659.29

0683018
 BEOWALFRI

Job No. : 01-40750
 Case No. : 104CV01512
 CFTC v. Equity Financial Group

Remit To: **Beovich Walter & Friend, Inc.**
 Certified Court Reporters
 1001 SW 5th Avenue, Suite 1200
 Portland, OR 97204

Beovich Walter & Friend, Inc.
 Certified Court Reporters
 1001 SW 5th Avenue, Suite 1200
 Portland, OR 97204
 (503) 228-7201 Fax (503) 228-3978

INVOICE

INVOICE NO.	DATE	JOB NUMBER
126446	01/20/2006	01-40984
JOB DATE	REPORTER(S)	CASE NUMBER
01/12/2006	FRAZPA	104CV01512R
CASE CAPTION		
Commodity Futures Trading Commission v. Equity Financ		
TERMS		
Net 30		

Muriel Slaughter
 Commodity Futures Trading Comm / Office of Financial Mgt.
 Three Lafayette Centre
 1155 21st Street N.W.
 Washington, DC 20581

ORIGINAL TRANSCRIPT / WORDLIST Elaine Teague - Vol. 2 REPORTER ATTENDANCE	191 Pages 2.50 Hours	716.25 125.00
ORIGINAL TRANSCRIPT / WORDLIST Elaine Teague - Vol. 3 REPORTER ATTENDANCE ARCHIVE FEE E-TRAN PHOTOCOPIES / TABS	279 Pages 2.50 Hours 2.00 4.00 Pages	1,046.25 125.00 7.50 60.00 1.00
TOTAL DUE >>>>		2,081.00
AFTER 02/19/2006 PAY		2,112.22

Appearance Fee Split w/Sachnoff & Weaver - This is your share.
 MiniTran - NO CHARGE.
 Thank You!!

PL # 06-83-018

CHASE ORDER # 0683018
 DATE OF THIS SERVICE RECEIVED 2-7-06
 DATE OF THIS SERVICE ACCEPTED 2-8-06
 TOTAL DUE 2,081.00
 APPROVED - FINANCIAL
 Muriel Slaughter
 RETURN TO OPM BY ACJ 5398

TAX ID NO.: 93-0522014

(202) 418-5392 Fax (202) 418-5529

Muriel Slaughter
 Commodity Futures Trading Comm / Office of Financial Mgt.
 Three Lafayette Centre
 1155 21st Street N.W.
 Washington, DC 20581

Invoice No.: 126446
 Date : 01/20/2006
 TOTAL DUE : 2,081.00
 AFTER 2/19/2006 PAY : 2,112.22

Job No. : 01-40984
 Case No. : 104CV01512RBK
 Commodity Futures Trading Commission

0683018-01
 BEOVICH WALTER & FRIEND

Remit To: **Beovich Walter & Friend, Inc.**
 Certified Court Reporters
 1001 SW 5th Avenue, Suite 1200
 Portland, OR 97204

02/09/2006 12:59 2025461502

MILLER REPORTING

PAGE 02

Miller Reporting Company, Inc.
 735 - 8th Street, SE
 Washington, DC 20003
 Phone: (202) 546-6666 (800) 833-7947
 Fax: (202) 546-1502

Commodity Futures Trading Commission
 Office of Financial Mgt.
 3 Lafayette Center
 1155 21st St., NW
 Washington, DC 20581
 Elizabeth Streit, Esq.

INVOICE NO. 996080
 INVOICE DATE: 2/06/2006
 REPORTER:
 CFTC CFTC

CFTC v. Equity Financial, et al.
 Depo: Susan Lee
 PO# 06-83-019

DOC ID: 0683019
 VENDOR: MILNER
 ID#: 52-1195809

Date	Description	Units	Rate	Amount
1/23/2006	Pages 1-253	253.00	4.25	1,075.25
	Original and 1 Copy			
	Exhibits: Pages 1-191	191.00	0.35	66.85
	Postage/Handling	1.00	45.00	45.00
2/06/2006	Emailed e-transcript: estreit@cftc			
Sub Total				1,187.10
Paid				0.00
Balance Due				1,187.10

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PURCHASE ORDER # 0683019
 DATE GOODS/SERVICE RECEIVED 2-14-06
 DATE GOODS/SERVICE ACCEPTED _____
 AMOUNT APPROVED 1187.10 ✓
 THIS IS A: _____ FINAL BILL _____ PARTIAL BILL
 _____ REVISED BILL ✓
 SIGNATURE Muriel J. Stauffer
 TITLE/PHONE # Ac 5372
 RETURN TO OFM BY _____



Adams & Holt, inc.

401 Rensselaer Avenue
 Charlotte, North Carolina 28203-4566
 (704) 334-4602

TAX I.D. NO.: 56-1189845

Ms. Elizabeth M. Scretit
 Commodity Futures Trading
 Commission
 525 West Monroe Street, Ste. 1100
 Chicago, IL 60661

INVOICE

INVOICE NO.	DATE	JOB NUMBER
74088	02/07/06	1-18021
JOB DATE	REPORTER(S)	CASE NUMBER
01/25/06	SIMPJI	04 CV 151
CASE CAPTION		
CFTC vs. Equity Financial		
TERMS		
Due and Payable Upon Receipt		

ORIGINAL AND 1 COPY TRANSCRIPT OF:
 ROBERT W. COLBY

PURCHASE ORDER # 0683021
DATE GOODS/SERVICE RECEIVED 2-24-06
DATE GOODS/SERVICE ACCEPTED 2-24-06
AMOUNT APPROVED \$ 332.65
 THIS IS A: FINAL BILL PARTIAL BILL
 REVISED BILL

SIGNATURE: *Murphy J. Naughton*
 TITLE/PHONE # _____
 PURCHASE ORDER # 06-83-021
 RETURN TO OEM BY _____

56 PGS 221.20
 APPEARANCE FEE 75.00
 Transcript(s) 25.00
 ASCII Disk(s) 5.00
 Postage/Filing Original 6.45

TOTAL DUE >>>> 332.65
 AFTER 03/10/06 PAY 342.63

THANK YOU FOR YOUR BUSINESS!

DOC ID: 0683021
 VENDOR: ADA HOL

03/13/2006 14:15 15167416740

ALLIANCE REPORTING S

PAGE 01



Alliance Reporting Service, Inc.

OFFICE OF
C.F.T.C.

102 Third Street
P.O. Box 465
Mineola, NY 11501

1.516.741.7583

(F) 1.516.741.6740

www.alliancereporting.com

2006 MAR 14 A 8:18

TAX ID#: 11-2955785

MURIEL SLAUGHTER
COMMODITY FUTURES TRADING COMMISSION
OFFICE OF FINANCIAL MANAGEMENT
THREE LAFAYETTE CENTER
WASHINGTON, DC 20581

OFFICE OF FINANCIAL MGMT

Invoice #16700

03/13/2006	Due on receipt
------------	----------------

Shipped To: STREIT, ELIZABETH ESQ.
DIVISION OF ENFORCEMENT
525 WEST MONROE STREET
CHICAGO, IL 60661

DOC ID: _____
VENDOR: ALLREP 1

02/28/2008	CFTC vs. EQUITY FINANCIAL			UPS
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				PO #06-83-032
--	--	--	--	---------------

Original Transcript of NICHOLAS STEVENSON, ESQ.

E-Trans Min-U-Script & ASCII	\$ 10.00	1.00	\$ 10.00
Original & 1 - Transcript (169 Pages)	\$ 5.55	1.00	\$ 937.95
Reporter Appearance Fee - Full Day	\$ 120.00	1.00	\$ 120.00
Word Index (28 Pages)		1.00	\$ 0.00

PURCHASE ORDER # _____ \$ 1,067.95

DATE GOODS/SERVICES RECEIVED _____

AND ACCEPTED BY _____ \$ 0.00

AMOUNT APPROVED: _____ \$ 0.00

THIS IS A: FINAL BILL PARTIAL BILL
 REVISED BILL

Amount Due: \$ 1,067.95
Paid: \$ 0.00

SIGNATURE: _____

TITLE/PHONE # _____

SHIPPER UNDER CFTC'S FED EX ACCOUNT: #100757087

	\$ 1,067.95
Payment Due	Upon Receipt

Credit Card Payment

VISA MasterCard Discover American Express

Credit Card Number

Exp. Date CIC#

Signature (as it appears on card)

Print Name (as it appears on card)

Address:

03/04/2005 09:02 7028739235

BONANZA

PAGE 02

Bonanza Reporting-Las Vegas
 2320 Paseo Del Prado
 Las Vegas, NV 89102
 Phone (702) 360-3206

INVOICE

TAXID.NO.: 880117760

Accounts Payable
 Commodity Futures Trading
 Commission
 Three Lafayette Centre
 1155 21st St., N.W.
 Washington, DC 20581

INVOICE NO.	DATE	JOB NUMBER
78098	02/26/05	3-10000
JOB DATE	REPORTER(S)	CASE NUMBER
02/08/05		1512
CASE CAPTION		
Commodity Futures vs. Equity Fir		
TERMS		

ORIGINAL AND 1 COPY OF TRANSCRIPT OF:

William David Perkins

EXHIBITS	393 PGS	1,768.50
	326 PGS	114.10
REPORTER ATTENDANCE		125.00
Condensed Transcript		150.00
Postage & handling		65.00
Processing Fee/Original		20.00
		25.00
		=====
TOTAL DUE >>>>		2,142.60
		2,117.6

Thank you very much. We appreciate your business.
 We now accept all major credit cards.
 Ask us about receiving your transcript and exhibits on CD-ROM.

PURCHASE ORDER # 0583066
 DATE GOODS/SERVICE RECEIVED 3-7-05
 DATE GOODS SERVICE ACCEPTED 3-7-05
 AMOUNT APPROVED \$ 2,117.60
 THIS IS A: FINAL BILL PARTIAL BILL
 REVISED BILL
 SIGNATURE Murriel J. Naughton
 TITLE/PHONE # 30,53920
 RETURN TO OFM BY _____

ORDER: 0583066
 BONANZA

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

ROBERT B. KUGLER
UNITED STATES DISTRICT JUDGE

MITCHELL H. COHEN U.S. COURTHOUSE
1 John F. Gerry Plaza - Room 6040
CAMDEN, NJ 08101
856-757-5010

August 24, 2007

Elizabeth M. Streit, Esq.
U.S. Commoditiy Futures Trading Commission
525 W. Monroe Street - Suite 1100
Chicago, IL 60661

Robert Shlmer
1225 W. Leesport Road
Leesport, PA 19533

Vincent Flrth
3 Aster Court
Medford, NJ 08055

Re: Commodity Futures Trading Commission v. Equity Financial Group, LLC, et al
Civil No. 04-1512(RBK)

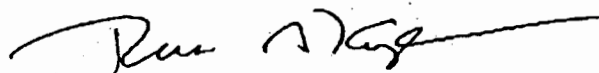
Dear Counsel and Defendants:

This will confirm that I require you to purchase daily copy of the transcript of the trial in this case, which will begin on August 27, 2007.

As the court is sitting without a jury, the transcript is necessary to assist the court in finding the facts, as required by F.R.Civ.P. 52(a).

You may consider this an Order.

Very truly yours,



ROBERT B. KUGLER
United States District Judge

RBK:mg

170 MarkView - Invoice #00000259A

AD-44 (Rev. 12/99)										
UNITED STATES DISTRICT COURT FOR THE NEW JERSEY										
INVOICE NO: 00000259										
Elizabeth Streit, Esq. Commodity Futures Trading Com. Division of Enforcement 525 West Monroe Suite 1100 Chicago, IL 60661 Phone: (312) 596-0537 FAX: (312) 596-0714 estreit@ctfc.gov						MAKE CHECKS PAYABLE TO: Carl J. Nami, Jr. Official, U. S. Court Reporter One John F. Gerry Plaza P. O. Box 889 Camden, NJ 08101 Phone: (856) 757-5019 FAX (856) 757-5076 carlnami@yahoo.com				
<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL			DATE ORDERED: 09-14-2007			DATE DELIVERED: 09-14-2007				
Case Style: 04-1512(RBK). Commodity Futures Trading Com. v Equity Financial Group, et al Transcripts in the above matter on Aug. 27, 28, 29, 30, 31, 2007. Sept. 4, 5, 6, 2007. Daily copy delivery with e-mailed copies each night.										
CATEGORY	ORIGINAL			1ST COPY			2ND COPY			TOTAL CHARGES
	PAGES	PRICE	SUBTOTAL	PAGES	PRICE	SUBTOTAL	PAGES	PRICE	SUBTOTAL	
Ordinary										
Expedited										
Daily										
Hourly	1457	6.60	9,616.20	1457	1.10	1,602.70				11,218.90
Realtime										
Misc. Desc.										MISC. CHARGES:
										TOTAL: 11,218.90
										LESS DISCOUNT FOR LATE DELIVERY:
										TAX (if Applicable):
										LESS AMOUNT OF DEPOSIT:
										TOTAL REFUND:
										TOTAL DUE: \$11,218.90
ADDITIONAL INFORMATION Full price may be charged only if the transcript is delivered within the required time frame. For example, if an order for expedited transcript is not completed and delivered within seven (7) calendar days, payment would be at the ordinary delivery rate.										
CERTIFICATION I certify that the transcript fees charged and page format used comply with the requirements of this court and the Judicial Conference of the United States.										
SIGNATURE: <i>Carl J. Nami</i>							DATE: <i>Sept 14, 2007</i>			

(All previous editions of this form are canceled and should be destroyed)

FEES FOR WITNESSES

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. VAPHILADELPHI082707_V01
5. a. NAME (Last, first, middle initial) Abernethy, Vernon		b. SOCIAL SECURITY NO. ***-**-*****7749	4. SCHEDULE NO.
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202.418.5183	6. PERIOD OF TRAVEL a. FROM 08/27/07 b. TO 08/30/07
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)	
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00C4WQ b. DATE(S) 08/10/07	
		10. CHECK NO.	
		11. PAID BY	

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
0823071253HU RNCP	4.60	XD	08/23/07			
037707114132 6	1,075.30	US	08/23/07	CLT-Charlotte,	PHL-Philadelphia,	
ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002 ENTVX^----- 308.40 NR- 1,093.40 ACCOUNTI						
COMMENTS on next page						

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		
TRAVELER SIGN HERE ▶	DATE	AMOUNT CLAIMED ▶
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).		348.40

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)
APPROVING OFFICIAL SIGN HERE ▶	DATE
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION	
a. VOUCHER NO.	b. D.O. SYMBOL
c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶	DATE
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
Certifier's Initials:	
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
d. NET TO TRAVELER ▶	
348.40	

SEE BLOCK 12 ABOVE

TRAVEL VOUCHER
-**-**7749
Abernethy, Vernon

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
00C4WQ 08/10/07

ACCOUNTING CLASSIFICATION: (cont'd)
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^ - 40.00 NR
- 0.00

COMMENTS:
Witness giving testimony at trial: CFTC v. Equity Financial, et al. BPAC 214-220
0-060. Trial is in Camden, NJ.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

Col. (f) Complete for per diem and actual expense travel.

Col. (g) Show total subsistence expense incurred for actual expense travel.

Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.

Col. (i) Show expenses, such as: taxilines/taxi fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation of TRIP # 1 PAGES 2 OF 1 TRAVEL AUTHORIZATION NO. 0004W

TRAVELER'S LAST NAME Abernethy

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS EXPENSES	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)					MILEAGE (h)	MILEAGE (i)	SUBSISTENCE (m)
08/27		D-: RES: Belmont, TMC FEE (GOVCC-C)											
08/27		A-: PHILADELPHIA, PA						48.00					
08/27		Air Fare (GOVCC-C)							20	9.70			
08/27		PVT VEHICLE (POV) SHUTTLE/LIMO											
08/28		Subsistence						64.00					
08/29		D-: PHILADELPHIA, PA Subsistence						64.00					
08/29		WITNESS FEE											
08/30		PVT VEHICLE (POV) A: RES: Belmont,							20	9.70			
08/30		Subsistence						48.00					
08/30		TAV FEE -C											
08/30		TOLLS											
08/30		TAXI - AIRPORT											
SUBTOTALS											191.40	2241.00	105.00
TOTALS											191.40	2241.00	105.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 8011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil support of the claim may result in delay or loss of reimbursement.

requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (i), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 348.40

REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICES								
1. ORDER FROM (COMPANY NAME AND ADDRESS)	2. DATE OF ORDER		3. ORDER NUMBER F13CH7022A				5. TYPE OF BUSINESS (PUT 'X' NEXT TO ONE)	
	4. GSA CONTRACT No.		LARGE		DISADVANTAGED			
			SMALL		WOMAN OWNED			
6. TYPE OF ORDER (PUT 'X' NEXT TO ONE)			7. FOB POINT	8. DELIVERY DATE	9. DISCOUNT TERMS			
PURCHASE		DELIVERY						
10. REQUISITION NUMBER		11. DATE SUBMITTED		12. NO OF PAGES	13. DELIVER TO (OFFICE, ADDRESS, (ROOM No) ATTN: R. HOLLINGER CFTC, 525 W. MONROE SUITE 1100 CHICAGO, IL 60661			
OFFICE OF BUDGET & FISCAL OPERATIONS		8/22/07		1 OF 1				
14. SUGGESTED SUPPLIER (NAME AND ADDRESS, IF KNOWN) EMBASSY SUITES HOTEL – CENTER CITY 1776 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103			15. OBJECT CLASSIFICATION 2521		16. BUDGET ACCOUNTING CODE BPAC CODE 214-2200-060 CHEN			
			17. REQUIRED DELIVERY DATE 8/24/07					
18. REQUESTED BY: (NAME, OFFICE, EXTENSION) ELIZABETH STREIT, (312) 596-0544			19. FOR INFORMATION, CONTACT (NAME, EXTENSION) A. SMITH (312) 596-0553					

DESCRIPTION AND FEDERAL STOCK NUMBER, IF ANY	QTY	UNIT (BOX, ETC.)	UNIT PRICE	TOTAL AMT.
-20-	-21-	-22-	-23-	-24-
1)				
2) 1 ROOM AT GOVERNMENT RATE	2	ROOM CHARGE	\$138.00	\$276.00
3) FOR VERNON ABERNETHY ARRIVING ON 8/27/07 AND DEPARTING ON 8/29/07	1	ROOM TAX FOR 2 DAYS	38.64	\$38.64
4) CONFIRMATION NUMBER: 82018611				
5) ANY OTHER CHARGES ARE TO BE PAID BY MR. ABERNETHY				
6)				
7)				
8)				
9)				
10)				
11) PHONE: (215) 561-1776				
12) FAX: (215) 561-1850				
13) T.I.N.: 20-5780150				
14) CONTACT: ACCOUNTING DEPT.				
15)				
16) PAY IN ADVANCE BY CHECK				
NOT TO EXCEED \$314.64 WITHOUT PERMISSION OF ROSEMARY HOLLINGER			GRAND TOTAL	\$314.64

25. PURPOSE	26. REVIEWING APPROVALS:		27. BUDGET
Witness testifying at trial beginning 8/27/07 in Camden, New Jersey -2 nights in hotel CFTC v. Equity Financial Group, LLC; et al, Docket No. 1:04-CV-01412-RBK-AMD BPAC CODE 214-2200-060	ADMIN. OFFICER	PERSONNEL	I certify that funds are available in the a/c(s) BUDGET OFFICER/DATE
	OIRM	LIBRARY	
28. APPROVED BY (SIGNATURE)	TITLE	DATE	
CERTIFICATION			
I certify that CFTC, GSA, GAO, and other applicable Government regulations have been followed.			
SIGNATURE	TITLE	DATE	
	Director, Office of Administrative Services		

CFTC Form 13 (09-02)
Previous editions are obsolete

Original To—Office of Administrative Services
Copy 1—Office of Budget & Fiscal Operations

Copy 2—Contracting Office
Copy 3—Originating Office

REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICES

1. ORDER FROM (COMPANY NAME AND ADDRESS)		2. DATE OF ORDER	3. ORDER NUMBER F13CH7023A	
		4. GSA CONTRACT No.	5. TYPE OF BUSINESS (PUT 'X' NEXT TO ONE)	
			<input type="checkbox"/> LARGE	<input type="checkbox"/> DISADVANTAGED
			<input type="checkbox"/> SMALL	<input type="checkbox"/> WOMAN OWNED
6. TYPE OF ORDER (PUT 'X' NEXT TO ONE)		7. FOB POINT	8. DELIVERY DATE	9. DISCOUNT TERMS
<input type="checkbox"/> PURCHASE <input type="checkbox"/> DELIVERY				
10. REQUISITION NUMBER		11. DATE SUBMITTED	12. NO OF PAGES	13. DELIVER TO (OFFICE, ADDRESS, (ROOM NO) ATTN: R. HOLLINGER
OFFICE OF BUDGET & FISCAL OPERATIONS ORIGINATING OFFICE		8/28/07	1 OF 1	CFTC, 525 W. MONROE SUITE 1100 CHICAGO, IL 60661
14. SUGGESTED SUPPLIER (NAME AND ADDRESS, IF KNOWN)		15. OBJECT CLASSIFICATION	16. BUDGET ACCOUNTING CODE	
EMBASSY SUITES HOTEL - CENTER CITY 1776 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103		2521	BPAC CODE 214-2200-060 CHEN	
		17. REQUIRED DELIVERY DATE		
		8/29/07		
18. REQUESTED BY: (NAME, OFFICE, EXTENSION)		19. FOR INFORMATION, CONTACT (NAME, EXTENSION)		
ELIZABETH STREIT, (312) 596-0544		A. SMITH (312) 596-0553		

DESCRIPTION AND FEDERAL STOCK NUMBER, IF ANY -20-	QTY -21-	UNIT (BOX, ETC.) -22-	UNIT PRICE -23-	TOTAL AMT. -24-
1)				
2) 1 ROOM AT GOVERNMENT RATE	1	ROOM CHARGE	\$138.00	\$138.00
3) FOR VERNON ABERNETHY- TRIP EXTENDED - DEPARTING ON 8/30/07	1	ROOM TAX	19.32	\$19.32
4) CONFIRMATION NUMBER: 82018611				
5) ANY OTHER CHARGES ARE TO BE PAID BY MR. ABERNETHY				
6)				
7)				
8)				
9)				
10)				
11) PHONE: (215) 561-1776				
12) FAX: (215) 561-1850				
13) T.I.N.: 20-5780150				
14) CONTACT: ACCOUNTING DEPT.				
15)				
16) PAY IN ADVANCE BY CHECK				
NOT TO EXCEED \$157.32 WITHOUT PERMISSION OF ROSEMARY HOLLINGER GRAND TOTAL				\$157.32

25. PURPOSE	26. REVIEWING APPROVALS:	27. BUDGET
Witness testifying at trial beginning 8/27/07 in Camden, New Jersey -additional night in hotel CFTC v. Equity Financial Group, LLC; et al, Docket No. 1:04-CV-01412-RBK-AMD BPAC CODE 214-2200-060	ADMIN. OFFICER	I certify that funds are available in the a/c(s) BUDGET OFFICER/DATE
	OIRM	
28. APPROVED BY (SIGNATURE)	TITLE	DATE
CERTIFICATION		
I certify that CFTC, GSA, GAO, and other applicable Government regulations have been followed.		
SIGNATURE	TITLE	DATE
	Director, Office of Administrative Services	

CFTC Form 13 (09-02)
Previous editions are obsolete

Original To—Office of Administrative Services
Copy 1—Office of Budget & Fiscal Operations

Copy 2—Contracting Office
Copy 3—Originating Office

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE Division of Enforcem	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. JMPHILADELPHI082307_V01 4. SCHEDULE NO.
5. a. NAME (Last, first, middle initial) MCCORMACK, JOY H.		b. SOCIAL SECURITY NO. ***-**-*****0975	6. PERIOD OF TRAVEL a. FROM 08/23/07 b. TO 09/07/07
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312-596-0527	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00BGWP b. DATE(S) 07/27/07
e. PRESENT DUTY STATION CHICAGO		f. RESIDENCE (City and State) CHICAGO, IL	
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
11. PAID BY		10. CHECK NO.	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials	
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)
		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)
		POINTS OF TRAVEL	
		FROM (e)	TO (f)
0821070803LZ POPV 016707018010 2 ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002 ENTVX^ - 0.00 COMMENTS: Traveling to Philadelphia, PA to take part in trial in Camden, NJ in CFTC v. Equi COMMENTS continued on next page		ORD-Chicago, IL	PHL-Philadelphia, 4 634.45 NR-
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶	DATE
		AMOUNT CLAIMED ▶	4634.45
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).			
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶		a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: \$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		d. NET TO TRAVELER ▶ \$ 4634.45	
DATE			
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE			

TRAVEL VOUCHER
-**-**0976
MCCORMACK, JOY H.

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
00BGWP 07/27/07

COMMENTS: (cont'd)
ty Financial, et al. Elizabeth Streit and Jennifer Diamond are also going on Aug
ust 25th.
BPAC 214-2200-060

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 Col. (e) thru (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 (i) Complete for per diem and actual expense travel.
 (j) Show total subsistence expense incurred for actual expense travel.
 (k) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
 (l) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. **PAGE 2** OF **1** PAGES
TRIP # 1
TRAVEL AUTHORIZATION NO. 00BGWP
TRAVELER'S LAST NAME MCCORMACK

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS					MISCELLANEOUS SUBSISTENCE (h)	LOGGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MILEAGE (l)					SUBSISTENCE (m)	OTHER (n)	
08/23		D-:RES: CHICAGO, I								0				
08/23		TMC FEE (GOVCC-I)								0				4.50
08/23		AIR FARE (GOVCC-I)												240.80
08/23		A:PHILADELPHIA, PA				48.00		138.00	186.00			186.00		
08/23		RENTAL CAR											186.00	
08/23		TAXI - AIRPORT												
08/24		Subsistence				64.00		138.00	202.00			202.00		
08/25		Subsistence				64.00		138.00	202.00			202.00		
08/26		Subsistence				64.00		138.00	202.00			202.00		
08/27		Subsistence				64.00		138.00	202.00			202.00		
08/28		Subsistence				64.00		138.00	202.00			202.00		
08/29		Subsistence				64.00		138.00	202.00			202.00		
08/30		Subsistence				64.00		138.00	202.00			202.00		
08/31		Subsistence				64.00		138.00	202.00			202.00		
08/31		PURCHASED BOXES												
09/01		Subsistence				64.00		138.00	202.00			202.00		44.14
09/01		LAUNDRY/DRY CLEANING												
09/02		Subsistence				64.00		138.00	202.00			202.00		29.80
09/03		Subsistence				64.00		138.00	202.00			202.00		
09/04		Subsistence				64.00		138.00	202.00			202.00		
09/05		Subsistence				64.00		138.00	202.00			202.00		
09/05		PHONE CALLS - BUSINESS												
09/05		HOTEL INTERNET ACCESS												
										SUBTOTALS	01.00	2812.00	918.58	
										TOTALS				

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement of eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee the issuance of security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is required under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

TOTAL AMOUNT CLAIMED

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

STANDARD FORM 1012 BACK (10-77)

07

0.000

09/06	Subsistence	64 00	138 00	202.00
09/07	D-:PHILADELPHIA, PA			
09/07	A:RES: CHICAGO, IL			
09/07	Subsistence	48 00		48.00
09/07	TAV FEE -I			
09/07	PARKING - OTHER			
09/07	Taxes for Parking			
09/07	TAXI - AIRPORT			
09/07	RENTAL CAR-SUPPL FEES			
09/07	RENTAL/GOVT VEHICLE-GAS			
09/07	TOLLS			

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. TDPHILADELPHI082807_V01	
5. a. NAME (Last, first, middle initial) Dent, THOMAS		b. SOCIAL SECURITY NO. ***-**-*****774		6. PERIOD OF TRAVEL a. FROM 08/28/07 b. TO 08/29/07		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312.536.0553		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00C4RL b. DATE(S) 08/10/07		10. CHECK NO.	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		11. PAID BY			
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
005707144254 6 ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002^ENTVX^^^^^^ - 378.35 NR- 1,281.60 07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^^^^^^ - 40.0 0 NR- 0.00 COMMENTS: To give testimony at trial in Camden, NJ. CFTC v. Equity Financial, et al. BPAC 214-2200-060.		1,268.10	CO		08/24/07	SBN-South Bend, MI	DTW-Detroit, MI (U)
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶	418.35	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).		14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680e).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶		DATE		a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		d. NET TO TRAVELER ▶ \$ 418.35	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 Col. (f) Complete for per diem and actual expense travel.
 Col. (g) Show total subsistence expense incurred for actual expense travel.
 Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
 Col. (i) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. **PAGE 2** OF **1** PAGES
TRIP # 1
TRAVEL AUTHORIZATION NO. 0004RL
TRAVELER'S LAST NAME Dent

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			BREAK-FAST	LUNCH	DINNER	TOTAL					MILEAGE	SUBSISTENCE	OTHER	
08/28	07	D-:RES: , LaPorte, PA												
08/28		Air Fare (GOVCC-C)												
08/28		A-:PHILADELPHIA, PA				48.00		186.00				186.00		
08/28		PVT VEHICLE (POV)												
08/28		WITNESS FEE												
08/28		TAXI - AIRPORT												
08/29		D-:PHILADELPHIA, PA												
08/29		PVT VEHICLE (POV)												
08/29		A:RES: , LaPorte, PA				48.00		48.00				48.00		
08/29		Subsistence												
08/29		TAV FEE - C												
08/29		TAXI - OTHER												
08/29		TAXI - AIRPORT												
08/29		PARKING - AIRPORT												
									SUBTOTALS			291.10	2341.00	155.25
									TOTALS			291.10	2341.00	155.25

TOTAL AMOUNT CLAIMED 418.35

Enter grand total of columns (i), (m) and (n), below and in item 43 on the front of this form.

STANDARD FORM 1012 BACK (10-77)

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. JEPHILADELPHI082807_V01	
5. a. NAME (Last, first, middle initial) Evans, John		b. SOCIAL SECURITY NO. ***-**-*****7745		6. PERIOD OF TRAVEL a. FROM 08/28/07 b. TO 08/29/07		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312.596.0553		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00BY2H b. DATE(S) 08/07/07		10. CHECK NO.	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		11. PAID BY			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT					
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
d. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
006707133501 0	1,473.60	DL		08/24/07	MFR-Medford, Or	SLC-Salt Lake City	
ACCOUNTING CLASSIFICATION:							
07 CHEN-CF07140000^2007^0000000000^2003020002				ENTVX^*****			361.05 NR-
1,487.10							
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^							40.00 NR
- 0.00							
COMMENTS:							
Witness: to give testimony at trial in Camden, NJ: CFTC v. Equity Financial, et							
COMMENTS continued on next page							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶		DATE		AMOUNT CLAIMED ▶		401.05	
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶		DATE		a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		\$	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		d. NET TO TRAVELER ▶		\$ 401.05	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

TRAVEL VOUCHER
-**-**7745
Evans, John

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
00BY2H 08/07/07

COMMENTS: (cont'd)
al.
BPAC 214-2200-060

Complete this information if this is a continuation sheet. TRIP # 1 PAGES 2

TRAVEL AUTHORIZATION NO. 00BY2H

TRAVELER'S LAST NAME EVANS

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 Col. (e) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 Col. (f) Complete for per diem and actual expense travel.
 Col. (g) Show total subsistence expense incurred for actual expense travel.
 Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
 Col. (i) Show expenses, such as taxilimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE: 0.485 NO. OF MILES (k)	AMOUNT CLAIMED										
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL- LANEOUS SUBSIS- TENCE (h)		LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)						
08/28	07	D-:RES: , Grants P																	
08/28		Air Fare (GOVCC-C)																	
08/28		A-:PHILADELPHIA, PA				48.00				138.00	186.00		19.40	186.00					
08/28		PVT VEHICLE (POV)																	
08/28		TAXI - AIRPORT																	
08/29		D-:PHILADELPHIA, PA																	
08/29		PVT VEHICLE (POV)																	
08/29		A:RES: , Grants Pa																	
08/29		Subsistence																	
08/29		TAV FEE -C				48.00					48.00								
08/29		WITNESS FEE																	
08/29		TAXI - AIRPORT																	
08/29		PARKING - AIRPORT																	
SUBTOTALS											38.80	2341.00	128.25						
TOTALS											38.80	2341.00	128.25						

TOTAL AMOUNT CLAIMED 401.05

STANDARD FORM 1012 BACK (10-77)

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. TLCAMDENNJ083007 V01	
5. a. NAME (Last, first, middle initial) List, Thomas		b. SOCIAL SECURITY NO. ***-**-*****223		6. PERIOD OF TRAVEL a. FROM: 08/30/07 b. TO: 08/30/07		4. SCHEDULE NO.	
		e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		7. TRAVEL AUTHORIZATION a. NUMBER(S): 00CEKM b. DATE(S): 08/16/07	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding: 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED: \$			
b. Amount to be applied: 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small> TO <small>(f)</small>	
ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002^ENTVX^ - 13.50						112.02 NR-	
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^ - 0.00						40.00 NR	
COMMENTS: One day trip greater than 12 hours. Witness: Driving to Camden, NJ to testify at trial: CFTC v Equity Financial, et al. BPAC 214-2200-060							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶				DATE	AMOUNT CLAIMED ▶		152.02
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶				DATE	a. DIFFERENCES, IF ANY (Explain and show amount)		\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE	d. NET TO TRAVELER ▶		\$ 152.02
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

Complete this information if this is a continuation of **TRIP # 1** PAGES **2**
 OF **1** PAGES
 TRAVEL AUTHORIZATION NO. **00CEKM**
 TRAVELER'S LAST NAME **List**

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Complete only for actual expense travel
 (Unlisted items are self explanatory)
 Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 (f) Complete for per diem and actual expense travel.
 (g) Show total subsistence expense incurred for actual expense travel.
 (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
 (i) Show expenses, such as: tax/airfare, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/30	07	D-:RES: Mohnton, P											
08/30		A-:CAMDEN, NJ				33.00			33.00		64.02	33.00	
08/30		PVT VEHICLE (POV)											
08/30		D-:CAMDEN, NJ											
08/30		A:RES: Mohnton, PA											
08/30		TAV FEE -C											
08/30		Witness Fee											
08/30		TOLLS											
08/30		PARKING - OTHER											
SUBTOTALS											64.02	331.00	55.00
TOTALS											64.02	331.00	55.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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Enter grand total of columns (l), (m) and (n), below and in item 73 on the front of this form.

TOTAL AMOUNT CLAIMED 152.02

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. PMCAMDENNJ082907 V01	
5. a. NAME (Last, first, middle initial) McManigal, Paul		b. SOCIAL SECURITY NO. ***-**-*****8734		6. PERIOD OF TRAVEL a. FROM 08/29/07 b. TO 08/30/07		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312.536.0553		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00CDLP b. DATE(S) 08/16/07		10. CHECK NO.	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		11. PAID BY			

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE	
c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>			
D. Balance outstanding			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH
(List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ **Traveler's Initials**

AGENT'S VALUATION OF TICKET (e)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
				FROM (e)	TO (f)
037707186676 2	630.80 US		08/27/07	LAX-Los Angeles	PHL-Philadelphia,
ACCOUNTING CLASSIFICATION:					
07 CHEN-CF07140000^2007^0000000000^2003020002				ENTVX^^^^^^	344.46 NR-
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^^^^^^					40.0
0 NR-	0.00				
COMMENTS: Witness: Traveling to Camden, NJ to give testimony at trial: CFTC v. Equity Financial, et al. BPAC 214-2200-060					

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶	DATE	AMOUNT CLAIMED ▶	384.46
-----------------------------	------	-------------------------	--------

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶	DATE	a. DIFFERENCES, IF ANY (Explain and show amount)	\$

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶	DATE		\$ 0.00
			d. NET TO TRAVELER ▶
			\$ 384.46

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 Col. (f) Complete for per diem and actual expense travel.
 Col. (g) Show total subsistence expense incurred for actual expense travel.
 Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
 Col. (i) Show expenses, such as: taxi/taxi-cab fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet: TRIP # 1 PAGES 2
 TRAVEL AUTHORIZATION NO. 00CDLP
 TRAVELER'S LAST NAME McManigal

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				ITEMIZED SUBSISTENCE EXPENSES			MILEAGE RATE NO. OF MILES	AMOUNT CLAIMED					
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL- LANEUS- SUBSIS- TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (k)	SUBSISTENCE (m)	OTHER (n)			
08/29	07	D--RES: Newport Be														
08/29		Air Fare (GOVCC-C)														
08/29		A--PHILADELPHIA, PA				48.00								186.00		
08/29		PVT VEHICLE (POV)														
08/29		LODGING TAX (HOTEL TAX)														19.92
08/30		D--PHILADELPHIA, PA														
08/30		PVT VEHICLE (POV)														
08/30		A:RES: Newport Bea														
08/30		Subsistence				48.00								48.00		
08/30		PARKING - AIRPORT														17.60
08/30		TAXI - OTHER														26.00
08/30		WITNESS FEE														40.00
08/30		TAV FEE -C														
										SUBTOTALS	47154	234100	102192			
										TOTALS	47154	234100	102192			

TOTAL AMOUNT CLAIMED 384.46

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

STANDARD FORM 1012 BACK (10-77)

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. RRPHILADELPHI083007_V01			
5. a. NAME (Last, first, middle initial) Richardson, Robert		b. SOCIAL SECURITY NO. ***-**-*****7750	6. PERIOD OF TRAVEL a. FROM 08/30/07 b. TO 08/31/07			
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312.596.0553	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00CC8H b. DATE(S) 08/15/07			
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)				
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT				
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED			
b. Amount to be applied	0.00	\$				
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE				
D. Balance outstanding		11. PAID BY				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)						
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials						
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
2332056716	588.30	WN		08/28/07	LAS-Las Vegas,	PHL-Philadelphia,
ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002					ENTVX^ -	347.70 NR-
601.80						
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^						40.00 NR
-	0.00					
COMMENTS: Witness: Traveling to Philadelphia, PA to testify at trial in Camden, NJ. CFTC v . Equity Financial, et al. BPAC 214-2200-060						
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						
TRAVELER SIGN HERE ▶					DATE	AMOUNT CLAIMED ▶
						387.70
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680e).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE					\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		\$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					\$ 0.00	
DATE					d. NET TO TRAVELER ▶ \$ 387.70	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE						

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER		INSTRUCTIONS TO TRAVELER		INSTRUCTIONS TO TRAVELER								
		<p>Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)</p> <p>Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.</p> <p>Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)</p> <p>Col. (f) Complete for per diem and actual expense travel.</p> <p>Col. (g) Show total subsistence expense incurred for actual travel.</p> <p>Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.</p> <p>Col. (i) Show expenses, such as: taxifimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.</p>		<p>(Unlisted items are self explanatory)</p> <p>Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.</p> <p>Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)</p> <p>Col. (f) Complete for per diem and actual expense travel.</p> <p>Col. (g) Show total subsistence expense incurred for actual travel.</p> <p>Col. (h) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.</p> <p>Col. (i) Show expenses, such as: taxifimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.</p>		<p>Complete this information if this is a continuation sheet. TRIP # 1 PAGES 2</p> <p>TRAVEL AUTHORIZATION NO. 00CC8H</p> <p>TRAVELER'S LAST NAME Richardson</p>								
DATE	TIME	DESCRIPTION	BREAK-FAST	LUNCH	DINNER	TOTAL	MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE	MILEAGE	SUBSISTENCE	OTHER	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
08/30	07	D--RES: Las Vegas, Air Fare (GOVCC-C)								0.485				
08/30		A--PHILADELPHIA, PA				48.00		138.00	186.00		10	186.00		
08/30		PVT VEHICLE (POV)											40.00	
08/30		TAXI - AIRPORT												
08/31		D--PHILADELPHIA, PA												
08/31		PVT VEHICLE (POV)												
08/31		A:RES: Las Vegas, Subsistence				48.00			48.00		10	48.00		
08/31		TAV FEE - C												
08/31		WITNESS FEE											40.00	
08/31		PARKING - AIRPORT											24.00	
08/31		TAXI - AIRPORT											40.00	
										SUBTOTALS		9170	2341.00	144.00
										TOTALS		9170	2341.00	144.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (j), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 387.70

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. SNCAMDENNJ083107 V01		
5. a. NAME (Last, first, middle initial) Northridge, Stephen		b. SOCIAL SECURITY NO. ***-**-*****775	4. SCHEDULE NO.		
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO. 312.596.0553	6. PERIOD OF TRAVEL a. FROM 08/31/07 b. TO 08/31/07		
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00CEGZ b. DATE(S) 08/16/07		
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		11. PAID BY			
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)
ACCOUNTING CLASSIFICATION: 07 CHEN-CF07140000^2007^0000000000^2003020002^ENTVX^^^^^^ - 13.50					16.49 NR-
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^ - 0.00					40.00 NR
COMMENTS: Witness: Driving to Camden, NJ to give testimony in trial: CF v. Equity financial, et al. BPAC 214-2200-060					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					56.49
TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶					
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).					
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: if long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680e).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION
APPROVING OFFICIAL SIGN HERE ▶ DATE					a. DIFFERENCES, IF ANY (Explain and show amount)
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE					d. NET TO TRAVELER ▶ \$ 56.49
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE					

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)										AMOUNT CLAIMED			
DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS			ITEMIZED SUBSISTENCE EXPENSES				MILEAGE RATE: NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER		
		Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)		Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.		Col. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.		Col. (i) Show total subsistence expense incurred for actual expense travel.		Col. (j) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.		Col. (k) Show expenses, such as: tax/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.			
		Col. (l) Show amount incurred for each meal, including tax and tips, and daily total meal cost.		Col. (m) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.		Col. (n) Show total subsistence expense incurred for actual expense travel.		Col. (o) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (o) or maximum rate.		Col. (p) Show expenses, such as: tax/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.					
		Col. (q) Show amount incurred for each meal, including tax and tips, and daily total meal cost.		Col. (r) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.		Col. (s) Show total subsistence expense incurred for actual expense travel.		Col. (t) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (t) or maximum rate.		Col. (u) Show expenses, such as: tax/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.					
07-20															
08/31		D-:RES: Medford, N													
08/31		A-:CAMDEN,NJ													
08/31		PVT VEHICLE (POV)							34	16	49				
08/31		A:RES: Medford, NJ													
08/31		TAV FEE -C													
08/31		WITNESS FEE											40 00		
SUBTOTALS											16149	0100	40 00		
TOTALS											16149	0100	40 00		

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 56.49

Complete this information if this is a continuation sheet. TRIP # 1 PAGES 2
 TRAVEL AUTHORIZATION NO. 00CGZ
 TRAVELER'S LAST NAME Northridge

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. PTPHILADELPHI082907_V01
5. a. NAME (Last, first, middle initial) Tate, Philip A.		b. SOCIAL SECURITY NO. ***-**-*****7743		4. SCHEDULE NO.
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 312.596.0553		6. PERIOD OF TRAVEL a. FROM 08/29/07 b. TO 08/30/07
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00C52Z b. DATE(S) 08/10/07
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		10. CHECK NO.

a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
D. Balance outstanding			

11. PAID BY

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
037707186676 3	834.10	US		08/27/07	LIT-Little Rock	CLT-Charlotte, Nc
ACCOUNTING CLASSIFICATION:						
07 CHEN-CF07140000^2007^0000000000^2003020002					ENTVX^*****	348.12 NR-
847.60						
07 WITNESS FEES-CF07140000^2007^0000000000^2003010001^118WF^*****						40.0
0 NR- 0.00						
COMMENTS: Witness: Traveling to Camden, NJ for Trial in CFTC v. Equity Financial, et al. B COMMENTS continued on next page						

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶	DATE	AMOUNT CLAIMED ▶	388.12
-----------------------------	------	-------------------------	--------

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶	DATE	17. FOR FINANCE OFFICE USE ONLY COMPUTATION
		a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
			<i>Certifier's initials:</i>
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶			DATE
			d. NET TO TRAVELER ▶ \$ 388.12

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

TRAVEL VOUCHER
-**-**7743
Tate, Philip A.

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
00C52Z 08/10/07

COMMENTS: (cont'd)
PAC 214-2200-060 Flying from Little Rock, AR (his mother's home) to Philadelphia

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)		ITEMIZED SUBSISTENCE EXPENSES					MILEAGE			AMOUNT CLAIMED			
	DATE	TIME	DESCRIPTION	BREAK-FAST	LUNCH	DINNER	TOTAL	MISCELLANEOUS SUBSISTENCE	LODGING	SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
07			(Departure/arrival city, per diem computation, or other explanation of expenses)							0.485				
08/29			D-: RES: , (c)											
08/29			Air Fare (GOVCC-C)											
08/29			A-: PHILADELPHIA, PA				48.00		186.00		19.40	186.00		
08/29			PVT VEHICLE (POV)											
08/29			TAXI - AIRPORT											
08/29			LODGING TAX (HOTEL TAX)											
08/30			D-: PHILADELPHIA, PA								19.40			
08/30			PVT VEHICLE (POV)										30.00	
08/30			A: RES: ,				48.00		48.00			48.00		
08/30			Subsistence											
08/30			TAV FEE - C										26.00	
08/30			TAXI - AIRPORT										40.00	
08/30			WITNESS FEE											
											381.80	2341.00	115.82	
											381.80	2341.00	115.82	
											SUBTOTALS			
											TOTALS			

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 388.12

Complete this information if this is a continuation sheet. TRIP # 1 PAGES 2 OF 1
 TRAVEL AUTHORIZATION NO. 00C52Z
 TRAVELER'S LAST NAME Tate



AMERICAN EXPRESS® BUSINESS TRAVEL

Page 1 of 2
Generated: August 23, 2007 03:40 PM

Travel Arrangements for SUSAN KOPROWSKI

Record Locator JCRAYV
Trip ID 11170286663
AUTOMATION

Agent ID : JT
Phone: 1 (800) 423-7458

Invoice Details

Ticket Information

Airline Code 016 Ticket Date 8/23/07
Ticket Number 7071141476 Invoice 0142331
Check Digit 1 Electronic Yes

Billing Code GDOTCFTCCHEN,0OCBU6

Charges

Ticket Base Fare 204.64
Ticket Tax Fare 36.16
Total (USD) Ticket Amount 240.80

Airfare charged to Mastercard

Total 240.80

Travel Details

Monday August 27, 2007

Flight Information

Airline	UNITED AIRLINES	Estimated time	2 hours 16 minutes
Flight	884	Distance	678 Miles
Origin	Chicago O'Hare, IL	Meal Service	No Meal Service
Destination	Philadelphia, PA	Plane	Boeing 757-200
Departing	1:15 PM		
Arriving	4:31 PM		
Departure Terminal	TERMINAL 1		
Arrival Terminal	TERMINAL D		
Seat	30F		
Class	Economy		

Travel Details

Wednesday August 29, 2007

Flight Information

Airline	UNITED AIRLINES	Estimated time	2 hours 31 minutes
Flight	1219	Distance	678 Miles
Origin	Philadelphia, PA	Meal Service	No Meal Service
Destination	Chicago O'Hare, IL	Plane	Boeing 757-200
Departing	6:47 PM		
Arriving	8:18 PM		
Departure Terminal	TERMINAL D		
Arrival Terminal	TERMINAL 1		
Seat	25C		
Class	Economy		



Airline Record Locators

Airline Reference	Carrier
WPBBW0	UNITED AIRLINES

Additional Messages

OFFICE HOURS ARE 600AM-600PM MST
YOU MAY REACH US DURING BUSINESS HRS 800-423-7458
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL
1-800-847-0242 - ACCESS CODE - S3QZA
FOR ASSISTANCE FROM AN INTERNATIONAL LOCATION
DIAL THE COLLECT LINE - 313-271-7887
ACCESS YOUR ITINERARY VIA MY TRAVEL PLANS
- WWW.AEAIWEB.COM
U6-0OCBU6-CF07140000-2007-0000000000
U6-0OCBU6-CF07140000-2007-0000000000
-----ELECTRONIC TICKET REMARKS-----
ELECTRONIC TICKET - NO FLIGHT COUPONS WILL BE ISSUED.
IF RESERVATION IS CHANGED OR CANCELLED, ADVISE AGENCY
TO OBTAIN CREDIT FOR YOUR UNUSED TICKET.
***ALL CARRIERS REQUIRE GOVERNMENT ISSUED PHOTO
IDENTIFICATION AT CHECK-IN.***
AIRLINE TICKETS CHARGED TO ACCOUNT 556816XXXXXXXXXX
THE TOTAL SERVICE FEES CHARGED ARE 4.60

For Itinerary changes, please contact your travel office via telephone.

**FEES FOR EXEMPLIFICATION
AND COPIES**

Williams Lea Inc.

INVOICE

Invoice: I-07082358
 Invoice Date: 08/17/2007
 Page: 1/1



Williams Lea Inc.
 75 Remittance Drive Suite 6418
 Chicago IL 60675-6418

Customer No: CFT-01011
 Payment Terms: NET00
 Due Date: 08/17/2007
 Sales Rep: Sean Friery

For Billing questions, please call 312-279-5500

Bill To:

Commodity Futures Trading Commission
 Anne Smith
 525 W. Monroe Street
 Suite 1100
 Chicago IL 60661

Ship To:

Commodity Futures Trading Commission
 Anne Smith
 525 W. Monroe Street
 Suite 1100
 Chicago IL 60661

Reference:

Ref/Client Matter: CFTC v. Equity (PO # F13CH7021A)
 Job Ticket: 54250

Description	Quantity	UOM	Unit Amt	Net Amount
Color Oversize Copies	24.00	SQF	12.50	300.00
Foamcore Mounting	24.00	SQF	5.50	132.00
Lamination - WL Equipt	24.00	SQF	2.00	48.00
			Subtotal:	480.00
			AMOUNT DUE:	\$ 480.00

PAID

We Now Accept - VISA, MC and AMEX.

If payment is not received by the due date stated on this invoice, we will have the right to charge you interest at the lesser of (1) eighteen percent(18%) per year, (2) the interest rate stated in our contract with you or the maximum interest permitted in your jurisdiction. All prices and charges are measured in US dollars.