

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
NOTICE OF APPEAL NOTIFICATION FORM

Please Fill Out Completely

CASE INFORMATION:

Short Case Title: Log Cabin Republicans v. United States of America et al
Court of Appeals No. (leave blank if unassigned)
U.S. District Court, Division & Judge Name Central California, Hon. George P. Schiavelli
Criminal and/or Civil Case No. 2:04-cv-08425-GPS-E
Date Complaint/Indictment/Petition Filed: 10/12/2004
Date Appealed order/judgment entered: 5/23/08
Date NOA filed: 7/22/2008
Date(s) of Indictment Plea Hearing Sentencing

COA Status (check one):
[] granted in full (attach order) [] denied in full (send record)
[] granted in part (attach order) [] pending

Court Reporter(s) Name & Phone Number Rick Duvall, 213-894-3015

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid: Date Docket Fee Billed: 7/22/08
Date FP granted: Date FP denied:
Is FP pending? [] yes [] no Was FP limited []? Revoked []?
US Government Appeal? [] yes [] no
Companion Cases? Please list:

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (please include email address)

Appellate Counsel: Appellee Counsel:
White & Case Paul G. Freeborne, U.S. Department Justice, Civil Div.
633 W 5th St, Ste 1900 Federal Programs Branch
Los Angeles, CA 90071-2007 P O. Box 83
Tel: 213 620-7700 Washington DC 2004
Email: phunnius@whitecase.com Tel: 202 353-0543 Fax: 202 616-8400
[] retained [] CJA [] FPD [] Pro Se [] Other Please attach appointment order.

DEFENDANT INFORMATION

Prisoner ID Address:
Custody
Bail

CLERK'S OFFICE U.S.D.C.
LOS ANGELES
7/22/2008 2:44:26 PM Receipt #: 109617
Cashier : LLUNG [LA 1-1]
Paid by: WHITE AND CASE
2:CV04-08425
2008-086900 Appeals Filing Fees(1)
Amount : \$105.00

AMENDED NOTIFICATION INFORMATION

Date Fees Paid 7-22-08 9th Circuit Docket Number

2:CV04-08425
2008-510000 Judicial Services (\$150.00) (1)
Amount : \$150.00
2:CV04-08425
2008-086400 Appeals Filing fee - Special(1)
Amount : \$200.00

Name & Phone Number of Person Completing this Form: L. Rendon
(213) 894-3570

Check Payment : 0149 / 455.00
Total Payment : 455.00