



400 Renaissance Center • Detroit, MI 48243 • EIN# 38-1446628

ANTHONY EID
1247 SELDEN ST
DETROIT, MI 48201-1519

DUE UPON RECEIPT

JUNE 4, 2024
MATTER #: 125379.000001
INVOICE #: 3589350

FOR PROFESSIONAL SERVICES RENDERED

RE: COMPLAINT FOR REMOVAL FROM OFFICE

FEES	\$	16,730.10
DISBURSEMENTS		5.60
INVOICE TOTAL	\$	16,735.70



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RE: COMPLAINT FOR REMOVAL FROM OFFICE

DATE	ID	DESCRIPTION	HOURS
01/08/24	SCLI	REVIEW OF DOCUMENTS AND CORRESPONDENCE WITH MR. EID RE ENGAGEMENT.	0.50
01/10/24	SCLI	REVIEW OF DOCUMENTS RE NOTICE TO VACATE AND CORRESPONDENCE WITH MR. EID RE SAME.	1.20
01/11/24	SCLI	TELEPHONE WITH MR. EID RE NOTICE TO VACATE. PREPARATION FOR AND APPEARANCE BEFORE COMMISSION. CORRESPONDENCE RE SAME. OBSERVE COMMISSION PROCEEDINGS.	2.50
01/14/24	APHU	RESEARCHED CRITERIA FOR REMOVAL FROM OFFICE AND DRAFTED DOCUMENT WITH KEY CASELAW.	1.80
01/15/24	APHU	RESEARCHED CRITERIA FOR REMOVAL FROM OFFICE AND DRAFTED DOCUMENT WITH KEY CASELAW.	1.20
01/16/24	APHU	RESEARCHED CRITERIA FOR REMOVAL FROM OFFICE AND DRAFTED DOCUMENT WITH KEY CASELAW.	1.90
01/16/24	SCLI	RESEARCH AND REVIEW OF COMMISSION REMOVAL PROCESS AND CONSTITUTIONAL STANDARD.	1.20
01/18/24	APHU	RESEARCHED REMOVAL FROM OFFICE CASELAW; CONFERENCE WITH MR. LIEDEL.	1.50
01/18/24	SCLI	TELEPHONE WITH MR. EID RE COMPLAINT FOR REMOVAL.	0.70
01/18/24	SCLI	RESEARCH RE REMOVAL FROM OFFICE PROVISIONS AND CONFERENCE WITH MR. HUSSEY RE SAME.	0.50
01/22/24	SCLI	REVIEW OF PROPOSED AMENDMENT TO RULES OF PROCEDURE AND TELEPHONE WITH MR. EID RE SAME.	1.00
01/26/24	SCLI	PREPARATION OF DRAFT SWORN STATEMENT.	0.70
01/29/24	SCLI	RESEARCH RE REMOVAL PROVISIONS AND CONSTITUTIONAL PROVISIONS RELATING TO COMMISSION.	1.20
01/30/24	SCLI	REVIEW OF SWORN STATEMENT AND CORRESPONDENCE WITH MR. EID. PREPARATION OF DRAFT RESPONSE.	0.70
01/31/24	ORA	REVIEW, ANALYSIS AND COMMENT ON DRAFT RESPONSE TO NOTICE TO DECLARE VACANCY.	1.80
01/31/24	SCLI	REVIEW OF COMMISSIONER'S WRITTEN RESPONSE. CORRESPONDENCE RE SAME. RESEARCH RE REMOVAL. PREPARATION OF WRITTEN RESPONSE TO NOTICE TO VACATE. CORRESPONDENCE WITH MR. FINK RE PROCEDURES.	4.30
02/01/24	ORA	REVISE CORRESPONDENCE TO CITIZENS REDISTRICTING COMMISSION REGARDING NOTICE TO VACATE OFFICE.	3.70



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DATE	ID	DESCRIPTION	HOURS
02/01/24	SCLI	PREPARATION AND REVIEW OF DOCUMENTS FOR RESPONSE TO COMPLAINT FOR REMOVAL. CONFERENCE WITH MS. FLOWER RE SAME.	1.70
02/02/24	SCLI	TELEPHONE WITH MR. EID RE COMPLAINT FOR REMOVAL.	0.20
02/02/24	SCLI	TELEPHONE WITH MR. ARBIT RE RESPONSE TO EID COMPLAINT FOR REMOVAL.	0.30
02/06/24	SCLI	TELEPHONE WITH MR. FINK RE COMMISSION PROCEDURES AND COMPLAINT PROCESS.	0.30
02/06/24	SCLI	PREPARATION OF DOCUMENTS SUPPORTING RESPONSE TO COMPLAINT FOR REMOVAL.	1.20
02/07/24	SCLI	TELEPHONE WITH MR. EID RE COMPLAINT FOR REMOVAL.	0.20
02/08/24	SCLI	CONFERENCE WITH MR. EID RE COMPLAINT FOR REMOVAL. MONITOR MEETING OF COMMISSION, INCLUDING ITEM ON NOTICE TO VACATE.	2.00
		TOTAL HOURS	32.30
		TOTAL	\$16,730.10



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BILLING SUMMARY

ID	TIMEKEEPER	HOURS	RATES	AMOUNT
SCLI	STEVEN C. LIEDEL	20.40	594.00	12,117.60
ORA	OLIVIA R. FLOWER	5.50	369.00	2,029.50
APHU	ANDREW P. HUSSEY	6.40	369.00	2,361.60
	TOTAL	32.30		\$16,730.10



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DISBURSEMENTS

DATE	DESCRIPTION	AMOUNT
	PRINTING EXPENSES	5.60
	TOTAL DISBURSEMENTS	5.60

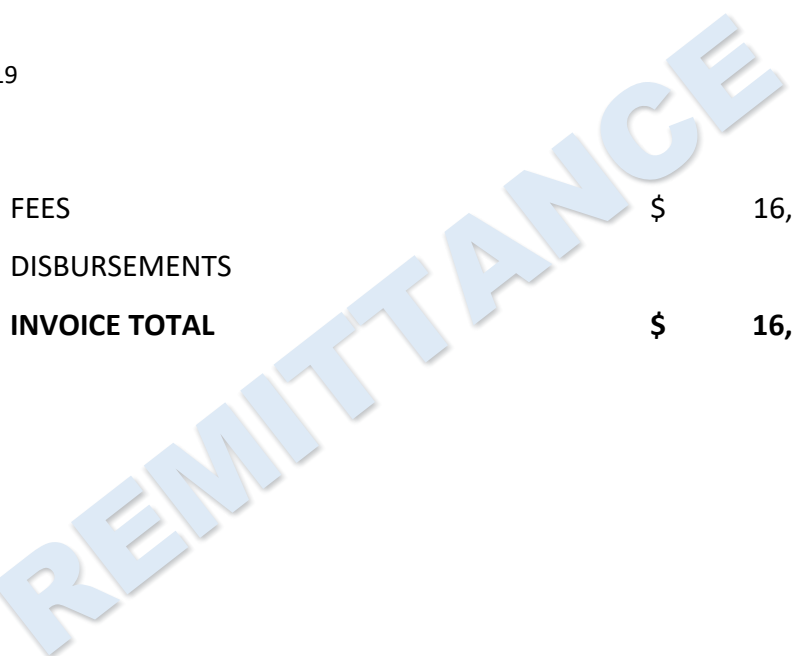


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FEES	\$	16,730.10
DISBURSEMENTS		5.60
INVOICE TOTAL	\$	16,735.70

Mailed Payments:

Dykema Gossett PLLC
Attn: Accounts Receivable
400 Renaissance Center
Detroit, MI 48243

Payment via ACH

Account Name: Dykema General
Bank: Huntington National Bank
Bank Address: 7 Easton Oval (EA2W47)
City, State, ZIP: Columbus, OH 43219
Routing Number: 072403473
Account Number: 01388425607
Reference _____ (Invoice #)

Payment via Domestic Wire

Account Name: Dykema Gossett PLLC
Bank: Huntington National Bank
Bank Address: 7 Easton Oval (EA2W47)
City, State, ZIP: Columbus, OH 43219
Routing Number: 044000024
Account Number: 01388425607
Reference _____ (Invoice #)

Payment via Foreign Wire

Account Name: Dykema Gossett PLLC
Bank: Huntington National Bank
Bank Address: 7 Easton Oval (EA2W47)
City, State, ZIP: Columbus, OH 43219
Swift: HUNTUS33
Routing Number: 044000024
Account Number: 01388425607
Reference _____ (Invoice #)

Dykema's Tax Id Number: 38-1446628

Please e-mail remittance@dykema.com for all your billing or payment questions.