

CIVIL COVER SHEET

C2 08 983

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS: David Mahal; (b) County of Residence of First Listed Plaintiff: Franklin; (c) Attorney's (Firm Name, Address, and Telephone Number): See Attachment. DEFENDANTS: Ohio Secretary of State, Jennifer Brunner; County of Residence of First Listed Defendant: Franklin; NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED. Attorneys (If Known): See Attachment.

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)
1 U.S. Government Plaintiff
2 U.S. Government Defendant
3 Federal Question (U.S. Government Not a Party)
4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
Citizen of This State
Citizen of Another State
Citizen or Subject of a Foreign Country
PTF DEF
1 1 Incorporated or Principal Place of Business In This State
2 2 Incorporated and Principal Place of Business In Another State
3 3 Foreign Nation
PTF DEF
4 4
5 5
6 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)
CONTRACT, REAL PROPERTY, CIVIL RIGHTS, PRISONER PETITIONS, TORTS, PERSONAL INJURY, LABOR, IMMIGRATION, FORFEITURE/PENALTY, LABOR, SOCIAL SECURITY, FEDERAL TAX SUITS, BANKRUPTCY, OTHER STATUTES

V. ORIGIN (Place an "X" in One Box Only)
1 Original Proceeding
2 Removed from State Court
3 Remanded from Appellate Court
4 Reinstated or Reopened
5 Transferred from another district (specify)
6 Multidistrict Litigation
7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 42 U.S.C. 15483
Brief description of cause: Failure to institute computerized statewide voter registration

VII. REQUESTED IN COMPLAINT:
CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23
DEMAND \$
CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE Supreme Court of Ohio DOCKET NUMBER 08-2027

DATE: 10/20/2008 SIGNATURE OF ATTORNEY OF RECORD: [Signature]

FOR OFFICE USE ONLY
RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

**Plaintiff's Attorneys**

James B. Hadden (0059315)  
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**Defendant's Attorneys**

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**SUPPLEMENTAL CIVIL COVER SHEET  
FOR CASES REMOVED FROM STATE COURT**

*This form must be attached to the Civil Cover Sheet at the time  
the case is filed in the United States District Court*

State Court County: <u>Supreme Court of Ohio</u>		
Case number and caption:		
<u>08-2027</u> Case Number	<u>David Mahal</u> Plaintiff(s)	vs <u>Ohio Secretary of State</u> Defendant(s)

Jury Demand Made in State Court:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," by which party and on what Date:		
Party	Date	

Were there parties not served prior to removal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Were there parties dismissed/terminated prior to removal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Were there answers filed in State Court?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there a pending TRO in State Court?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

*If you have answered "yes" to any of the above please list parties not served, the parties dismissed/terminated and the parties that filed their answers on the reverse of this page.*

*On the reverse of this page please list all Plaintiff(s), Defendant(s), Intervenor(s), Counterclaimant(s), Crossclaimant(s) and Third Party Claimant(s) still remaining in the case and indicate their party type. Please list the attorney(s) of record for each party named and include their bar number, firm name, correct mailing address and phone number, including area code.*

Are copies of all state case pleadings attached to your removal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "No", when will they be filed: _____		
List the parties that are removing the case:		
<u>Ohio Secretary of State, Jennifer Brunner</u>		
_____		
_____		

<b>Parties Not Served</b>	<b>Parties Dismissed</b>	<b>Answers Filed</b>
<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>

<b>Party and Type</b>	<b>Attorney(s)</b>
<i>I.E. Plaintiff John Doe</i> Plaintiff David Mahal Defendant Ohio Secretary of State, Jennifer Brunner	<i>I.E. Attorney(s) Name</i> <i>Firm</i> <i>Address</i> <i>City, State, Zip</i> <i>Telephone and Fax Number</i> <i>Supreme Court Number</i>  See Attached Sheet

USE A SEPARATE SHEET OF PAPER IF NECESSARY

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