

# EXHIBIT B

*Frank v. Walker/LULAC of Wisconsin v. Deininger*  
**Exhibit B**  
**Itemization of Fees for Witnesses**

<b>Date of Invoice</b>	<b>Expert Witness &amp; Witness Costs</b>	<b>Total</b>
11/01/13	Witness Fee: Robert F. Spindell	\$42.00
11/01/13	Witness Fee: Susan Ertmer	\$140.00
11/01/13	Witness Fee: Diane Hermann-Brown	\$123.00
11/01/13	Witness Fee: Michael Sandvick	\$42.00
	<b>TOTAL</b>	<b>\$347.00</b>

**State of Wisconsin  
Payment Voucher Jacket**

**Audited Pursuant to Chapter 16 of the Wisconsin Statutes and the Agency Cooperative Agreement**

Document Id: P1 455 14000001310  
 Vendor: D455  
 Name: ROBERT F SPINDELL  
 Addr: 1626 N PROSPECT AVE #2009  
 :  
 City: MILWAUKEE  
 State: WI  
 Zip: 53202

Batch Id:  
 Status: PEND2  
 Invoice Date: 11 01 13  
 Payment Date: 11 01 13  
 Accounting Period:  
 Budget Fiscal Year: 14  
 Action: E

Check Category: 1R  
 Check Category Desc: DOJ1-AGENCY  
 Single Check: Y  
 EFT Ind/Application Type: N/  
 Fixed Asset Ind:  
 Offset Liability:

Ln	Fund	Agcy	Org/Sub	Appr	Actv	Func	Obj/Rev/Sub	Project	RCat	BS Acct	Description	Amount	I/D	P/F	FA Type	DT	
01	100	455	116G		104	4		2740 83			LSIS #111221020 WITNESS FEE	42.00	I				
PO Ref:												Vendor Inv#:					
												Total:		42.00			

COPY

DO NOT MAIL OUT CHECK:  
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*Patricia*

NOV 04 2013

*Jenny Nelson*  
 11/1

### CHECK REQUEST

**Instructions:** Requester completes boxes 1. thru 9., Division Administrator/Administrative Officer completes boxes 10. & 11., and then form is submitted to Accounts Payable, Room 841.  
 \* Federal Employer Identification Number (FEIN) for a business; Social Security Number for an individual.

1. Requester's Name <b>PATRICIA CHIAZOR</b>		2. Phone No. <b>266-8506</b>	3. Request Date <b>11/1/13</b>
4. Vendor (Payee) <b>Robert F. Spindell 1626 N. Prospect Ave #2009 Milwaukee, WI 53202</b>		* Vendor No.	5. Check Amount <b>\$42.00</b>
6. Purpose of Check (If case related, provide case name & docket number) <b>Ruthie Frank et al vs. Scott Walter et al. witness &amp; mileage fee Case No. 2: 11-cv-01128 (LA) LSIS # 111221020</b>			
7. Date Check Needed <b>11/6/13</b>		8. Delivery: <input checked="" type="checkbox"/> Contact me when ready <input type="checkbox"/> Mail to address below	
9. Mailing Address			
10. Division Approval (Signature & Date) <b>Rozzy Blumer 11/1/13</b>		11. Account Code <b>1166 1044</b>	

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**Audited Pursuant to Chapter 16 of the Wisconsin Statutes and the Agency Cooperative Agreement**

Document Id: P1 455 14000001311  
 Vendor: D455  
 Name: SUSAN ERTMER  
 Addr: 448 ALGOMA BLVD  
 :  
 City: OSHKOSH  
 State: WI  
 Zip: 54903

Batch Id:  
 Status: PEND2  
 Invoice Date: 11 01 13  
 Payment Date: 11 01 13  
 Accounting Period:  
 Budget Fiscal Year: 14  
 Action: E

Check Category: 1R  
 Check Category Desc: DOJ1-AGENCY  
 Single Check: Y  
 EFT Ind/Application Type: N/  
 Fixed Asset Ind:  
 Offset Liability:

Ln	Fund	Agcy	Org/Sub	Appr	Actv	Func	Obj/Rev/Sub	Project	RCat	BS Acct	Description	Amount	I/D	P/F	FA Type	DT	
01	100	455	116G	104	4		2740 83				LSIS #111221020 WITNESS FEE	140.00	I				
PO Ref: _____ Vendor Inv#: _____												Total:					

**DO NOT MAIL OUT CHECK:  
RETURN TO REQUESTER**

*Patricia*

NOV 04 2013

*Jenny Nielsen*  
11/1

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1. Requester's Name <b>PATRICIA CHIAZOR</b>		2. Phone No. <b>266-8506</b>	3. Request Date <b>11/1/13</b>
4. Vendor (Payee) <b>Susan Ertmer 448 Algoma Boulevard, Oshkosh, WI 54903</b>		* Vendor No.	5. Check Amount <b>\$140.00</b>
6. Purpose of Check (If case related, provide case name & docket number) <b>Witness &amp; Mediation fee Ruthelle Franks et al vs Scott Walker et al Case no 2:11-cv-01128 (LA) LSIS 111221020</b>			
7. Date Check Needed <b>11/6/13</b>		8. Delivery: <input checked="" type="checkbox"/> Contact me when ready <input type="checkbox"/> Mail to address below	
9. Mailing Address			
10. Division Approval (Signature & Date) <b>Peggy Blumer 11/1/13</b>			11. Account Code <b>1166-1044</b>

**State of Wisconsin  
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**Audited Pursuant to Chapter 16 of the Wisconsin Statutes and the Agency Cooperative Agreement**

Document Id: P1 455 14000001312  
 Vendor: D455  
 Name: DIANE HERMANN-BROWN  
 Addr: 300 E MAIN ST  
 :  
 City: SUN PRAIRIE  
 State: WI  
 Zip: 53590

Batch Id:  
 Status: PEND2  
 Invoice Date: 11 01 13  
 Payment Date: 11 01 13  
 Accounting Period:  
 Budget Fiscal Year: 14  
 Action: E

Check Category: 1R  
 Check Category Desc: DOJ1-AGENCY  
 Single Check: Y  
 EFT Ind/Application Type: N/  
 Fixed Asset Ind:  
 Offset Liability:

Ln	Fund	Agcy	Org/Sub	Appr	Actv	Func	Obj/Rev/Sub	Project	RCat	BS Acct	Description	Amount	I/D	P/F	FA Type	DT
01	100	455	116G	104	4		2740 83				LSIS #111221020 WITNESS FEE	123.00	I			
							PO Ref:				Vendor Inv#:					
											Total:	123.00				

**DO NOT MAIL OUT CHECK:  
RETURN TO REQUESTER**

*Patricia*

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*Jenny Nielsen*  
11/1

**CHECK REQUEST**

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 \* Federal Employer Identification Number (FEIN) for a business; Social Security Number for an individual.

1. Requester's Name <b>PATRICIA CHAZOR</b>		2. Phone No. <b>266-8506</b>	3. Request Date <b>11/1/13</b>
4. Vendor (Payee) <b>Diane Hermann-Brown 300 E. Main Street Sun Prairie WI. 53590</b>		* Vendor No.	5. Check Amount <b>\$123.00</b>
6. Purpose of Check (If case related, provide case name & docket number) <b>witness &amp; mileage fee Ruthelle Frank, et al vs. Scott Walker et al, Case No 2: 11-cv-01128 (LA) 6515 111221020</b>			
7. Date Check Needed <b>11/6/13</b>		8. Delivery: <input checked="" type="checkbox"/> Contact me when ready <input type="checkbox"/> Mail to address below	
9. Mailing Address			
10. Division Approval (Signature & Date) <b>Peggy Blumer 11/1/13</b>		11. Account Code <b>1166 1044</b>	



**State of Wisconsin  
Payment Voucher Jacket**

**Audited Pursuant to Chapter 16 of the Wisconsin Statutes and the Agency Cooperative Agreement**

Document Id: P1 455 14000001314  
 Vendor: D455  
 Name: MICHAEL SANDVICK  
 Addr: 1139 E KNAPP ST  
 :  
 City: MILWAUKEE  
 State: WI  
 Zip: 53202

Batch Id:  
 Status: PEND2  
 Invoice Date: 11 01 13  
 Payment Date: 11 01 13  
 Accounting Period:  
 Budget Fiscal Year: 14  
 Action: E

Check Category: 1R  
 Check Category Desc: DOJ1-AGENCY  
 Single Check:  
 EFT Ind/Application Type: N/  
 Fixed Asset Ind:  
 Offset Liability:

Ln	Fund	Agcy	Org/Sub	Appr	Actv	Func	Obj/Rev/Sub	Project	RCat	BS Acct	Description	Amount	I/D	P/F	FA Type	DT		
01	100	455	116G	104	4		2740 83				LSIS #111221020 WITNESS FEE	42.00	I					
PO Ref: Vendor Inv#:												Total:	42.00					

COPY

NOV 04 2013

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\* Federal Employer Identification Number (FEIN) for a business; Social Security Number for an individual.

1. Requester's Name <b>PATRICIA CHIAZOR</b>		2. Phone No. <b>266-8506</b>	3. Request Date <b>11/11/13</b>
4. Vendor (Payee) <b>Michael Sandvick 1139. E Knapp Street, Milwaukee, WI 53202</b>		* Vendor No.	5. Check Amount <b>\$42.00</b>
6. Purpose of Check (If case related, provide case name & docket number) <b>Witness x Mileage fee.</b> <b>Ruthelle Frank vs. Scott Walker</b> <b>Case No 2:11-cv-01128 (LA) LSIS # 111221020</b>			
7. Date Check Needed <b>11/6/13</b>		8. Delivery: <input checked="" type="checkbox"/> Contact me when ready <input type="checkbox"/> Mail to address below	
9. Mailing Address			
10. Division Approval (Signature & Date) <b>Beggy Blumer 11/11/13</b>		11. Account Code <b>1166 1044</b>	