

1. CIR./DIST./DIV. CODE
FLM

2. PERSON REPRESENTED
Ballut, Ghassan Zayed

3. MAG. DKT./DEF. NUMBER

4. DIST. DKT./DEF. NUMBER
8:03-000077-007

5. APPEALS DKT./DEF. NUMBER

6. OTHER DKT. NUMBER
TFA 2003-213-08

7. IN CASE/MATTER OF (Case Name)
U.S. v. Ballut

8. PAYMENT CATEGORY
Felony

9. TYPE PERSON REPRESENTED
Adult Defendant

10. REPRESENTATION TYPE (See Instructions)
Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
1) 18 1962-3300.F - RICO - INTERSTATE COMMERCE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
Howie, Bruce G.
5720 Central Avenue
St. Petersburg FL 33707

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide for instructions)
Piper, Ludin, Howie and Wellner
5720 Central Avenue
St. Petersburg FL 33707

Telephone Number: (727) 344-1111

DATE BY
4-15-4

ENTERED
CERTIFIED

VERIFIED

13. COURT ORDER

O Appointing Counsel C Co-Counsel

F Subs For Federal Defender R Subs For Retained Attorney

P Subs For Panel Attorney Y Standby Counsel

Prior Attorney's Name: _____

Appointment Date: _____

Because the above-named person represented has testified under oath or otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court
[Signature]

Date of Order: 03/10/2003

Repayment or partial repayment ordered from the person represented for the services of this appointment. YES NO

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea	---	---	---	---	---
b. Bail and Detention Hearings	---	---	---	---	---
c. Motion Hearings	---	---	---	---	---
d. Trial	---	---	---	---	---
e. Sentencing Hearings	---	---	---	---	2,008.00
f. Revocation Hearings	---	---	---	---	711.00
g. Appeals Court	---	---	---	---	1,377.00
h. Other (Specify on additional sheets)	---	---	---	---	---
(Rate per hour = \$) TOTALS:	---	-0-	---	---	23.68
16. a. Interviews and Conferences	39	5.90	---	---	273.80
b. Obtaining and reviewing records	11.6	2.80	23.24	---	---
c. Legal research and brief writing	5.3	4.50	2/3	---	---
d. Travel time	1.2	1.20	---	---	1,674.48
e. Investigative and Other work (Specify on additional sheets)	1.2	4.20	---	---	---
(Rate per hour = \$ 90.00) TOTALS:	23.0	2,124.00	15.3	137.00	WH
17. Travel Expenses (lodging, parking, meals, mileage, etc.)	---	68	---	23.68	711
18. Other Expenses (other than expert, transcripts, etc.)	---	20	---	27380	---
TOTALS:	---	2,470.71	---	1674.48	---

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 2/1/04 TO 2/29/04

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number U8 Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: *[Signature]* Date: March 12, 2004

23. IN COURT COMP. ---

24. OUT OF COURT COMP. 2088.00

25. TRAVEL EXPENSES 23.68

26. OTHER EXPENSES 273.80 (-711)

27. TOTAL AMT. APPR / CERT 1674.48

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER *[Signature]*

DATE 10 April 04

28a. JUDGE / MAG. JUDGE CODE 3A30

29. IN COURT COMP. ---

30. OUT OF COURT COMP. ---

31. TRAVEL EXPENSES ---

32. OTHER EXPENSES ---

33. TOTAL AMT. APPROVED ---

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE ---

34a. JUDGE CODE ---

FILE COPY 513