

> February 23, 2021 Invoice # 181691

Fairfax County School Board John Foster, Division Counsel Central Administrative Building One 8115 Gatehouse Road Falls Church, VA 22042

### INVOICE SUMMARY

For professional services rendered and costs advanced through January 31, 2021:



Professional Services Total Costs Advanced	\$ 10,382.50 <u>\$ 1.30</u>
TOTAL THIS INVOICE	\$ 10,383.80
Previous Balance	\$ 16,724.31
TOTAL BALANCE DUE	<u>\$ 27,108.11</u>

Invoice # 181691

February 23, 2021

### PROFESSIONAL SERVICES RENDERED

Date Atty Description of Services Rendered

Hours

Invoice # 181691 February 23, 2021

Date	Atty	Description of Services Rendered	Hours
	JFC	E-mail from REDACTED re complaints about privacy breaches, and e-mail with Mr. Allen	.25
		re same	4.50
1/05/21	WDA	Review/draft multiple emails with Client addressing various emails it received from Parent to monitor and advise on same; research Parent's blog in response to privacy	1.50
		complaints raised in order to confer with Client and John Cafferky on same: review	

# REDACTED

February 23, 2021

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**TOTAL PROFESSIONAL SERVICES** 

\$ 10,382.50

February 23, 2021

### SUMMARY OF PROFESSIONAL SERVICES

Producer	Atty	Hours	Rate	Total
John F Cafferky	JFC	16.75	295.00	4,941.25
Lynn B Jankowski	LBJ	2.75	130.00	357.50
Wesley D. Allen	WDA	19.25	245.00	4,716.25
Emily K. Haslebacher	EKH	1.50	245.00	367.50
TOTALS		40.25		\$ 10,382.50

### COSTS ADVANCED

Date	Description	Amount
1/06/21	Pacer Service Center Check # - 000121417 Online research, Pacer Service Center	1.30
	TOTAL COSTS ADVANCED	\$ 1.30
	TOTAL THIS INVOICE	\$ 10,383.80

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February 23, 2021

# ACCOUNTS RECEIVABLE INVOICES OUTSTANDING

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
180695	1/28/21	16,724.31	.00	16,724.31
	Previous	Balance		\$ 16,724.31
	TOTAL BALANCE DUE			\$ 27,108.11



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## **REMITTANCE ADVICE**

	t.Matter:
RE:	REDACTED

**BALANCE DUE THIS INVOICE** 

\$10,383.80

**Previous Balance** 

\$ 16,724.31

**TOTAL BALANCE DUE** 

\$ 27,108,11

THIS STATEMENT MAY NOT INCLUDE EXPENSE ITEMS OR PAYMENTS RECEIVED AFTER THE SERVICE DATE. TO INSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE RETURN THIS REMITTANCE PAGE WITH PAYMENT.

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Full Address (Required):	
Phone (Required) #:	Amount To Be Charged: \$
Visa American Express MasterCard Discover	
Card #:	Card Expiration Date:/(MM/YY)
Cardholder's Signature (Required):	

Wire Transfer Instructions: For wire transfer instructions, please contact our Accounting Department at 703.691.1235.