Case 1:21-cv-02434-BAH Document 1-4 Filed 09/16/21 Page 1 of 2

CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)									
I. (a) PLAINTIFFS			DEFENDANTS						
Cato Institute		l F	Federal Bureau of Investigation, U.S. Department of Justice						
Gate monate			1. Sasial Balsaa of investigation, S.S. Department of Justice						
(b) COUNTY OF RESIDENCE OF FIRST L	ISTED PLAINTIFF 11010		COUNTY OF RESIDE						
(EXCEPT IN U.S. F	PLAINTIFF CASES)		(IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED						
(c) ATTORNEYS (FIRM NAME, ADDRESS	AND TELEBLIONE NUMBER		ATTORNEYS (IF KNOW		ISES, CSE THE	ELOCATION OF THE TRACT	OI LAND INVOLV	LD	
	s, AND TELEPHONE NUMBER)	P	II IOKNE I S (IF KNOW	IN)					
Loevy & Loevy									
311 N Aberdeen St, 3rd Fl									
Chicago, IL 60607									
(312) 243-5900									
(312) 243-3300									
II. BASIS OF JURISDICTION	T	II CITIZI	NSHIP OF PRINC	CIDAL P	ARTIF	S (DI ACE ANY IN ON	JE DOV EOD		
(PLACE AN x IN ONE BOX ONLY)		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!							
			PTF	DFT	TORDITA	DIEDITI CIEDLO OTEL	PTF	DFT	
	deral Question		•	O 1			O .	\sim 1	
Plaintiff (U.	S. Government Not a Party)	Citizen of this	S State 0 1	O 1		ated or Principal Plac	e O 4	O 4	
					of Busine	ess in This State			
2 U.S. Government 4 Di	versity	itizen of An	other State 2	O 2		ated and Principal Place 0 5 0 5			
	ndicate Citizenship of	o o inc			porated and Principal Place $\bigcirc 5$ $\bigcirc 5$ siness in Another State				
	rtics in item III)	itizen or Sul	piect of a	O 1	of Busine	ess in Another State			
		Citizen or Subject of a 3 3 Foreign Country Foreign N			Vation	O 6	O 6		
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	IV. CASE ASSIGN	MENT A	ND NATURE OF	F SIIIT					
(Place an X in one categ	ory, A-N, that best represen				corresno	anding Nature of 9	Smit)		
	Personal Injury/	O C.	. Administrative	Agency		O D. Tempo			
N.	<i>Ialpractice</i>		Review			Order/1	Prelimina	ry	
410 Antitrust	-				Injunction				
310 A	irplane	151 Medicare Act							
	315 Airplane Product Liability								
	irplane Product Liability					Any nature of suit	from any c	ategory	
315 A	irplane Product Liability ssault, Libel & Slander	Social S				Any nature of suit			
315 Ai	ssault, Libel & Slander	86	1 HIA (1395ff)			Any nature of suit may be selected fo case assignment.			
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Case 1:21-cv-02434-BAH Document 1-4 Filed 09/16/21 Page 2 of 2

O G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	 I. FOIA/Privacy Act ■ 895 Freedom of Information Act ■ 890 Other Statutory Actions (if Privacy Act) 	J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)					
	(If pro se, select this deck)	*(If pro se, select this deck)*						
 ○ K. Labor/ERISA (non-employment) □ 710 Fair Labor Standards Act □ 720 Labor/Mgmt. Relations □ 740 Labor Railway Act □ 751 Family and Medical Leave Act □ 790 Other Labor Litigation □ 791 Empl. Ret. Inc. Security Act 	L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
O 1 Original Proceeding From State Court C								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. 552 - Freedom of Information Act suit								
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND JUI	\$ Check Y YES \[\begin{array}{lll} \text{Check Y} & YES \[\end{array}	YES only if demanded in complaint					
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form					
DATE:9/16/2021	SIGNATURE OF ATTORNEY OF REC	CORD/s/ Joshua Hart Burday						

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services 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. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.