## ATTACHMENT E

## **CIVIL COVER SHEET**

I. (a) I LAII (III IS			I. (a) PLAINTIFFS				DEFENDANTS						
and the second s													
American Oversight			U.S. Department of State										
*										- 1			
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (EXCEPT IN U.S. PLAINTIFF CASES)			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT										
				(IN U.S. PLAINTIFF CASES ONLY) NOTE. IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED									
5.5	AME, ADDRESS	S, AND TELEPHONE NUMBER)		ATTORNEYS	(IF KNOW	N)							
Daniel A. McGrath		L OL LANA DOSS											
American Oversight, 1030 15th Street NW, B255													
Washington, DC 20005 202.897.4213													
202.007.4210													
				I. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR AINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
(PLACE AN x IN ONE BOX ONLY)			PLAINTIFF	AND ONE BOZ	PTF	DFT	) FOR DI	VERSITY CASES UNLY:	PTF	DFT			
1 U.S. Government Plaintiff		deral Question S. Government Not a Party)	Citizen of	thic State	<b>O</b> 1	$\mathbf{O}_1$	Incorne	orated or Principal Place	<b>O</b> 4	O <sub>4</sub>			
	(0	, ,	Citizen or	ins state				ness in This State	30-00-00				
2 U.S. Government		iversity	Citizen of	Another State	<b>O</b> 2	$\mathbf{O}_2$	Incorpo	orated and Principal Place	O 5	<b>O</b> 5			
Defendant		ndicate Citizenship of arties in item III)						ness in Another State	•				
	Га	arties in item iii)	Citizen or Foreign Co	Subject of a	<b>O</b> 3	<b>O</b> 3	Foreign	n Nation	06	<b>O</b> 6			
			Toleignet	, and y			1 Oleigi	Tration	•				
		IV. CASE ASSIC											
(Place an X	in one categ	ory, A-N, that best repres	sents your	Cause of Ac	tion and	one in a	corres	ponding Nature of Sui	t)				
O A. Antitrust	O A. Antitrust O B. Personal Injury/				C. Administrative Agency			O D. Temporary		ning			
	M	alpractice		Review			Order/Preliminary						
410 Antitrust	310 Aiı	rplane		151 Medicare Act				Injunction  Any nature of suit from any category may be selected for this category of case assignment.					
		rplane Product Liability	Conin	861 HIA (1395ff)									
		sault, Libel & Slander											
		deral Employers Liability											
	340 Marine 345 Marine Product Liability			863 DIWC/DIWW (405(g))			*(If Antitrust, then A governs)*						
350 Motor Vehicle			Lancourant .				- 1	(	over iis,				
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## Case 1:18-cv-02565-DLF Document 1-1 Filed 11/07/18 Page 2 of 2

O G. Habeas Corpus/ 2255	O H. Employment Discrimination	⊙ I. FOIA/Privacy Act	O J. Student Loan						
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	510 Motion/Vacate Sentence   (criteria: race, gender/sex, national origin,		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 O 2 Removed Proceeding from State Court	O 3 Remanded from Appellate Court O 4 Reinstated or Reopened		ti-district O 7 Appeal to gation District Judge from Mag. Judge						
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. Defendant has failed to provide responsive records to FOIA request.									
VII. REQUESTED IN COMPLAINT  CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  DEMAND \$ Check YES only if demanded if JURY DEMAND:  YES NO									
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO If yes, I	olease complete related case form						
DATE: 11/7/2018 SIGNATURE OF ATTORNEY OF RECORD									

## INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET IS-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 only 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.