## The Commonwealth of Massachusetts Subpoena

HAMPOEN, ss.
TO: THE KEEPER OF THE RECORDS, STATE ETHICS COMMISSION,
1 ASHBURTON PLACE, GTH FLOOR, ROOM GIG
BOSTON, MA 02108
<b>Pou are hereby commanded</b> , in the name of the Commonwealth of Massachusetts, to <b>50 STATE ST</b> appear before the <u>015TR1CT</u> Court at <u>SPRINGFIELD</u> in
the County of <u>HAMPOEN</u> on the <u>17</u> day of <u>SEPTEMBER</u> ,
in the year $2019$ at $9:00$ am/pm, and from day to day thereafter, until
the action hereinafter named is heard by said Court, to give evidence of what you know
relating to an action then and there to be heard and tried between
BRIAN JOHNSON, Plaintiff, and
PETER FREI, Defendant,
docket number 1143 CV 293, and you are further required to bring with you
1 COPY OF: PUBLIC EDUCATION LEFTER DATED NOVEMBER 30, 2015,
ADDRESSED TO BRIAN JOHNSON AND OTHERS, AND ANY DOCUMENTS
VOT CONFIDENTIAL PURSUANT TO MALC. 268B, S.YIN CISES WHERE
THIS COMMISSION COMES TO A FINDING, THAT "REASONABLE CAUSE
FOR BELIEVE" THAT A VIOLATION DID OCCURRE.
Thereof fail not, as your failure to appear as required will subject you to such pains and
penalties as the law provides.
Dated at BRIMFIELD the 2500 day of HURUST, in the year 2019.

Notary Public - Justice of the Peace Alxandra M Kiddy

\* See attance ashaber with sons form.

\* see attained the common wearth of mass achusetts supported

### SIGNATURE WITNESSING

Commonwealth of Massachusetts	7		
County of <u>Hampden</u>	SS.		
On this the <u>23rd</u> day of <u>August</u> Day Month	2019 before me,		
Alexandrea M Keddy	, the undersigned Notary Public,		
Name of Notary Public personally appeared <u>Peter K Frei</u>	Name(s) of Signer(s)		
proved to me through satisfactory eviden	ce of identity, which was/were		
MADL			
	Evidence of Identity		
DREA M. KODY *	to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence. Signature of Notary Public Alexandrea M Keddy Printed Name of Notary My Commission Expires: Nov 28, 2019		
Place Notary Seal and/or Any Stamp Above (Affix to back of document)			

\$

#### RETURN OF SERVICE

certify that I this day summoned the within named

to appear and give evidence at Court as directed by the attached subpoena by delivering



AC

0

Suffolk County Sheriff's Department • 132 Portland Street, Boston, MA 02114 • (617) 704-6999

Suffolk, ss.

I,

September 10, 2019

I hereby certify and return that on 8/29/2019 at 3:30 PM I served a true and attested copy of the Subpoena in this action in the following manner: To wit, by delivering in hand to Nubia Villerrael, Receptionist, agent and person in charge at the time of service for State Ethics Commission, at The Keeper of the Records One Ashburton Place Room 619 Boston, MA 02108. Attest/Copies (\$5.00) Basic Service Fee (IH) (\$30.00) Postage and Handling (\$1.00) Travel (\$25.10) Total: \$61.10

Deputy Sheriff Dan Bunch

Signed under penalties of perjury this

\$

Deputy Sheriff



PLEASE INDICATE INVOICE NUMBER OF YOUR REMITTANCE Suffolk County Sheriff's Department Civil Process Division



132 PORTLAND STREET, BOSTON, MA 02114 - TEL. 617-704-6999

Peter Frei 101 Maybrook Road Holland MA 01521 Amount Due: \$ 1.10 Invoice #: 19011860 Invoice Date: 09/10/2019

Your File #:

# 

PLEASE RETURN THIS TOP PORTION WITH YOUR PAYMENT

Phone:413-245-4660

#### **Payment Due Upon Receipt**

Please send a copy of this invoice with your remittance Brian Johhnson vs.

Peter Frei

Writ: Subpoena

Invoice #: Invoice Date: 19011860 09/10/2019

Springfield District 1143CV293

State Ethics Commission	At The Keeper of the Records One Ashburton Place Room 619 Boston MA 02108	<u>By Deputy Sheriff</u> Dan Bunch	Service Date/Time 08/29/2019 3:30 pm	Method In Hand
Fees Attest/Copies Basic Service F Postage and Ha Travel Total Fees	ee (IH) andling		Amount 5.00 30.00 1.00 25.10 <b>61.10</b>	
Payment Date 08/28/2019 Total Payments	Receipt # 231111	<u>Check #</u> 2632	<u>Amount</u> 60.00 60.00 Amount Due:	1.10

Court:

Docket #:

Page 1 of 1

SUFFOLK COUNTY SHERIFF'S DEPARTMENT . CIVIL PROCESS DIVISION . (617) 704-6999

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