STATE OF NEW YORK

State of New York

Albany COUNTY OF

FEB **# 0** 2015

MISCELLANEOUS

I do solemnly swear (or affirm) that I will support the constitution of the United States, the

constitution of the State of New York, and that I will faithfully discharge the duties of the office of Associate Judge of the Court of Appeals

(Title of position)

(Department)

New York State Court of Appeals

according to the best of my ability.

Subscribed and sworn to before me this

February

(Signature of appointee)

Eugene M. Fahey

(Type name of appointee)

141 Winston Road, Buffalo, NY 14216

(Type address of appointee)

CYNTHIA M HOLMAN

Notary Public, State of New York
No. 4967261
Qualified in Schenectady County
Commission Expires May 29, 2015

STATE OF NEW YORK DEPARTMENT OF STATE

FILED

FEB 1.7 2015



State of New York

Albany COUNTY OF.

I do solemnly swear (or affirm) that I will support the constitution of the United States, the constitution of the State of New York, and that I will faithfully discharge ATERECORDS the office of

Associate Judge of the Court of Appeals

(Title of position) New York State Court of Appeals

according to the best of my ability.

Subscribed and sworn to before me this

day of February

(Department)

(Signature of appointee)

Eugene M. Fahey

(Type name of appointee)

141 Winston Road, Buffalo, NY 14216

(Type address of appointee)

G 110-292

STATE OF NEW YORK DEFAITMENT OF STATE

DEC 23 2010

State Employee Oath/Affirmation and Public Officers Law §78 Certificate

WISCELLANEOUS

		7	AT MELOCHILLS
Name of Appointee: FAHEY (Last Name)	EUGEN (First Name)	E	(Middle Initial)
STATE OF NEW YORK)	Insert the name of the Cou	nty within New York State	in which this Oath is being
COUNTY OF ERIE	executed. Please note that s social security number shou	s: does not stand for "social ald NOT be inserted anywhe	
I do solemnly swear (or affirm) that I will sup of the State of New York, and that I will fait	•		
Title of Position:			
MYState Jupreu	Le Court		e a se se se
Agency Name:			
Appellate Dio	ision, four	ETHI Dep	+
Agency Code: 0508	4		
according to the best of my ability. Signature of Appointee) (Signature of Appointee)			
Sworn (or affirmed) before me this 3014	, p	STRICKORK STRICKORK STRICKORGS	
day of Dice mber, in the year	r, 20 (MICHAEL STA NOTATY PUBLIC STA NOTATY PUBLIC ST NOTATY PUBLIC STA OUALIFIC IN NOTATY COMMISSION EX	TEOT 6 6200 0 022 F 6 6 6 7 7 2011 ERIE COUNTY 2011 ERIES March 19, 2011	
I, the elected named above, hereby acknowledge			
and 78 of the Public Officers Law, together			
prepared by the Secretary of State, and I ac			
conform to the provisions, purposes and inte and employees of the legislature and state ag		orms of conduct to	i memocis, officers
Comment M. Fred Comments (Signature of Appointee)	(Date)	12-20-	10

(Do not include any social security number anywhere on this form)

DOS-1691 (Rev. 3/07)