New York State Office of the State Compareller Alan G. Hevesi, State Comptroller

773524 dated 10/03/2006

/Name: 01200

DIV OF PROBATION & CORRECT. ALT. 518-485-2393

voice No.

Invoice Amount

Payment Amount Batch No.

Voucher No.

Ref/Inv Date 08/04/2006

358.00 32470

3247

/Name: 01490 <u>voice No.</u>

06

Ref/Inv Date 09/21/2006 09/21/2006

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Invoice Amount 2,500.00 2,500.00

Payment Amount Batch No. 2,500.00 685700 2,500.00 685710

Voucher No. A601636 A601637

Total ACH Deposit

5,358.00

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. nation may contain keying errors.

onal information about your payment, please call the telephone number for the agency

Payments]

n On Other Payments]



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

September 13, 2006

istrict Attorneys

ndrews
S. Antholzner
sehre
jornholm
Brandt
A. Brenner
Cianciosa
DeCastro
R. Donatello

lewitt III Hoffmann LaDuca, Jr. Pitarresi Schmidt . Wojtaszek Yydysh Zucco Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarters ending March 31, 2006 and June 30, 2006 in the amount of \$2,500 each.

Please contact Debra Fotia at 716-439-7086, with any information regarding this matter.

SALLY M. LEMLEY

ery truly yours,

Administrative Assistant

MJM:sml Enclosures

ùı

Date 9-12-016	Department TA
Name Sally bb, E	Phone 7088 7080
¥ Address on claim box 4: County of Niagara,	59 Park Ave, Lockport, NY 14094
Claim form Completed	Amount \$ 2500
Valid Revenue Acct in <u>Box 5</u>	Fund/Dept AlloSed 44 or State 43030
Signed by Mike Carney	Date
Copy to Treasurers Accounting off	ice
Submitted to State / Fed	Date (circle one: by mail, phone, fax)
Period Covered on this claim	41-6/30/04
•	
	Below for Accounting Use Only
Accrual JE Posted	JE # Date #
Added to Aged Open Items	
ACH Received	Ref # Date #
Copy of ACH to Originator	
Cash Reciept JE Posted	CR # Date #

Rev. 10/96)	ľ	C	ATE OF YORK	ST		AID	VOU	C				Voucher N	ło.	es agree and recovers
ing Agency	•				Orig.	Agency Cod	e	Inter	est Eligible (Y	/N)				
nt Date	(MM)	(DD) /	(YY) /	OSC Use	Only	arra rosarros _a era esta		Liabil	ity Date	(M)	/ (DD)			4
		A	dditional	3 Zip C	ode	Route	Payee Amou	int				MIR Date	e (MM)	(DD) (YY)
ame (Limit to	30 spa	ces)		_1		<u>-</u>	IRS Code	IRS An	nount				<u></u>	
COUNTY														
e (Limit to 30		•				,	Stat. Type	Statisti	ic	Indicat	or-Dept.	Indicate	or-State	wide
RA COUN		'REAS	SURER				5 Ref/lov. N	o. (Limi	t to 20 spaces)					
ARK AVE									43030		;			
mit to 30 spa					-		Ref/Inv. Date		MM) (DD)	(YY)				
				10 1=					11					
o 2 0 spaces) PORT		(Lir	nit to 2 spaces) →	State. Z	ip Code 14094									
	^			NI				***************************************	and the second second			Amou	ınt	
	Check oucher		· /If I	Personal S	•	on of Charg	ges le, period cov	(hara)		ŀ		Dollars	1111	Cents
<u> </u>			(11)	ersonal o	Civice, Silo	w name, ne	ie, penda co	vereuj				Dollara		Ociita
			The Cour	-	-		-							
			amount s			~ -				1	-			,
ŀ			quartere					the p	provisio	ns				
			of Secti				y Law. CERTIF	ፐሮልሞነ	TON				l	
			I certif							170 . l	-		l	
			if in a	•				-		′′ ′′,				
-			100,000							;;				
			or took											
			county h)			l	
			but less											
			federal											
			during t									2 5	00	00
orogram or Ap	plicable S	tatute:	subdivis			cion /c	O OI EN	e Co	unty Law	/•		2,50	00	00
3	,		<u> </u>	<u> </u>	My.		<u>.</u>		TOTAL			2,50	nn ' l	00
ification:			MATTHEW	J. MUR	PHY	······································		+ :						
			een made in accorda of has been paid exce						Less Receip	ots				00
which the State			•	pr de ordrou, i	indi (ino balando	o io dotociny do	o and pring, and							
so in lok	<u> </u>				Data				NET	:		2,50	00	00
reinlink Do Niao	eput	Com	nty Treasu	irer	Date			-			,			
14.1.45			· · · · · · · · · · · · · · · · · · ·			`,			100 Stat	te Aid		2,50	00	00
f Municipality		llaga	ara County	7		,		-	% Cla					
			FOR STATE	AGENCY	USE ON				STATE	COM	IPTROL	LER'S PR	E-AU	DIT
Received			I certify that this cla				oved.				State			
						•					Aid	Certified For P	avment	
e				В					Verified			of		
No.				υ,	,							State Aid Am	iount	
													-	
				Da	le				Audited		Ву			
		-		Expenditu	ıre				1		Liquidatio	on		
at Center Co	de		Object	Acc	1				1	-	T		Ι.	
st Center Ur	nit V	ar Y	r Object	Dept.	Statewide		Amount		Orig. Age	ency	PO/	Contract	Line	F/P
	[
			 	+				<u></u>	- 		+		 	
		_		1							ļ		<u> </u>	
							,							
		بيكبيب			hremosenavani			PER-PROPRIES		year-carrier days	redomment and the	TO SHEET THE PROPERTY OF THE PARTY OF THE PARTY.	I	

Check if Continuation

Date <u>9-12-00</u>	Department
Name Sally Lenley	Phone 7088
Address on claim box 4: County of Niagara, 5	59 Park Ave, Lockport, NY 14094
Claim form Completed	Amount \$ 2500
Valid Revenue Acct in Box 5	Fund/Dept <u>All 65</u> Fed 44 or State 43 <u>03</u> 0
Signed by Mike Carney	Date
Copy to Treasurers Accounting off	ice
Submitted to State / Fed	Date (circle one: by mail, phone, fax)
Period Covered on this claim	41-3/31/06
	Below for Accounting Use Only
Accrual JE Posted	JE# Date #
Added to Aged Open Items	
ACH Received	Ref # Date #
Copy of ACH to Originator	
Cash Reciept JE Posted	CR # Date #

ev. 10/96)		TAT OF V YC		STA	TE /	AID	VOL	JCF	ER			Voucher No),	
g Agency	INE	VIC	/rix		Orig. Ag	ency Cod	e	Intere	st Eligible (\	′/N)				
: Date (A	/M) (DI	D) (Y	Y)	OSC Use O	nly		·	Liabili	ty Date	(MM) (DD)	(YY)		
		/ Addit	ional	3 Zip Co	de	Route	Payee Amo	unt	(MM) (D	D) (YY)				
		,									· ·		1	1
ne (Limit to 30 AGARA C					•		IRS Code	IRS Am	ount					
(Limit to 30 sp	oaces)	-	<i></i>				Stat. Type	Statistic	=	Indicato	r-Dept.	Indicator	-Statewic	le
AGARA CO		TRE	ASURER				5 Ref/Inv.	No. (Limit	to 20 spaces	;}				
PARK A	-						A1165	.4303	O DIST	RICT A	TTORN	EY		
nit to 30 space	s)						Ref/Inv. Dat	e (N	fM) (DD) /_	(YY) /				
20 spaces)	(Limit to	2 spaces) →	State Zi	p Code		ļ <u>.</u>		<u> </u>	<u> </u>				
CKPORT				NY	14094							A =0.011	- t	
I	eck or cher No.		/16 D	orconal Sc	Description ervice, show			nvered)		-		Amous Pollars		Cents
VOU	SHELLING.	1	he Coun						ms the					
		l a	mount s	hown is	s due ar	nd pay	able fo	or the	calen	dar	•			
			luarter orovisio	ending	Septemb	er 30), 2006 of the (under 'ounts	the Taw.					
	-	-		DISTR	CT ATTO	DRNEY	CERTIFI	CATIO	N					
			certif	y that	I took	offic	e after	Apri	11 1, 1	970,	~			
			if in a 100,000	county accord	having ing to t	a pop the la	oulation itest fe	i or d ederal	over L censu	s;				
			r took	office	after I)ecemb	oer 31,	1974	, if in	a				
			county hout less	aving a	a popula	ation	of more	e than	1 40,00 1atest	0				
		- 1 :	federal	census	; and ha	ave g	iven my	whole	e time					
			during t	his per	riod to	my di	ıties, a	as rec	quired	bу		20 673	, ,	0
		;	subdivis	ion 8 ·	of Sect:	ion /	JO of th	ie Goi	inty La	W		39,673	,	, o
rogram or Applic	able Statut	e:	NA IDENTIFICA	<u> </u>		<u> </u>		ļ	TOTAL			39,673	3 0	0
iication:			MATTHE		URPHY				_ess Rece	inte				
and correct; tha	t no part the	ereof ha	made in accorda s been paid exce	ince with the p pt as stated; ti	rovisions of the a nat the balance i	Applicable s s actually d	Statule; that the ue and owing; a			ipis				
hich the State is	exempt are	e exclud	led.						NET			39,673	3 (00
e in Ink					Date			_						
Niagara			Treasure	<u>r</u>				-		ate Aid				
Municipality	Niag	ara	County							aimed		39,673		00
Received		FC	R STATE A	AGENCY	USE ONL	Y ment is app	proved.		STAT	E CON	State	LER'S PR	E-AUDI	T
i		,									Aid	Certified For P	avment	<u></u>
-				Ву		·····			Verifie	d		of State Aid Am		
No.			•	·	•				-	:		5		
				Dai	te				. A		Ву		•	`
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Expenditu					Audite	MAKEN COMMENSAN	Liquidatio	n		
Center Code			Object	Acc			A		Osia A		T	Contract	Line	F/P
st Center Unit	Var	Yr	Object	Dept.	Statewide		Amount		Orig. A	Asura	1.0/0	- Intract	Line	
					<u> </u>			· · ·	-			****		_
			-								ļ		<u> </u>	
•							_							
		de avelori		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	DOMESTIC ROOM OF THE PARTY OF T	approved the second		- XOTAL BURNES		- Cale Color Color		Check if Conti		

Check if Continuati form is attached.

Date 1015106	Department DA
Name Debbie Fati	a Phone 7086
Address on claim box 4: County of Niagara, 8	•
Claim form Completed	Amount \$ 2,500 + Stipend 39,673.00
Valid Revenue Acct in <u>Box 5</u>	Fund/Dept 4165 Fed 44 or State 43 030
Signed by Mike Carney	Date
Copy to Treasurers Accounting off	ice
Submitted to State / Fed	Date (circle one: by mail, phone, fax)
Period Covered on this claim	7/1/06-9/30/06 + Stipend
•	Below for Accounting Use Only
Accrual JE Posted	JE# Date#
Added to Aged Open Items	
ACH Received	Ref # Date #
Copy of ACH to Originator	
Cash Reciept JE Posted	CR # Date #



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Attorney

TIMOTHY R. LUNDQUIST First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

October 5, 2006

istrict Attomeys

S. Antholzner
ehre
jornholm
Brandt
1. Brenner
Cianciosa
DeCastro
R. Donatello

lewitt III
LIOffmann
LaDuca, Jr.
Pitarresi
Schmidt
Wojtaszek
Vdysh
Lucco

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2006 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

Please contact me at (716) 439-7086 with any information regarding this matter.

Very truly yours,

Debra A. Fotia

Confidential Secretary

MJM/daf Enclosures

ew York State Office of the State Compiroller lan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00677014 *** *** Effective Date of Deposit is February 27, 2006 ***

ode/Name: 01490 e/Invoice No. 3030

DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 02/13/2006 * Invoice Amount 2,500.00

Payment Amount Batch No. 2,500.00 592920

Voucher No. A502662

ode/Name: 27000 e/Invoice No. ADV 598

6 ADV 632

DEPT OF TEMPORARY & DISABILITY ASSISTANC Ref/Inv Date

N/A

N/A

Invoice Amount 254,913.00 254,913.00 518-474-9697 Payment Amount Batch No. 254,913.00 L55640 254,913.00 L55850

Voucher No. 5452598 5452632

Total ACH Deposit

512,326.00

nce Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. ormation may contain keying errors.

litional information about your payment, please call the telephone number for the agency bove.

of Payments]

ation On Other Payments]

Date <u>2-2-06</u>	Department <u>□</u> 力オ	•
Name Sully Conley	Phone	
Address on claim box 4: County of Niagara,	59 Park Ave, Lockport, NY 14094	
Claim form Completed	\$2,500.00	_
Valid Revenue Acct in Box 5	Federal 44. State 43. 30 Fund/Dept	Allus
Signed by Mike White	Date	
Copy to Treasurers Accounting of	ffice	
Submitted to State / Fed	Date (circle one: by mail, phone, fax)	_
Period Covered on this claim	3105	
	Below for Accounting Use Only	
Accrual JE Posted	PS JE # Ref # Date #	e.
Added to Aged Open Items		
ACH Received	Ref # Date #	
Copy of ACH to Originator		
Cash Reciept JE Posted	PS JE # Ref # Date #	
Taken Off Aged Open Items		



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE 175 HAWLEY STREET LOCKPORT, NEW YORK 14094 (716) 439-7085 (716) 439-7102 - FAX MATTHEW J. MURPHY, III District Autorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA Second Assistant District Attorney

istrict Attorneys

drews
Antholzner
chre
cornholm
Brandt
Brenner
Cianciosa
Donatello
abriele
Hewitt III
Hoffmann
LaDuca, Jr.
McNelis
Pitarresi
Schmidt

itello'

¥ydysh_√ Zucco

1. Wojtaszek

February 1, 2006

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2005 in the amount of \$2,500.

Please contact me at 716-439-7088, with any information regarding this matter.

Very truly yours,

SALLY M. LEMLEY

Administrative Assistant

MJM:sml Enclosures

(Rev. 10/96))		STA OF	ı	ST	ATE	AID	VOL	ICH	ICA			Voucher N	lo.			
ating Agency	··· /	NE	W Y	ORK		Orig.	Agency Cod	e	Intere	est Eligible (Y	/N)	······	ļ				
J J ,							,			,							
ent Date	(MM) (D	D) (YY)	OSC Use	Only			Liabili	ity Date	(MM	1) (DD) /	(YY) /				
D			Add	itional	3 Zip C	ode	Route	Payee Amou	int					e (MM) (i	OD) (YY)		
Name (Limit	to 30 sp	oaces)	<u> </u>					IRS Code	IRS Am	ount				1	/		
RA COU								-									
me (Limit to	•	-	T 1 07	TD TID				Stat. Type	Statisti	C	Indicato	or-Dept.	Indicate	r-Statew	de		
ARA CO Limit to 30 sj	paces)		EASI	JRER -				5 Ref/Inv. N	o. (Limit	to 20 spaces	l)						
ARK AV		 						A1165, 43030 Ref/Inv. Date (MM) (DD) (YY)									
Limit to 30 sp	paces)							/ /									
to 20 space:	s)		(Limit I	o 2 spaces) →	State 2	ip Code 14094											
PORT	Chec	le or			NY							· >	Amou	ni	-		
e d . \	Vouche			· (If F	ersonal S		on of Charo w name, tit	jes le, period cov	vered)		[D	ollars		Cents		
			,	The Coun	/ 0 - 4 -		a borro	horobu	alai	ma tha		*******					
	`			amount sl							lar						
				quarter e					der t	he prov	risida	ns					
				of Section				y Law. CERTIF	ፐ ሶ ለ ጥገ	r O N		,					
				[certif							70,]		
			:	íf in a	county	having	д а рор	ulation	of c	over				·	.		
ļ				100,000 a										.			
				county h							E				ļ		
			1	out less	than	100,000) accor	ding to	the	latest							
				federal							.,,						
				luring tl									2,50	00	00		
Program or A	pplicable	Slatut		_	<u>۵. 4.</u>			1-06		TOTAL							
entification:				AATTHEW .	_]				-			 	2,50)().	00		
				made in accordar s been paid excep						.ess Recei	pts				00		
which the Sta	ate is exe	mpt are	exclud	ed.						NET			0 5				
ure in Ink						Date				1411			2,50	00	00		
Nia	gara	Co	unt	7 Treasu	rer					ioo Sta	te Aid		2,50	00	00		
of Municipality	у	<u>Nia</u>	gara	a County					. [L00 Sta —— %Cla			۷, و ک	"			
			FC	R STATE A	GENCY	USE ON	LY			STATI	COM	PTROLL	ER'S PR	E-AUDI	T		
e Received			10	ertify that this clai	m is correct a	ınd just, and p	ayment is appr	oved.				State Aid					
ате	┨									Verified			Certified For Pa	ayment			
					Ву	,							State Aid Am	iount			
e No.																	
Зу	-				Dat	te		-		Audited		Ву			· ·		
					Expenditu	ıre					L	iquidation		· · · · · · · · · · · · · · · · · · ·			
ost Center Cost Center L		Var	Υr	Object	Acc Dept.	Statewide		Amount		Orig. Age	ency	PO/Co	ontract	Line	F/P		
	· · ·			••••	John.	3/H014/06				1		1					
		,								-					2000		
			· .		 							-	·	ļ	+		
									f. 1000000000000000000000000000000000000		and ask ask sizes.		the are the second				

Check if Continuation form is attached

New York State Office of the State Compareller Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00639489 ***
*** Effective Date of Deposit is November 29, 2005 ***

ode/Name: 01490 e/Invoice No. 3030	DIV OF CRIMINAL JUSTICE SER Ref/Inv Date 11/10/2005	RV 518-457-6105 Invoice Amount 43,086.00	Payment Amount 43,086.00		Voucher No. A501840
ode/Name: 02570 e/Invoice No. IS IS FEES FARGES	JUSTICE COURT-10TH FLOOR Ref/Inv Date 09/30/2005 09/30/2005 09/30/2005 09/30/2005	518-474-2949 Invoice Amount 872.40 46,932.50 -1,050.00 32.50	46,932.50 -1,050.00	112201 112201	Voucher No. 1000030 1000030 1000030 1000030
ode/Name: 12000 e/invoice No. 601033468G 601043468G)1033409G	HEALTH CENTRAL ADMIN 51 Ref/Inv Date 06/30/2005 06/30/2005 06/30/2004	8-473-1477 Invoice Amount 2,274.00 6,577.52 6,446.80	Payment Amount 2,274.00 6,577.52 6,446.80	572790 572790	Voucher No. 828765 828767 828768
iode/Name: 27000 e/Invoice No.)5ADV 471	DEPT OF TEMPORARY & DISAI Ref/Inv Date N/A	BILITY ASSISTANC Invoice Amount 93,823.00 Total ACH Deposit	518-474-9697 Payment Amount 93,823.00 198,994.72	Batch No. L54470	Voucher No. 5452471

nce Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. ormation may contain keying errors.

ditional information about your payment, please call the telephone number for the agency above.

of Payments]

ation On Other Payments]

71 (Rev. 1	10/96)	S NEV	TAT OF V YC		ST	ATE	AID	VOL	JCF			Voucher No.				
nating A	gency			<u></u>		Orig. A	Agency Coo	le	Intere	st Eligible	(Y/N)					
yment Da	te (MM	() /DE))· (\	· ~	OSC Use (Only	Mile and the second		Lîabilit	y Date	(MM)	(DD)	(YY) ·			
	io (Mily	/	7) (i	''						<u> </u>	,	1	1			
e ID	· · ·		Addit	tional	3 Zip Co	ode	Route	oute Payee Amount MIR Date (MM) (
e Name (Limit to 30 s	paces)			<u></u>			IRS Code	IRS Am	ount		· · · · · · · · · · · · · · · · · · ·				
	COUNTY				• .			Stat. Type	Statistic		Indicator	-Dant	Indicator	-Statewid		
•	nit to 30 spac RA COUT	•	ר ס די א	מיוסווס.				Stat. Type	Statistic		nidisatoi	-bept.	Hidicator	-otate ma		
s (Limit to	30 spaces)	<u>, 1177</u>	LIXEE	SUKEK				5 Ref/lnv.	No. (Limit	to 20 space	es)		-			
	AVENUE 30 spaces)				·			A 1 1 Ref/Inv. Dat	65.43 e (M	030 M) (DD)	(YY)	 -				
-it to 00 :			Limit to	2 apacech >	State Z	ip Code							-			
mit to 20 s KPORT		. (LIMIE	o 2 spaces)· →		14094										
ate	Ched	k or				Description	n of Char	ges					. Amour	ıt		
Paid Paid	Vouch	er No.		(If P	ërsonal S	Service, show	v name, ti	tle, period co	overed)	<u> </u>			Dollars	C	ents	
e Certificat ify that the is just and	above expendi	tures hav	an qu of I iii l(or cc bu fc du su	ATTHEW J. made in accordar s been paid excep	own is ling S ling S ling S that ounty cordi fice ving a chan l ensus; ls per on 8 o	due and eptember of the ICT ATT I took having after I apopulate to the ICT ATT I took having after I apopulate took took and having and having took took affective took aff	or 30, County ORNEY office a population accord accord my du ton 700	able for 2005und y Law. CERTIFIE after alation test feder 31, I of more ding to wen my wies, as 0 of the Statute: that the	CATION April of over the large than the large than the large course to the large than the large	one provide pr	visions 970, s; a 0		43,086 43,08	00		
ignature in		•				Date							43,00	00		
itteN ame of Mu		_		Treasure County	er				10		tate Aid Claimed		43,086	6 00		
				R STATE A					•	STA	TE COM	PTROL	LER'S PRI	E-AUDI		
andise Rec	eived		Lo	certify that this clai	m is correcț	and just, and pa	ayment is ap	proved.				State Aid	•			
Date			•							Veri	fied		Certified For Pa	ayment		
					E	Зу							State Aid Am	lount	·	
Page No.											L					
Ву					D	ate	· ·			Aud	ited	Ву			<u> </u>	
			· · · · · ·		Expendi	ture					L	iquidati I	on	I	Ţ	
	ost Center Code Object Accum Object Dept. Statewide					Amount	Orig. Agency			PO/Contract Li			F/P			
						 					7					
	· 	1								1				<u> </u>	1	
	· · ·	-			-			<u> </u>	i -	1						
		1	1	į .	1	1	1			1		1		I	1	

Check if Continuation form is attached.

ew York State Office of the State Comparoller ार्ड. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00637559 *** *** Effective Date of Deposit is November 23, 2005 ***

ode/Name: 01490 e/Invoice No.

DIV OF CRIMINAL JUSTICE SERV Ref/Inv Date

518-457-6105 Invoice Amount

2,500.00

Payment Amount Batch No.

Voucher No. A501841

3030 ode/Name: 12000

HEALTH CENTRAL ADMIN

518-473-1477 Invoice Amount

Payment Amount Batch No.

2,500.00 556830

Voucher No.

e/Invoice No. CD2049.43458 **LEGIS 04-05**

Ref/Inv Date 10/27/2005 10/27/2005

11/10/2005

5,384.72 5,000.00

5,384.72 570690 5,000.00 570690

410675 410674

ode/Name: 27000 Anvoice No.

03 459

Ref/Inv Date N/A

DEPT OF TEMPORARY & DISABILITY ASSISTANC Invoice Amount 101,330.00 Total ACH Deposit

518-474-9697

Payment Amount Batch No. 101,330.00 L54310

Voucher No. 5452459

114,214.72

ice Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. ormation may contain keying errors.

litional information about your payment, please call the telephone number for the agency bove.

of Payments]

ation On Other Payments]

	TA'		AID	VOL	JC F		Voucher No.					
	.	Orig. Ac	gency Ca	de	Intere	st Eligible (`			·			J
πİ	C Use Only	1	-	<u> </u>	Liabili	ty Date	•	(DD) / /	(YY)			
de	Zip Code	<u> </u>	Rout	le Payee Amo	unt				MIR Date (N	MM) (DD)	(YY)
_			_,	IRS Code	IRS An	ount						
				Stat, Type	Statisti		Indicator	Dept.	Indicator-S	Statewide		1
								<u> </u>				_
						to 20 space	es)					١
	<u> </u>			Ref/Inv. Da	165.4 te (1	13030 (MN) (DD) /	(YY) /					
	State Zip C	Code 4094	-									
ا	£ [Descriptio	n of Cha	arges					Amount		ents	-
er	sonal Serv	rice, show	v name,	title, period o				<u>D</u>	ollars		31115	-
S S R li al;	own is ling Se n 700 c DISTRI that I county I ccordin ffice a ving a than I ensus; is per on 8 o	due a eptembof the ICT AT took naving to after popul od, 000 and to f Sections of the westigns of the westigns of the took of	TORNIC TORNIC OFF	ve hereby ayable for ayable for ayable for ayable for ayable for ayable for aty Law. EY CERTI ice afte opulation latest for mber 31, n of more ording to given my duties, 700 of to allowed to the statute that the ly due and owing	FICAT FI	the pro ION Il 1, 1 over 1 censu , if in n 40,00 lates e time	pvision 1970, us; n a 00 t by aw.	s	2,50 2,50 2,50	00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
•		Date										_
_	rer						State Aid Claimed		2,50	00 (00	
Y	GENCY	USE ON	1LY			ST	ATE COM		LER'S PR	E-AUDI	T_	
iа	m is correct ar	nd just, and p	payment is	approved.	•			State Aid				
Ву	Ву	<u> </u>	<u>. </u>		<u> </u>	Ve	rified .		Certified For Proof of State Aid Am			
No.									•			
Da	Date	е	_			Au	dited					
	Expenditu		1				<u> </u>	Liquidati	on		T	
	Dept.	um Statewide	.	Amount		Orig. Agency		PO/Contract		Line	_	F/E
											_	-
												==
_			+-		·						- Chier	J.
Da ditu Acc	Date Expenditu Acc	e ire	3	Amount		Au	udited	<u> </u>	on /Contract	Con	Line Continuation:	id Amount

•	Date 10-24-05		Department	A	
	Name Sally	· .	Phone 439-	7088	·
	Address on claim box 4: County of Niagara,	59 Park Ave, L	ockport, NY 14094		÷ ,1
been	Claim form Completed	4	2500	,	· · · · · · · · · · · · · · · · · · ·
V	Valid Revenue Acct in Box 5	Lederal'A	4 State 43	Eco Fana/o	en AHUS
	Signed by Mike White	Date	<u> </u>		
	Copy to Treasurers Accounting of	fice			•
	Submitted to State / Fed	Date	(circle one: by	mail, phone, fa	ax)
1	Period Covered on this claim		14/30/05		
		Below for	Accounting Use Only		
	Accrual JE Posted	PS JE#_	Ref#	Date #	
	Added to Aged Open Items				
	ACH Received	Ref #	Date	e.#	
	Copy of ACH to Originator				
	Cash Reciept JE Posted	PSJE#_	Ref#	Date #	<u> </u>

New York State Office of the State Compiteller lan C. Pevesi, Siate Comptroller

*** Remittance Information for ACH Trace# 00617539 *** *** Effective Date of Deposit is October 6, 2005 ***

od**e/Name: 01490** /Invoice No.

030 6/30/05

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Ref/Inv Date

Invoice Amount

Payment Amount Batch No. 2,500.00 537460

Voucher No. A501382

08/08/2005 09/23/2005

2,500.00 25,000.00 Total ACH Deposit

27,500.00

A501338 25,000.00 535910

ce Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. ormation may contain keying errors.

litional information about your payment, please call the telephone number for the agency

of Payments]

ition On Other Payments]

(Rev. 10	0/96)	I N 1	,	ATI OF 'YO		ST	TATE AID VOUCHER											
ating Ago	елсу	17	i⊏ AA	10	'NK		Orig. A	gency Cod	е	Interes	t Eligible (Y/N)		<u> </u>				
nent Date	e (I	νM)	(DD)	(Y	Y)	OSC Use C) Only			Liability	Date	(MM)		(YY) /				
ID		/	1	/ Additi	onal	3 Zip Co	de	Route	Payee Amor	 unt		<u> </u>		MIR Date	(MM) (DC)) (YY) '		
Name (l	imit to 30) spac	es)					<u> </u>	IRS Code	IRS Amo	unt				<u> </u>	-		
A COU		paces)							Stat. Type	Statistic		Indicato	r-Dept.	Indicator	-Statewide	e		
GARA (Limit to			TRF	ASU	RER				5 Ref/Inv. No. (Limit to 20 spaces)									
PARK (Limit to									A1165, 43030 Ref/Inv. Date (MM) (DD) (YY)									
it to 20 sp			(L	imit to	2 spaces) -	State Zi	p Code 14094	 ,										
ate		neck c)ſ				Descriptio	n of Char	ges					Amour	ıt .			
id		cher I		ļ	(If	Personal S			title, period covered)					Oollars		ents		
Certification that the a	The County/City named ab amount shown is due and quarterending June 30, 2 of Section 700 of the Co DISTRICT ATTOR I certify that I took of if in a county having a 100,000 according to the or took office after Dec county having a populati but less than 100,000 ac federal census; and have during this period to my subdivision 8 of Section MATTHEW J. MURPHY That the above expenditures have been made in accordance with the provisions of the Application: that the above expenditures have been made in accordance with the provisions of the Application: that the above expenditures have been made in accordance with the provisions of the Application: that the above expenditures have been made in accordance with the provisions of the Application: that the balance is actually the provisions of the Application: that the balance is actually the provisions of the Application:								yable for the control of the control	TICATI TAPTI April 1 of o deral 1974, than the whole as reque	caler ovision ON 1 1, 1 ver censu if in 40,00 latest time uired nty La TOTA ess Rec	ons .970, .970, .s; .a .by .aw.		2,50	00 0	00		
nature in Ir	nk						Date			-	NET			2,50 	00 0	0		
e ne of Mun i					Treas Count					_ 1	00	tate Aid laimed		2,50	00 C	10		
				FO	R STATE	AGENCY	USE ON	LY			STA	TE COM	PTROL	LER'S PR	E-AUDI	Ţ		
ndise Rece	eived			Ιc	ertify that this	ctaim is correct	and just, and pa	ayment is app	proved.				State Aid					
Cate						8	- V				Veril	led		Certilied For Pa of State Aid Arr	•			
age No.	By																	
Ву						O:	ate				Audi	ted	8y					
						Expendit	ure						Liquidatio	on				
	Cost Center Unit Var Yr Object Dept.				Statewide		Amount		Orig, Agency			PO/Contract		F/P				
									 	<u>-</u> .	-			<u> </u>				
	=				·		<u> </u>		···		 	-		· 		 		

Check if Continuation form is attached

New York State Office of the State Computoller Alan G. Heves, State Computoller

*** Remittance Information for ACH Trace# 00595656 ***

*** Effective Date of Deposit is August 15, 2005 ***

ode/Name: 01490 e/Invoice No. 030 3/31/05	DIV OF CRIMINAL JUST Ref/Inv Date 08/08/2005	ICE SERV 518-457-6105 Invoice Amount 2,500.00	Payment Amount 2,500.00		Voucher No. A500991
ode/Name: 25000 e/Invoice No. 7320.43823 .43820	DEPT CHILDREN AND F Ref/Inv Date N/A N/A	FAMILY SERVICES 518-486- Invoice Amount 56,113.91 64,762.00	3848 Payment Amount 56,113.91 64,762.00	51040	Voucher No. 65515 65516
ode/Name: 27000 e/Invoice No. 05 053 05 114 05 179 5 235	DEPT OF TEMPORARY Ref/Inv Date N/A N/A N/A N/A N/A	& DISABILITY ASSISTANC Invoice Amount 2,603.00 671.00 1,182.00 917.00 Total ACH Deposit	1,182.00	L52280 L52300	Voucher No. 5452053 5452114 5452179 5452235

nce Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. ormation may contain keying errors.

ditional information about your payment, please call the telephone number for the agency above.

of Payments]

ation On Other Payments)

	STATE OF W YORK	STATE A	AID VOL	CH		Vo	ucher No.	254 miles (1990)	- CARCO PAR
nating Agency	W 1011X	ency Code	Interes	t Eligible (Y/N)					
πent Date (MM) (C	00) (YY)	OSC Use Only		Liability	y Date (Mi	vI) (DD) (Y	Y)		
ID /	/ Additional	/ dditional 3 Zip Code Route Payee			MIR Date (MM) (DD				
Name (Limit to 30 spaces)		1	IRS Code	IRS Amo	unt				
RA COUNTY ame (Limit to 30 spaces)		Stat. Type	Statistic	Indicat	or-Dept.	r-Dept. Indicator-Statewide			
AGARA COUNTY TI (Limit to 30 spaces)	REASURER		5 Ref/Inv. N	lo. (Limit t	o 20 spaces)		···		
PARK AVENUE (Limit to 30 spaces)	and the second title do to the		A Ref/Inv. Dat	165.4 e (Mi	3030 M) (DD) (YY)				
nit to 20 spaces) CKPORT	(Limit to 2 spaces) -	State Zip Code NY 14094	,		-				
ete Check or		Description of Charges					Amount		
aid Voucher No	. (1f	(If Personal Service, show name, title, period covered)			····	Dolla	ars	Cer	nts
	quarter of Sect I certi if in a 100,000 or took county but les federal during	shown is due an ending March 31 ion 700 of the DISTRICT ATT fy that I took county having according to to office after Dhaving a populas than 100,000 census; and hat this period to	County Law. County Law. Corney CERTII office after a population the latest fer ecember 31, ation of more according to the given my my duties, a	TICATI Apriation of octoral 1974, then the whole	provisions ON 11, 1970, over census; if in a 40,000 latest time uired by		2,500	00	ì
subdivision 8 of Section 70				ie Cou	TOTAL			00	
Certification: MATTHEW J. MURPHY that the above expenditures have been made in accordance with the provisions of the Applicable is just and correct; that no part thereof has been paid except as stated; that the balance is actually described.					Less Receipts 2,500			00	
xes which the State is exempt are excluded.				_	, NET		2,500	00)
nature in Ink Niagara C	ounty Treas	Date		ļ				-	
one of Municipality Niagara County				- 1 - -	100 State Aid 2,500 % Claimed			00	ł
		AGENCY USE ONL			STATE CO		R'S PRE-A	TIQUA	
ndise Received	I certify that this	I certify that this claim is correct and just, and payment is approved.				State Aid Cer	rtified For Paym	ent	—
Date	Ву				Verified	of State Aid Amount			
age No.					٠				
8y		Date			Audited	By			
0-10-1-0-1-		Expenditure				Liquidation			_
Cost Center Code Cost Center Unit Var	Yr Object	Cbject Accum Dept. Statewide			Orig. Agency	PO/Contract		Line	F/I
			······································		 			•	<u> </u>
	<u> </u>								<u> </u>
								OP de met bless op generale	

Check if Continuation form is attached

Federal / State Aid Claim Form Routing Sheet Date 8-1-05 Department Phone Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094 Claim form Completed Valid Revenue Acct in Box 5 Signed by Mike White Date · Copy to Treasurers Accounting office Submitted to State / Fed (circle one: by mail, phone, fax) Period Covered on this claim Below for Accounting Use Only Accrual JE Posted Added to Aged Open Items ACH Received

Copy of ACH to Originator

Cash Reciept JE Posted