

STATE  
OF  
NEW YORK

# STATE AID VOUCHER

Voucher No.

Originating Agency		Orig. Agency Code	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)	OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID	Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces)			IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic
Address (Limit to 30 spaces)			5 Ref/Inv. No. (Limit to 20 spaces)	
Address (Limit to 30 spaces)			Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code	

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable for the quarter ending March 31, 2005 under the provisions of Section 700 of the County Law. <u>District Attorney's Certification</u> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by subdivision 9 of Section 700 County Law.		

7 State Aid Program or Applicable Statute:	TOTAL	25,342 35
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.	Less Receipts	
Signature in Ink: <i>[Signature]</i> Date: 4/22/05	NET	25,342 35 <del>29,950 05</del>
Title: Treasurer	State Aid % Claimed	2,500 00
Name of Municipality: Saratoga County		

**FOR STATE AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received	I certify that this claim is correct and just, and payment is approved.		State Aid	
Date	By		Verified	Certified For Payment of State Aid Amount
Page No.	Date		Audited	
By				

Expenditure						Liquidation					
pt.	Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var	Yr		Dept.	Statewide					

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

\*\*\* Remittance Information for ACH Trace# 00557001 \*\*\*  
\*\*\* Effective Date of Deposit is May 5, 2005 \*\*\*

1425

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105		
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
25-3030 1/2005	04/27/2005	2,500.00	2,500.00	478360
				<u>Voucher No.</u>
				A500182

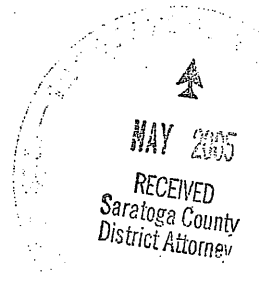


Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

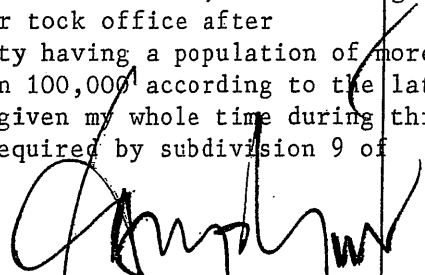


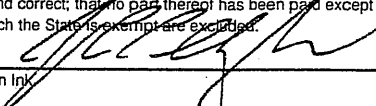
STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID	Additional	3 Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4 Payee Name (Limit to 30 spaces) Saratoga County			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) Saratoga County Treasurer			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) Municipal Center			5 Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit to 30 spaces) 25 West High Street			Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces) Ballston Spa		(Limit to 2 spaces) → State NY	Zip Code 12020		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable for the quarter ending June 30, 2005 under the provisions of Section 700 of the County Law. <u>District Attorney's Certification</u> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by subdivision 9 of Section 700 County Law.		
				

7 State Aid Program or Applicable Statute:	TOTAL	32,253	90
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.	Less Receipts		
→  Signature in Ink	NET	32,253	90
Date <u>7/7/05</u>	State Aid % Claimed	2,500	00
Title <u>Treasurer</u>			
Name of Municipality <u>Saratoga County</u>			

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.		State Aid	
Date	By _____		Verified	Certified For Payment of State Aid Amount
Page No.	Date _____		Audited	
By _____			By _____	

Expenditure						Liquidation						
Dept.	Cost Center Code	Cost Center Unit	Var	Yr	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
						Dept.	Statewide					

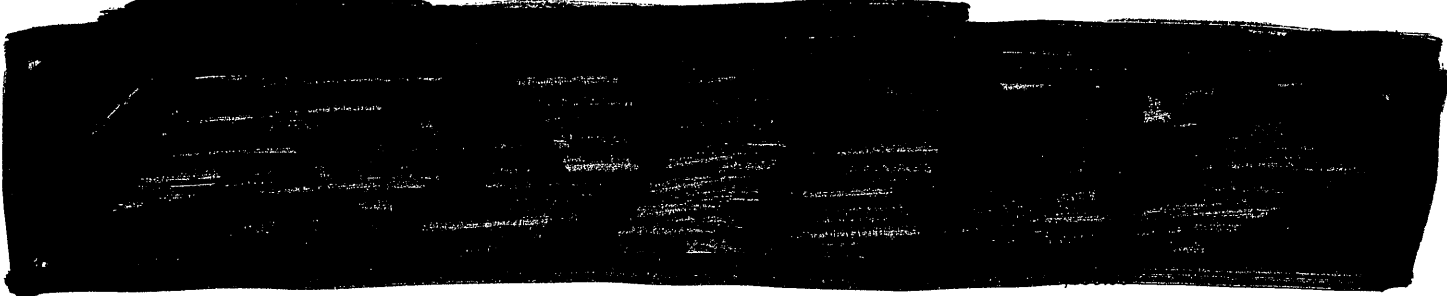
**New York State Office of the State Comptroller**  
**Alan G. Hevesi, State Comptroller**

\*\*\* Remittance Information for ACH Trace# 00616810 \*\*\*  
\*\*\* Effective Date of Deposit is October 5, 2005 \*\*\*



1825

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
25-3030 2/05	07/15/2005	2,500.00	2,500.00	536480	A501360



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

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]



STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No. \_\_\_\_\_

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces)		Saratoga County	IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)		Saratoga County Treasurer	Stat. Type	Statistic	Indicator-Dept.
Address (Limit to 30 spaces)		Municipal Center	5 Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit to 30 spaces)		25 West High Street	Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces)	(Limit to 2 spaces) →	State	Zip Code		
Ballston Spa	NY	12020			

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable for the quarter ending Sept. 30, 2005 under the provisions of Section 700 of the County Law.  <u>District Attorney's Certification</u> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by subdivision 9 of Section 700 County Law.		
<i>[Signature]</i>				

7 State Aid Program or Applicable Statute:		TOTAL		32,253.90	
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.		Less Receipts			
→ <i>[Signature]</i> Signature in Ink		NET		32,253.90	
Date <u>10/17/05</u>		State Aid % Claimed		2,500.00 XXXXXXXXXX	
Title <u>Treasurer</u>					
Name of Municipality <u>Saratoga County</u>					

**FOR STATE AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received		I certify that this claim is correct and just, and payment is approved.			State Aid	
Date	By _____			Verified		
Page No.	Date			Audited		
By _____				By _____		

Expenditure						Liquidation				
pt.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

OSC

Check if Continuation form is attached.

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

\*\*\* Remittance Information for ACH Trace# 00638681 \*\*\*

\*\*\* Effective Date of Deposit is November 28, 2005 \*\*\*

A-25

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105		
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
253030 3/05	10/20/2005	2,500.00	2,500.00	557690
				<u>Voucher No.</u>
				A501875



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

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[[History of Payments](#)]

[[Information On Other Payments](#)]





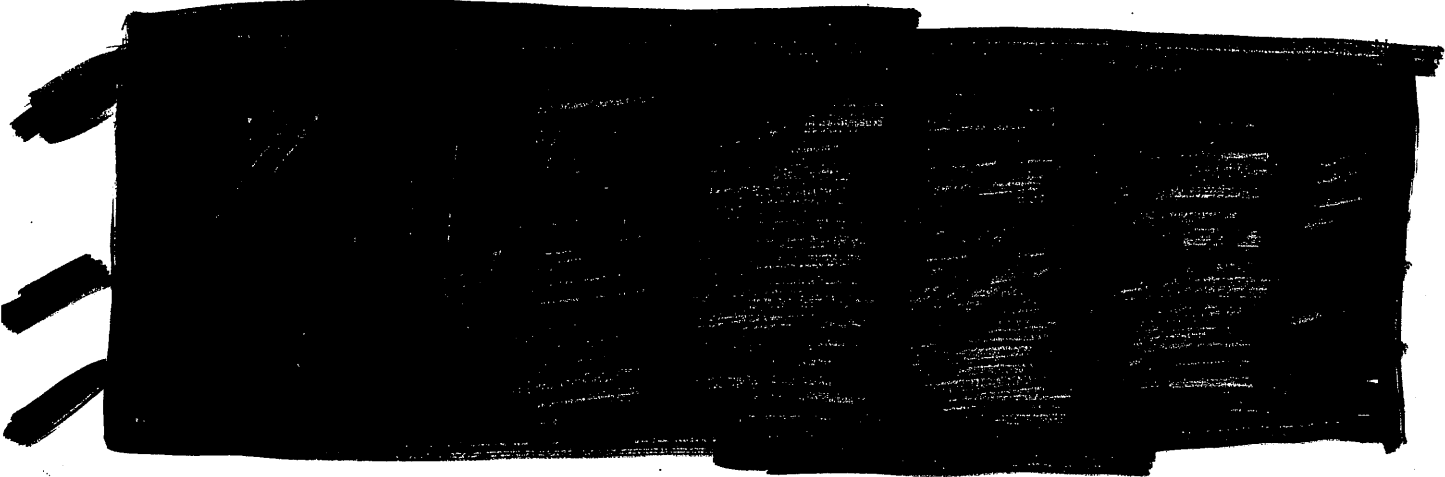
**New York State Office of the State Comptroller**  
Alan G. Hevesi, State Comptroller

\*\*\* Remittance Information for ACH Trace# 00664888 \*\*\*  
\*\*\* Effective Date of Deposit is January 30, 2006 \*\*\*



1125

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
253030 SUP PYMT	01/09/2006	2,500.00	2,500.00	582100	A502406

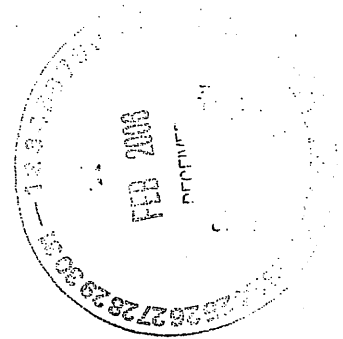


Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]





# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code	Interest Eligible (Y/N)
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Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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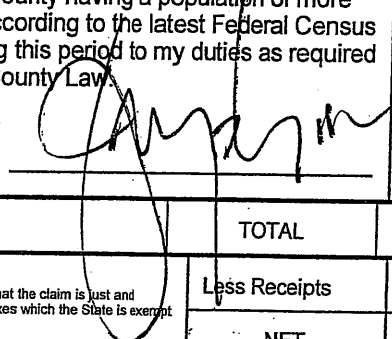
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>		IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces) <b>Municipal Center</b>		5) Ref/Inv. No. (Limit to 20 spaces)
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Address (Limit to 30 spaces) <b>25 West High Street</b>		Ref/Inv. Date (MM) (DD) (YY)
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City (Limit to 20 spaces) (Limit to 2 spaces)	State	Zip Code
<b>Ballston Spa</b>	<b>NY</b>	<b>12020</b>

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the Supplemental payment for year 2005, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> 		

State Aid Program or Applicable Statute:	TOTAL	43,086	00
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  Signature in Ink: <u><i>Thomas J. Ortolano</i></u> Date: <u>11/5/06</u> Title: <u>Deputy</u> Treasurer Name of Municipality: <u>Saratoga County</u>	Less Receipts		
	NET	43,086	00
	State Aid % Claimed	43,086	00

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.		State Aid	
	By _____		Verified	Certified For Payment of State Aid Amount By _____
	Date _____		Audited	

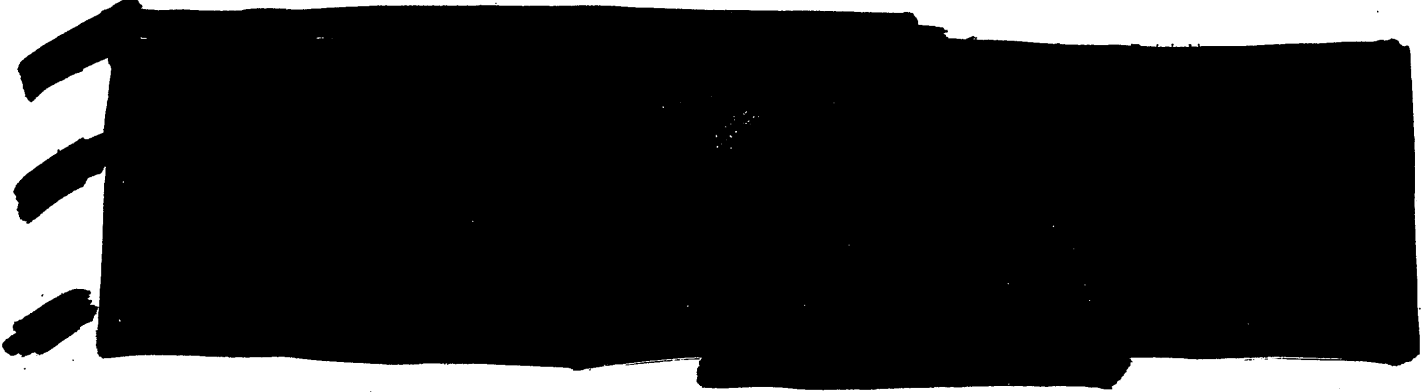
Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

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

\*\*\* Remittance Information for ACH Trace# 00667750 \*\*\*  
\*\*\* Effective Date of Deposit is February 3, 2006 \*\*\*

MA 25

Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
253030 SUPP PYM	01/09/2006	43,086.00	43,086.00	582370	A502412

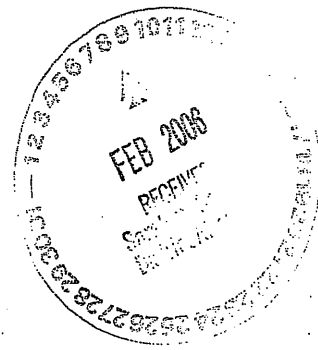


Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]



STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>	Orig. Agency Code	Interest Eligible (Y/N)
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Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces) <b>Municipal Center</b>	5) Reflnv. No. (Limit to 20 spaces)
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Address (Limit to 30 spaces) <b>25 West High Street</b>	Reflnv. Date (MM) (DD) (YY)
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City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>	State <b>NY</b>	Zip Code <b>12020</b>
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Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable of the quarter ending March 31, 2006, under the provisions of Section 700 of the County Law. <b>DISTRICT ATTORNEY CERTIFICATION</b> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.	32,253	90

State Aid Program or Applicable Statute:	TOTAL	32,253	90
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  Signature in Ink: <i>[Signature]</i> Date: <u>4/14/06</u> Title: <u>Deputy</u> Treasurer Name of Municipality: <u>Saratoga County</u>	Less Receipts		
	NET	32,253	90
	State Aid % Claimed	2,500	00

FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.	State Aid
Date		Verified
Page No.		Audited
By		Certified For Payment of State Aid Amount

Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

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

\*\*\* Remittance Information for ACH Trace# 00703011 \*\*\*  
\*\*\* Effective Date of Deposit is April 27, 2006 \*\*\*

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105		
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
253030 1ST QT	04/18/2006	2,500.00	2,500.00	617640
				<u>Voucher No.</u>
				A600165



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

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]





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

\*\*\* Remittance Information for ACH Trace# 00754116 \*\*\*

\*\*\* Effective Date of Deposit is August 22, 2006 \*\*\*

A  
15

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
25 3030 1ST QT	08/11/2006	2,500.00	2,500.00	668770	A601201
		Total ACH Deposit	2,500.00		

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

**For additional information about your payment, please call the telephone number for the agency listed above.**

[[History of Payments](#)]

[[Information On Other Payments](#)]



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

\*\*\* Remittance Information for ACH Trace# 00812178 \*\*\*

\*\*\* Effective Date of Deposit is December 22, 2006 \*\*\*

Agency Code Name: 101490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
5 303020000	10/31/2006	45,586.00	45,586.00	720900	A602528
	Total ACH Deposit		45,586.00		

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

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]



# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>			5) Ref/Inv. No. (Limit to 20 spaces) <b>[REDACTED]</b>	
Address (Limit to 30 spaces) <b>25 West High Street</b>			Ref/Inv. Date (MM) (DD) (YY)	

City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>	State <b>NY</b>	Zip Code <b>12020</b>
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Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the quarter ending December 31, 2006, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>	<b>27,646</b>	<b>20</b>

State Aid Program or Applicable Statute:	<b>TOTAL</b>	<b>27,646</b>	<b>20</b>
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  <i>[Signature]</i> _____ Date <u>1/4/07</u> Signature in Ink _____ Date _____ Title _____ Treasurer _____ Name of Municipality <u>Saratoga County</u>	Less Receipts		
	NET	27,646	20
	State Aid % Claimed	2,500	00

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. By _____ Date _____	State Aid Verified _____ Audited _____ Certified For Payment of State Aid Amount By _____
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Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

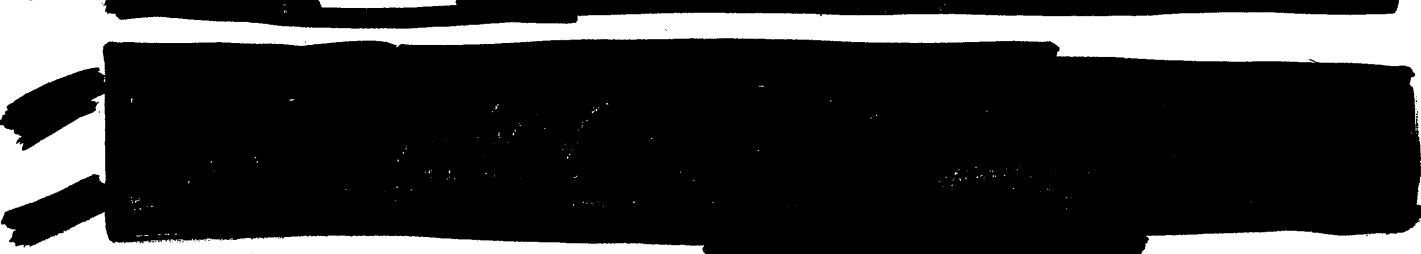
# Office of the New York State Comptroller

\*\*\* Remittance Information for ACH Trace# 00826215 \*\*\*

\*\*\* Effective Date of Deposit is January 23, 2007 \*\*\*

1125

Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	2,500.00	738100	A602815
25-3030 4TH QT	01/09/2007	2,500.00			



For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

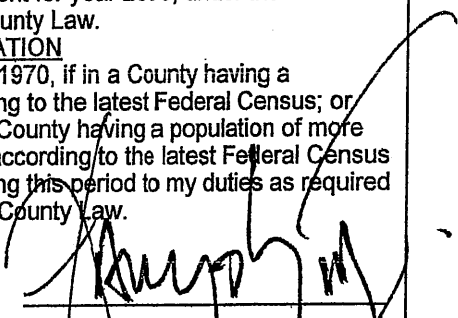
[[Information On Other Payments](#)]



# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>			5) Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit to 30 spaces) <b>25 West High Street</b>			Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces) spaces) <input type="checkbox"/>	(Limit to 2)	State	Zip Code		
<b>Ballston Spa</b>		<b>NY</b>	<b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the Supplemental payment for year 2006, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> 		

State Aid Program or Applicable Statute:	<b>TOTAL</b>	<b>43,086</b>	<b>00</b>
Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.	Less Receipts		
Signature in Ink: <u><i>James J. Stetson</i></u> Date: <u>1/4/07</u>	<b>NET</b>	<b>43,086</b>	<b>00</b>
Title: _____ Treasurer	<b>State Aid % Claimed</b>	<b>43,086</b>	<b>00</b>
Name of Municipality: <u>Saratoga County</u>			

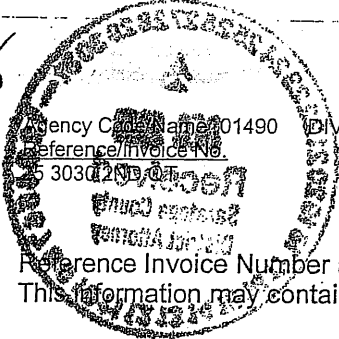
**FOR STATE AGENCY USE ONLY STATE COMPTROLLER=S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. By _____ Date _____	State Aid Verified _____ Audited _____	Certified For Payment of State Aid Amount By _____
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Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

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

1/4 25



\*\*\* Remittance Information for ACH Trace# 00812178 \*\*\*  
\*\*\* Effective Date of Deposit is December 22, 2006 \*\*\*

Agency Code Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
Reference/Invoice No:	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
5 30302	10/31/2006	45,586.00	45,586.00	720900	A602528
		Total ACH Deposit	45,586.00		

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

For additional information about your payment, please call the telephone number for the agency listed above.

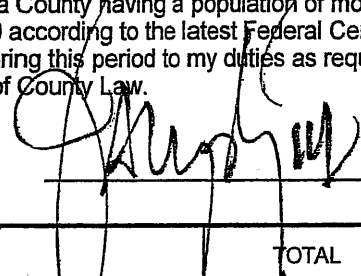
[[History of Payments](#)]

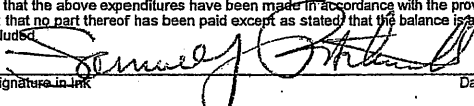
[[Information On Other Payments](#)]

# STATE AID VOUCHER

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) Saratoga County			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) Saratoga County Treasurer			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) Municipal Center			5) Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit to 30 spaces) 25 West High Street			Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces) (Limit to 2 spaces) Ballston Spa		State NY	Zip Code 12020		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the quarter ending March 31, 2007, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> 	32,253	90
State Aid Program or Applicable Statute:			TOTAL	32,253 90

Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.		Less Receipts		
Signature in Ink:  Date: 6/12/07		NET	32,253	90
Title: _____ Treasurer Name of Municipality: Saratoga County		State Aid % Claimed	2,500	00

FOR STATE AGENCY USE ONLY		STATE COMPTROLLER-S PRE-AUDIT	
Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.		State Aid Verified _____ Audited _____ Certified For Payment of State Aid Amount By _____

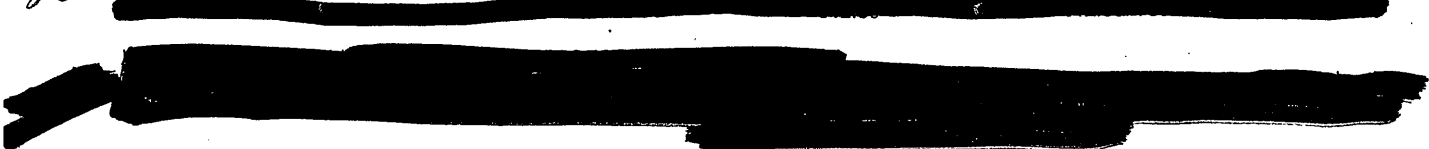
Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 00871372 \*\*\*

\*\*\* Effective Date of Deposit is April 25, 2007 \*\*\*

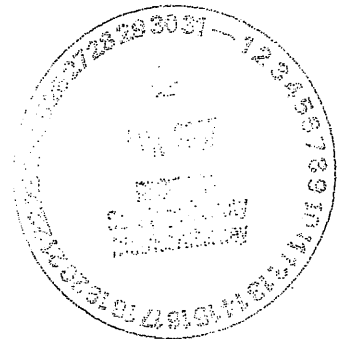
7A 25	Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
	<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
	25 3030 1ST QTR	04/17/2007	2,500.00	2,500.00	782930	A700211



For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]



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AC 1171 (Rev. 10/96)

STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1) <b>Originating Agency</b> NYS Division of Criminal Justice Services	Orig. Agency Code	Interest Eligible (Y/N)
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Payment Data (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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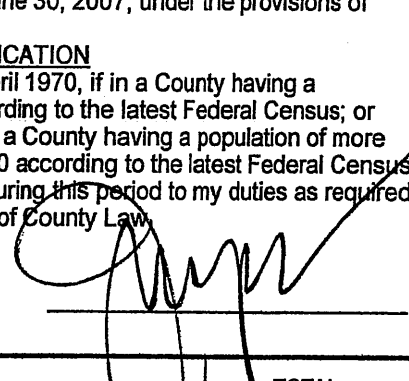
4) <b>Payee Name (Limit to 30 spaces)</b> Saratoga County	IRS Code	IRS Amount
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<b>Payee Name (Limit to 30 spaces)</b> Saratoga County Treasurer	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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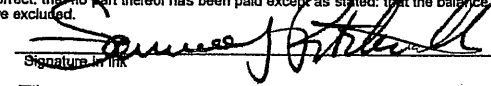
<b>Address (Limit to 30 spaces)</b> Municipal Center	5) <b>Reflinv. No. (Limit to 20 spaces)</b> [REDACTED]
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<b>Address (Limit to 30 spaces)</b> 25 West High Street	Reflinv. Date (MM) (DD) (YY)
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<b>City (Limit to 20 spaces)</b> Ballston Spa	(Limit to 2 spaces)	<b>State</b> NY	<b>Zip Code</b> 12020
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Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the quarter ending June 30, 2007, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> 	29,910	38
State Aid Program or Applicable Statute:			TOTAL	29,910 38

Payee Certification:	Less Receipts		
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I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.		NET	29,910	38
Signature in Ink:  Date: 7/9/07 Title: _____ Treasurer Name of Municipality: Saratoga County		State Aid % Claimed	2,500	00

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT**

Merchandise Received	I certify that this claim is correct and just, and payment is approved.	State Aid		
Date		Verified	Certified For Payment of State Aid Amount	
Page No.		Audited		By _____
By				

Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

G Check if Continuation form is attached

**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 00922103 \*\*\*  
\*\*\* Effective Date of Deposit is August 13, 2007 \*\*\*

[REDACTED]

2A25

Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No. 253030 2ND QTR	Ref/Inv Date 07/25/2007	Invoice Amount 2,500.00	2,500.00	826590	A701301

[REDACTED]

For additional information about your payment, please call the telephone number for the agency listed above.

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)





# STATE AID VOUCHER

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>				5) Ref/Inv. No. (Limit to 20 spaces) <b>[REDACTED]</b>	
Address (Limit to 30 spaces) <b>25 West High Street</b>				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces) Ballston Spa	(Limit to 2 spaces)	State <b>NY</b>	Zip Code <b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable of the quarter ending Sept. 30, 2007, under the provisions of Section 700 of the County Law. <b>DISTRICT ATTORNEY CERTIFICATION</b> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.	<b>33,482</b>	<b>40</b>

State Aid Program or Applicable Statute:	<b>TOTAL</b>	<b>33,482</b>	<b>40</b>
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.	Less Receipts		
	NET	<b>33,482</b>	<b>40</b>
	State Aid % Claimed	<b>2,500</b>	<b>00</b>

Signature in Ink: [Signature] Date: October 11, 2007  
 Title: Deputy Treasurer  
 Name of Municipality: Saratoga County

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. By _____ Date _____	State Aid Verified _____ Audited _____	Certified For Payment of State Aid Amount By _____
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Expenditure					Liquidation						
Dept.	Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var	Yr		Dept.	Statewide					

# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>				5) Ref/Inv. No. (Limit to 20 spaces) <b>[REDACTED]</b>	
Address (Limit to 30 spaces) <b>25 West High Street</b>				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>		State <b>NY</b>	Zip Code <b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable of the quarter ending Dec. 31, 2007, under the provisions of Section 700 of the County Law. <b>DISTRICT ATTORNEY CERTIFICATION</b> I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.	<b>28,699</b>	<b>20</b>

*[Handwritten Signature]*

State Aid Program or Applicable Statute:	<b>TOTAL</b>	<b>28,699</b>	<b>20</b>
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  Signature in Ink: <i>[Signature]</i> Date: <b>1/7/08</b> Title: <i>[Signature]</i> Treasurer Name of Municipality: <b>Saratoga County</b>	Less Receipts		
	NET	<b>28,699</b>	<b>20</b>
	State Aid % Claimed	<b>2,500</b>	<b>00</b>

FOR STATE AGENCY USE ONLY		STATE COMPTROLLER-S PRE-AUDIT			
Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.  By _____ Date _____			State Aid	
	Verified	Certified For Payment of State Aid Amount			
	Audited	By _____			

Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

New York State Office of the State Comptroller  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 01000998 \*\*\*

\*\*\* Effective Date of Deposit is January 22, 2008 \*\*\*

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
25/3030 4TH QTR	01/10/2008	7,500.00	7,500.00	900860	A703171



For additional information about your payment, please call the telephone number for the agency listed above.

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)



STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>				5) RefInv. No. (Limit to 20 spaces) <b>[REDACTED]</b>	
Address (Limit to 30 spaces) <b>25 West High Street</b>				RefInv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>		State <b>NY</b>	Zip Code <b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the Supplemental payment for year 2007, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>		

State Aid Program or Applicable Statute:		<b>TOTAL</b>	<b>43,086</b>	<b>00</b>
Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.		<b>Less Receipts</b>		
Signature in Ink: <i>[Signature]</i> Date: <b>1/9/08</b> Title: <b>Deputy</b> Treasurer Name of Municipality: <b>Saratoga County</b>		<b>NET</b>	<b>43,086</b>	<b>00</b>
		<b>State Aid % Claimed</b>	<b>43,086</b>	<b>00</b>
			<b>372</b>	

<b>FOR STATE AGENCY USE ONLY</b>		<b>STATE COMPTROLLER-S PRE-AUDIT</b>	
Merchandise Received	I certify that this claim is correct and just, and payment is approved.		State Aid
Date	By _____		Verified
Page No.	Date		Audited
By _____			Certified For Payment of State Aid Amount
			By _____

Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					

**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

1A25

\*\*\* Remittance Information for ACH Trace# 00994177 \*\*\*  
\*\*\* Effective Date of Deposit is January 8, 2008 \*\*\*

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105		
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
25-3030 3RD QTR	10/16/2007	43,372.00	43,372.00	893620
		Total ACH Deposit	43,372.00	<u>Voucher No.</u>
				A703044

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]



SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1) Originating Agency <b>NYS Division of Criminal Justice Services</b>				Orig. Agency Code		Interest Eligible (Y/N)					
Payment Date (MM) (DD) (YY)			OSC Use Only			Liability Date (MM) (DD) (YY)					
2) Payee ID		Additional		3) Zip Code		Route		Payee Amount		MIR Date (MM) (DD) (YY)	
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>						IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>						Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide		
Address (Limit to 30 spaces) <b>Municipal Center</b>						5) Reflnv. No. (Limit to 20 spaces) <b>[REDACTED]</b>					
Address (Limit to 30 spaces) <b>25 West High Street</b>						Reflnv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces) spaces) <input type="checkbox"/>		(Limit to 2)		State	Zip Code						
<b>Ballston Spa</b>				<b>NY</b>	<b>12020</b>						
Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)						Amount			
		<p>The County named above hereby claims the amount shown is due and payable of the fiscal year 4/1/08 through 3/31/09; under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>						Dollars	Cents		
								<b>52,304</b>	<b>00</b>		
State Aid Program or Applicable Statute:							<b>TOTAL</b>	<b>52,304</b>	<b>00</b>		
Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. <i>[Signature]</i> _____ Date <b>10/9/08</b> Signature in Ink _____ Date _____ Title _____ Treasurer _____ Name of Municipality _____ Saratoga County _____							Less Receipts				
							NET		<b>52,304</b>	<b>00</b>	
							State Aid % Claimed		<b>52,304</b>	<b>00</b>	
<b>FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT</b>											
Merchandise Received		I certify that this claim is correct and just, and payment is approved.						State Aid			
Date								Verified	Certified For Payment of State Aid Amount		
Page No.		Audited	By _____								
By _____											
Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit		Var	Yr	Dept.	Statewide					

G Check if Continuation form is attached

**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 01149571 \*\*\*  
\*\*\* Effective Date of Deposit is October 30, 2008 \*\*\*

Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No.	Ref/Inv Date	Invoice Amount			
25-3030 08/09 3030	10/09/2008	52,304.00	52,304.00	041040	A802578



For additional information about your payment, please call the telephone number for the agency listed above.

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)



STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1] Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2] Payee ID	Additional	3] Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4] Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>				5] Ref/Inv. No. (Limit to 20 spaces) [REDACTED]	
Address (Limit to 30 spaces) <b>25 West High Street</b>				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>		State <b>NY</b>	Zip Code <b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
		<p>The County named above hereby claims the amount shown is due and payable of the fiscal year 4/1/09 through 3/31/10, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>	Dollars <b>43,867</b>	Cents <b>00</b>

State Aid Program or Applicable Statute:	<b>TOTAL</b>	43,867	00
Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  = <i>[Signature]</i> Date <u>11/12/09</u> Signature in Ink _____ Date _____ Title _____ Treasurer _____ Name of Municipality <u>Saratoga County</u>	Less Receipts		
	NET	43,867	00
	State Aid % Claimed	43,867	00

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.  By _____ Date _____	State Aid Verified _____ Audited _____	Certified For Payment of State Aid Amount By _____
--	---	--	---

Expenditure					Liquidation					
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var		Yr	Dept.					



**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 01407374 \*\*\*  
\*\*\* Effective Date of Deposit is January 11, 2010 \*\*\*

A25 Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	43,867.00	210630	A902983
25-3030	11/12/2009	43,867.00			



For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

ENTERED

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

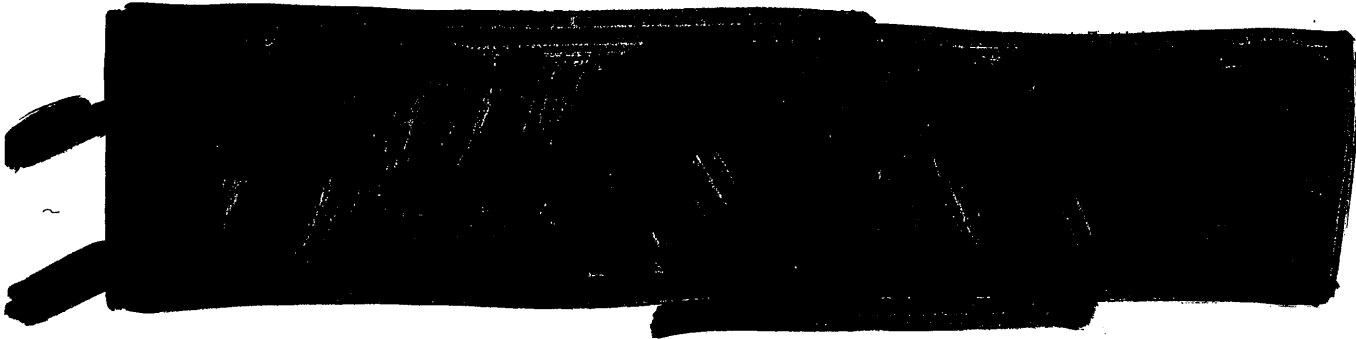
1) Originating Agency <b>NYS Division of Criminal Justice Services</b>				Orig. Agency Code		Interest Eligible (Y/N)					
Payment Date (MM) (DD) (YY)			OSC Use Only			Liability Date (MM) (DD) (YY)					
2) Payee ID		Additional		3) Zip Code		Route		Payee Amount		MIR Date (MM) (DD) (YY)	
4) Payee Name (Limit to 30 spaces) <b>Saratoga County</b>						IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>						Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide		
Address (Limit to 30 spaces) <b>Municipal Center</b>						5) Ref/Inv. No. (Limit to 20 spaces) <b>[REDACTED]</b>					
Address (Limit to 30 spaces) <b>25 West High Street</b>						Ref/Inv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces) spaces) <input type="checkbox"/>		(Limit to 2)		State	Zip Code						
<b>Ballston Spa</b>				<b>NY</b>	<b>12020</b>						
Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)						Amount			
		<p>The County named above hereby claims the amount shown is due and payable of the fiscal year 4/1/10 through 3/31/11, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census; or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>						Dollars	Cents		
								39,055			
								<del>39,489</del>	00		
State Aid Program or Applicable Statute:						TOTAL		39,489	00		
Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.						Less Receipts					
Signature in Ink: <i>[Signature]</i> Date: <u>10/21/10</u> Title: _____ Treasurer Name of Municipality: <u>Saratoga County</u>						NET		39,489	00		
						State Aid % Claimed		39,489	00		
								39,055			
<b>FOR STATE AGENCY USE ONLY STATE COMPTROLLER-S PRE-AUDIT</b>											
Merchandise Received		I certify that this claim is correct and just, and payment is approved.						State Aid			
Date		By _____						Verified	Certified For Payment of State Aid Amount		
Page No.		Date						Audited	By _____		
By											
<b>Expenditure</b>					<b>Liquidation</b>						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit		Var	Yr	Dept.	Statewide					

G Check if Continuation form is attached

**New York State Office of the State Comptroller**  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 01645722 \*\*\*  
\*\*\* Effective Date of Deposit is November 22, 2010 \*\*\*

A25	Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
	<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
	25-3030 10/11	10/21/2010	39,055.00	39,055.00	357140	A102884



For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

**ENTERED**

STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1  Originating Agency <b>NYS Division of Criminal Justice Services</b>		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2  Payee ID	Additional	3  Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4  Payee Name (Limit to 30 spaces) <b>Saratoga County</b>			IRS Code	IFS Amount	
Payee Name (Limit to 30 spaces) <b>Saratoga County Treasurer</b>			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) <b>Municipal Center</b>				5  Ref/Inv. No. (Limit to 20 spaces) <b>[REDACTED]</b>	
Address (Limit to 30 spaces) <b>25 West High Street</b>				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces) (Limit to 2 spaces) <b>Ballston Spa</b>		State <b>NY</b>	Zip Code <b>12020</b>		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County named above hereby claims the amount shown is due and payable of the fiscal year 4/1/11 through 3/31/12, under the provisions of Section 700 of the County Law.</p> <p><b>DISTRICT ATTORNEY CERTIFICATION</b></p> <p>I certify that I took office after April 1970, if in a County having a population of over 100,000 according to the latest Federal Census, or took office after 12/31/1974, if in a County having a population of more than 40,000 but less than 100,000 according to the latest Federal Census and have given my whole time during this period to my duties as required by sub division 9 of Section 700 of County Law.</p> <p style="text-align: right;"><i>[Signature]</i></p>	<b>39,489</b>	<b>00</b>

State Aid Program or Applicable Statute:	<b>TOTAL</b>	<b>39,489</b>	<b>00</b>
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  <i>[Signature]</i> _____ Date <u>8/25/11</u> Signature in Ink _____ Date _____ Title _____ Treasurer _____ Name of Municipality <u>Saratoga County</u>	Less Receipts		
	NET	<b>39,489</b>	<b>00</b>
	State Aid % Claimed	<b>39,489</b>	<b>00</b>

**FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.  _____ By _____ _____ Date _____	State Aid Verified _____ Audited _____	Certified For Payment of State Aid Amount By _____
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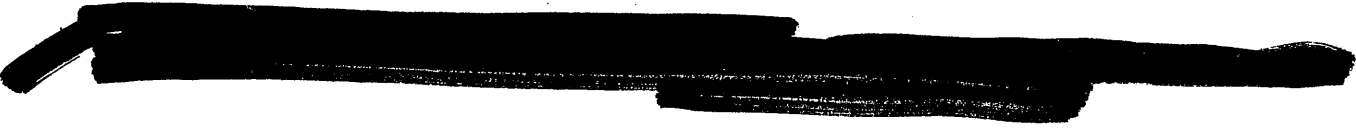
Expenditure					Liquidation						
Dept.	Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var	Yr		Dept.	Statewide					

New York State Office of the State Comptroller  
Thomas P. DiNapoli, State Comptroller

\*\*\* Remittance Information for ACH Trace# 01917497 \*\*\*  
\*\*\* Effective Date of Deposit is September 6, 2011 \*\*\*

1A  
25

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
25-3030 11/12	08/25/2011	39,489.00	39,489.00	487380	A112235



For additional information about your payment, please call the telephone number for the agency listed above.

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)

ENTERED

**Sue Rafferty**

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**From:** James Murphy  
**Sent:** Thursday, May 31, 2012 11:58 AM  
**To:** Spencer Heilwig; Ryan Moore; Ryan Moore; Sue Rafferty  
**Subject:** Fwd: DA Salary 2012-13

Good news on DA salary reimbursement.

Sent from my iPhone

Begin forwarded message:

**From:** "Layden, James (DCJS)" <[REDACTED]>

**Subject:** DA Salary 2012-13

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2012 through March 31, 2013.

Based on the 2012-13 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$59,989. This amount includes 100% funding of the difference between the minimum salary for a full-time District Attorney prior to April 1, 2012 and the minimum salary on or after April 1, 2012. To streamline the processing and facilitate timely distribution of monies, counties will no longer have to submit a state aid voucher to claim their DA Salary Aid payment. The Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at [REDACTED] Thank you.

James Layden  
NYS Division of Criminal Justice Services

[REDACTED]

# COUNTY OF SARATOGA

Samuel J. Pitcherale, Treasurer  
40 McMaster Street, Ballston Spa, New York 12020  
Phone: (518) 884-4724 Fax: (518) 884-4775

DATE: 7/27/2012

STATION: WIRE

RECEIPT

RECEIPT NO.: 201202986

CASHIER: TRS02

ITEM CODE	ITEM DESCRIPTION	AMOUNT
Misc	DCJ SALARY	20,500.00
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
** END OF ITEMS		

Received: [REDACTED] From: NYS COMPTROLLER 7/26/2012

Payment Detail  
WireTran [REDACTED]  
\*\* END OF PAYMENTS

*Patti Mazze*  
\_\_\_\_\_  
Cashier

# COUNTY OF SARATOGA

Andrew B. Jarosh, Treasurer  
40 McMaster Street, Ballston Spa, New York 12020  
Phone: (518) 884-4724 Fax: (518) 884-4775

DATE: 7/23/2012

STATION: WIRE

RECEIPT

RECEIPT NO.: 201202918

CASHIER: TRS01

\*\* REPRINT \*\*

ITEM CODE	ITEM DESCRIPTION	AMOUNT
	[REDACTED]	
Misc	2012 DA SALARY	39,489.00
** END OF ITEMS		

Received [REDACTED] From NATIONAL GOVERNMENT

Payment Detail  
WireTran [REDACTED]  
\*\* END OF PAYMENTS

Cashier



## Sue Rafferty

---

**From:** James Murphy  
**Sent:** Thursday, May 23, 2013 4:43 PM  
**To:** Sue Rafferty; Ryan Moore  
**Subject:** Fwd: DA Salary 2013-14

Sent from my iPhone

Begin forwarded message:

**From:** "Layden, James (DCJS)" <[REDACTED]>  
**Date:** May 23, 2013, 3:29:49 PM EDT  
**Subject:** RE: DA Salary 2013-14

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal

year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2013 through March 31, 2014.

Based on the 2013-14 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$66,089. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden  
NYS Division of Criminal Justice Services

[REDACTED]

# COUNTY OF SARATOGA

Samuel J. Pitcherale, Treasurer  
40 McMaster Street, Ballston Spa, New York 12020  
Phone: (518) 884-4724 Fax: (518) 884-4775

DATE: 6/13/2013

STATION: WIRES

RECEIPT

RECEIPT NO.: 201303062

CASHIER: TRS02

ITEM CODE	ITEM DESCRIPTION	AMOUNT
Misc	DAS2013	66,089.00
**	END OF ITEMS	

Received

\$66,089.00

From

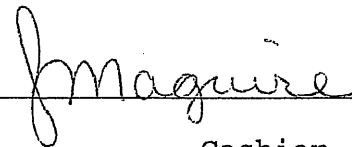
NYS OFFICE STATE COMPTROLLER

### Payment Detail

WireTran

66,089.00

\*\* END OF PAYMENTS



Cashier

**Sue Rafferty**

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**From:** James Murphy  
**Sent:** Wednesday, June 04, 2014 11:28 AM  
**To:** Sue Rafferty; ryanmoore [REDACTED]  
**Subject:** FW: DA Salary Aid Program

**Subject:** DA Salary Aid Program

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2014 through March 31, 2015.

Based on the 2014-15 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72,189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at [REDACTED] Thank you.

Cassandra Marchese  
Student Intern-Financial Grants Unit  
NYS Division of Criminal Justice Services  
[REDACTED]

# COUNTY OF SARATOGA

Andrew B. Jarosh, Treasurer  
40 McMaster Street, Ballston Spa, New York 12020  
Phone: (518) 884-4724 Fax: (518) 884-4775

DATE: 9/24/2015

STATION: WIRE

RECEIPT

RECEIPT NO.: 201503871

CASHIER: TRS23

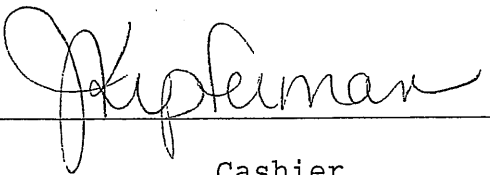
ITEM CODE	ITEM DESCRIPTION	AMOUNT
Misc	2015DASALARY	72,189.00
** END OF ITEMS		

Received \$72,189.00

From NYS OFFICE STATE COMPTROLLER

### Payment Detail

WireTran 72,189.00  
\*\* END OF PAYMENTS

  
Cashier

**Sue Rafferty**

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**From:** Karen Heggen  
**Sent:** Friday, June 26, 2015 11:34 AM  
**To:** Sue Rafferty  
**Subject:** FW: DA Salary 2015

fyi

**From:** Thalgo, Hina (DCJS) [REDACTED]  
**Sent:** Friday, June 19, 2015 9:15 AM  
**To:** Imoser [REDACTED], Michael.Violante [REDACTED], Karen Heggen  
**Cc:** Layden, James (DCJS)  
**Subject:** DA Salary 2015

Good Morning,

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2015 through March 31, 2016.

Based on the 2015-16 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at [REDACTED]. Thank you.

**Thanks,**  
**Hina M Thalgo**  
**Student Intern**  
New York State Division of Criminal Justice Services

[REDACTED]



**Division of Criminal  
Justice Services**

**ANDREW M. CUOMO**  
Governor

**MICHAEL C. GREEN**  
Executive Deputy Commissioner

July 26, 2016

The Honorable Matthew Veitch  
Chairman, Board of Supervisors  
Saratoga County  
[REDACTED]

**Re: District Attorney Salary Aid Program Awards**

Dear Chairman Veitch:

I am pleased to advise you that Saratoga County will receive \$72,189 under the District Attorney Salary Aid Program for State Fiscal Year (SFY) 2016-17. Your 2016-17 program award is unchanged from the amount awarded in 2015-16, consistent with the appropriation amounts enacted for this purpose in the state budget. This funding assistance is being provided to help offset salary costs that your county has and will incur for the period April 1, 2016 through March 31, 2017.

To streamline processing and facilitate timely distribution of funds, DCJS' Office of Financial Services will initiate payments directly to your county during the month of September. Should you have any questions regarding the DA Salary Aid Program, please contact Holly Stefaniak, DCJS Finance Office at [REDACTED]

We are pleased to provide funding assistance to your county and look forward to working with your office throughout this year.

Very truly yours,

Michael C. Green  
Executive Deputy Commissioner

cc: Karen Heggen, Saratoga County District Attorney