### SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 1		OF OF	STATI	E AID VO	UCHER	Vouch	er No.	
Originating Ag		W YORK	0	rig. Agency Code	Interest Eligible (Y/N)			
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State Aid Program	or Applicable Statute:		My duries a		M TOTAL		,342	<b>28</b> 5
Payee Certification: I certify that the above	ve expenditures have	been made in accorda	nce with the provisions of	the Applicable Statute; that the	Less Receipts	- 3		<b>y</b> 5
	rect; that no part there State is exemplare		ot as stated; that the baland	ce is actually due/and owing and	NET	25 29	િ, 342 , <del>95</del> 0	35 <del>0</del> 5
Title Name of Municipa	Sarato	Treasu ga County	rer		State Aid %Cláimed	2,	500	<i>6</i> ૭
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Page No.								
. Ву			Date Expenditure		Audited	By		
Cost Center		Object	Accum Dept. Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P
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Check if Continuation

# New York State Office of the State Complice les

\*\*\* Remittance Information for ACH Trace# 00557001 \*\*\*

\*\*\* Effective Date of Deposit is May 5, 2005 \*\*\*

A25

Agency Code/Name: 01490 Reference/Invoice No. 25-3030 1/2005 DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 04/27/2005

V 518-457-6105 Invoice Amount 2,500.00

<u>Payment Amount</u> <u>Batch No.</u> 2,500.00 478360

Voucher No. 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]



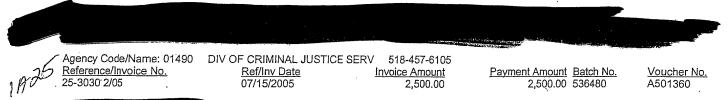
### SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 1		STATE OF IEW YORK	STATI	E AID	VOU	JCHER		Vouche	r No.	
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# 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 \*\*\*





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]



AC 1171 (Rev.	•	STATE OF	S	TAT	E AID	VOI	JCH	IER			Vouc	er No.	,
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# New York State Office of the State Comptroller Alan G. Hevesi, State Comptroller

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

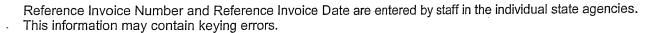
\*\*\* Effective Date of Deposit is November 28, 2005 \*\*\*

Agency Code/Name: 01490 Reference/Invoice No. 253030 3/05 DIV OF CRIMINAL JUSTICE SERV <u>Ref/Inv Date</u> 10/20/2005

518-457-6105 Invoice Amount 2,500.00

Payment Amount Batch No. 2,500.00 557690

Voucher No. A501875



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

[History of Payments]



AC'1171 (Rev. 10/96) STATE Voucher No. STATE AID VOUCHER OF **NEW YORK** Orig. Agency Code Interest Eligible (Y/N) NYS Division of Criminal Justice Services Payment Date (MM) (DD) (YY) OSC Use Only Liability Date (MM) (DD) (YY) 2 Payee ID Additional 3 Zip Code Route Pavee Amount MIR Date (MM) (DD) (YY) 4 Payee Name (Limit to 30 spaces) IRS Code IRS Amount Saratoga County Payee Name (Limit to 30 spaces) Stat. Type Indicator-Indicator-Statewide Saratoga County Treasurer Dept. Address (Limit to 30 spaces) 5 Reffinv. No. (Limit to 20 spaces) Municipal Center Address (Limit to 30 spaces) Ref/Inv. Date (MM) (DD) (YY) 25 West High Street City (Limit to 20 spaces) spaces)□ (Limit to 2 Zip Code NY 12020 Ballston Spa Date Paid Check or Voucher No. Description of Charges (If Personal Service, show name, title, period covered) Amount The County named above hereby claims the amount shown is due and Cents payable of the quarter ending Dec. 31, 2005, under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION 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 that 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. 20 27,646 State Aid Program or Applicable Statute: **TOTAL** 27,646 20 Payee Certification:
I certify that the above expenditure correct: that no part thereof has be Less Receipts res have been made in accordance with the provisions of the Applicable Statute: that the cla been paid except as stated: that the balance is actually due and owing: and that taxes which NET 27,646 20 Signature in Ink State Aid 2,500 00 Name of Municipality % Claimed 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 Date Verified Certified For Payment Page No. State Aid Amount Audited Bv Date Expenditure Liquidation Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/P Dept. Cost Center Unit Var Y٢ Dept. Statewide

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O LIGHT ON REVERSE SIDE BEFORE COMPLETING

### k State Office of the State Comprolei Hevesi, State Comptroller

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

Agency Code/Name: 01490 Reference/Invoice No. 253030 SUP PYMT

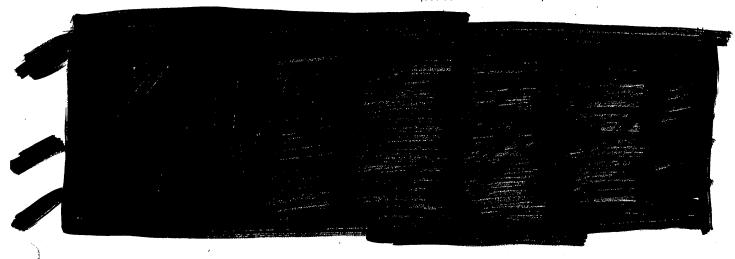
DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 01/09/2006

Invoice Amount 2,500.00

Payment Amount Batch No. 2,500.00 582100

Voucher No. 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]



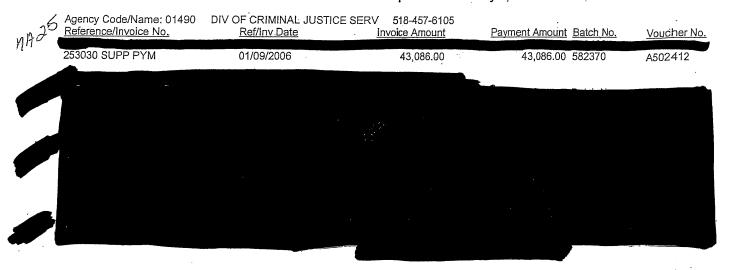
### SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AC 1171 (Rev. 10/96) STATE Voucher No. STATE AID VOUCHER OF **NEW YORK** Orig. Agency Code Interest Eligible (Y/N) NYS Division of Criminal Justice Services Payment Date (MM) (DD) (YY) OSC Use Only Liability Date (MM) (DD) (YY) 2l Pavee ID LennitihhA 3 Zip Code Payee Amount MIR Date (MM) (DD) (YY) 4| Payee Name (Limit to 30 spaces) IRS Code IRS Amount Saratoga County Payee Name (Limit to 30 spaces) Stat. Type Statistic Indicator-Indicator-Statewide Saratoga County Treasurer Dept. Address (Limit to 30 spaces) 5] Ref/Inv. No. (Limit to 20 spaces) Municipal Center Address (Limit to 30 spaces) Ref/Inv. Date (MM) (DD) (YY) 25 West High Street City (Limit to 20 spaces) (Limit to 2 State Zip Code NY 12020 **Ballston Spa** Date Paid Check or Voucher No. Description of Charges (If Personal Service, show name, title, period covered) Amount The County named above hereby claims the amount shown is due and Dollars Cents payable of the Supplemental payment for year 2005, under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION 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 that 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 State Aid Program or Applicable Statute: TOTAL 43,086 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 correct: that are part thereof has been paid except as tated: that the balance is actually due and owing; and that taxes which the large excluded. Less Receipts NET 43,086 00 Title State Aid 43,086 00 % Claimed 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 Date Verified Certified For Payment Page No. State Aid Amount

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

\*\*\* Remittance Information for ACH Trace# 00667750 \*\*\*

\*\*\* Effective Date of Deposit is February 3, 2006 \*\*\*



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]



	71 (Rev. 10/96)		STATE OF EW YOR		LNGL	Sine Refui		TE AII	VOL	ICH	ER		Vo	pucher No	,
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### 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 Reference/Invoice No. 253030 1ST QT

DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 04/18/2006

Invoice Amount 2,500.00

Payment Amount Batch No. 2,500.00 617640

Voucher No. 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]



AC 1171 (Rev. 10/98)

STATE OF

### **STATE AID VOUCHER**

Voucher No.
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# 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 \*\*\*

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Agency Code/Name: 01490 Reference/Invoice No. 25 3030 1ST QT DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 08/11/2006

Invoice Amount 2,500.00 Total ACH Deposit Payment Amount 2,500.00 Batch No. 2,500.00 668770 2,500.00

Voucher No. A601201

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]

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AC 1171 (Rev. 10/96) Voucher No. STATE STATE AID VOUCHER OF **NEW YORK** Interest Eligible (Y/N) Orig. Agency Code NYS Division of Criminal Justice Services Payment Date (MM) (DD) (YY) OSC Use Only Liability Date (MM) (DD) (YY) 2 Payee ID Additional 3| Zip Code Route Pavee Amount MIR Date (MM) (DD) (YY) 4| Payee Name (Limit to 30 spaces) IRS Amount IRS Code Saratoga County Payee Name (Limit to 30 spaces) Stat. Type Indicator-Statewide Saratoga County Treasurer Dept. Address (Limit to 30 spaces) 5 Ref/Inv. No. (Limit to 20 spaces) **Municipal Center** Address (Limit to 30 spaces) Refilinv. Date (MM) (DD) (YY) 25 West High Street City (Limit to 20 spaces) (Limit to 2 Zip Code NY 12020 **Ballston Spa** 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 September 30, 2006, under the provisions of Section 700 of the County Law. **DISTRICT ATTORNEY CERTIFICATION** 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 that 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. 20 27,646 State Aid Program or Applicable Statute: TOTAL 20 27,646 Pavee Certification: Less Receipts NET 27,646 20 State Aid 2,500 00 Treasurer % Claimed 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 Verified Certified For Payment Page No. State Aid Amount Audited Date Ву Expenditure Liquidation Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/P Dept. Cost Center Unit Var Υr Dept. Statewide

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# of the State Comptroller

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

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

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

10/31/2006

45,586.00 Total ACH Deposit Payment Amount Batch No. 45,586.00 720900 45,586.00

Voucher No. A602528

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

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

[History of Payments]

# SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AC, 1171 (Rev. 10/96) STATE OF STATE AID VOUCHER OF NEW YORK 11. Origination Agency Code Interest Eligible

	NE	EW YORK														
1 Originating Agence NYS Divis	ion of Cr	iminal Ju	stice	Servi	ces	Orig. Agen	cy Code		,	Inter	est Eligib	le (Y/N)				· · · · · · · · · · · · · · · · · · ·
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City (Limit to 20 space spaces)  Ballston Spa		(Limit to 2	Star N	ite IY	Zip Code 12020								·			
Date Paid	Check or No				Description of C	Charges (if Pe	ersonal Se	ervice, sho	ow name, title, pe	iod cover	d)	- 2		Am	ount	
State Aid Program or A  Payee Cerlification: I certify that the above correct: that no part the are excluded.  Signature in link Title	· · · · · · · · · · · · · · · · · · ·	p C <u>F</u> I p tt ttl a b	payable of Secondary Secon	le of to the tion 7 that the tion of tion of the tion of tion of the tion of the tion of the tion of tion of the tion of tion of tion of the tion of t	Date	ending I county L CERT e after A ,000 acc 1974, if lat 100,0 ole time ction 70	Decer.aw. IFICA April 1 cordin in a C 000 ac durin	TION 970, if g to the county coording this county	f in a Coun e latest Fe having a p ig to the la period to n	ty hav deral copular test Fe ny duti	ing a Censuion of ederal as as	s; or more Census required		27,6 27,6 27,6	46	20 20 20 00
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Date Page No.						By Date						Verified Audited	ŀ	ertified Fo o State Aid	of	
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Voucher No.

# Office of the New York State Comptroller 4

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

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



Agency Code/Name: 01490 Reference/Invoice No. 25-3030 4TH QT DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 01/09/2007

/ 518-457-6105 <u>Invoice Amount</u> \_\_\_\_\_2,500.00

<u>Payment Amount</u> <u>Batch No.</u> 2,500.00 738100

Voucher No. A602815



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

[History of Payments]



### SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING Voucher No. AC 1171 (Rev. 10/96) STATE STATE AID VOUCHER OF **NEW YORK** Interest Eligible (Y/N) Originating Agency Orig. Agency Code NYS Division of Criminal Justice Services Liability Date (MM) (DD) (YY) Payment Date (MM) (DD) (YY) OSC Use Only Payee Amount MIR Date (MM) (DD) (YY) Additional 3 Zip Code 2| Payee ID IRS Code 4| Payee Name (Limit to 30 spaces) Saratoga County Indicator-Statewide Indicator-Statistic Payee Name (Limit to 30 spaces) Stat. Type Saratoga County Treasurer Address (Limit to 30 spaces) 5| Ref/Inv. No. (Limit to 20 spaces) Municipal Center Ref/Inv. Date (MM) (DD) (YY) Address (Limit to 30 spaces) 25 West High Street City (Limit to 20 spaces) (Limit to 2 Zip Code State NY 12020 Ballston Spa Amount Date Paid Check or Voucher No. Description of Charges (If Personal Service, show name, title, period covered) Dollars Cents 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. DISTRICT ATTORNEY CERTIFICATION 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 mofe than 40,000 but less that 100,000 according/to the latest Felleral 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. State Aid Program or Applicable Statute: 43,086 00 TOTA Payee Certification: I certify that the above ex correct: that no part then ess Receipts. res have been made in accordance with the provisions of the Applicable Statute: that the cla<sup>l</sup>m is just and peen paid <u>except</u>ias stajed: that the balance is actually due and owing; and that taxes which the Stata is e 00 **NET** 43,086 State Aid 43,086 00 Title % Claimed Name of Municipality Saratoga County STATE COMPTROLLER=S PRE-AUDIT FOR STATE AGENCY USE ONLY Merchandise Received I certify that this claim is correct and just, and payment is approved. State Aid Date Verified Certified For Payment State Aid Amount Page No. Audited Ву

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

gency Cade Name 201490 (DIV eference/invoice No. 5 303位200 英语 fnic \*\*\* Remittance Information for ACH Trace# 00812178 \*\*\*

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

OF CRIMINAL JUSTICE SERV 5

Ref/Inv Date 10/31/2006 ERV 518-457-6105 Invoice Amount 45,586.00 Total ACH Deposit

Payment Amount 45,586.00 Batch No. 720900 45,586.00

Voucher No. A602528

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This telegraphic in the individual state agencies.

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

[History of Payments]

### SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING Voucher No. AC 7171 (Rev. 10/96) STATE STATE AID VOUCHER OF **NEW YORK** Originating Agency Orig. Agency Code Interest Eligible (Y/N) NYS Division of Criminal Justice Services Liability Date (MM) (DD) (YY) Payment Date (MM) (DD) (YY) OSC Use Only Pavee Amount MIR Date (MM) (DD) (YY) Additional 31 Zip Code 2 Payee ID Route 4] Payee Name (Limit to 30 spaces) IRS Code IRS Amount Saratoga County Payee Name (Limit to 30 spaces) Stat. Type Statistic Indicator-Indicator-Statewide Saratoga County Treasurer Dept. 5 Ref/Inv. No. (Limit to 20 spaces) Address (Limit to 30 spaces) **Municipal Center** Address (Limit to 30 spaces) Ref/Inv. Date (MM) (DD) (YY) 25 West High Street City (Limit to 20 spaces) (Limit to 2 Zip Code NY 12020 **Ballston Spa** Date Paid Check or Voucher No. Description of Charges (If Personal Service, show name, title, period covered) Amount 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. DISTRICT ATTORNEY CERTIFICATION 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 that 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 La 90 32,253 State Aid Program or Applicable Statute: OTAL 32.253 90 Payee Certification: Less Receipts with the provisions of the Applicable Statute: that the im is just and 90 **NET** 32,253 State Aid 2,500 00 % Claimed Name of Municipality Saratoga County FOR STATE AGENCY USE ONLY STATE COMPTROLLER=S PRE-AUDIT I certify that this claim is correct and just, and payment is approved. Merchandise Received Date Certified For Payment Verified State Aid Amount Page No. Audited

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### ork State Office of the State Comptroller

Thomas P. DiNapoll, State Comptroller

\*\*\* Remittance Information for ACH Trace# 00871372 \*\*\* \*\*\* Effective Date of Deposit is April 25, 2007 \*\*\*

Agency Code/Name: 01490 Reference/Invoice No. 25 3030 1ST QTR

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

04/17/2007

Invoice Amount

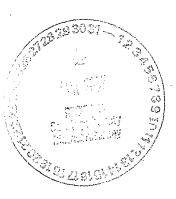
Payment Amount Batch No. 2,500.00 782930

Voucher No. A700211



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

[History of Payments]



AC 1171 (Rev. 10	196)	STAT OF NEW YO				STA	ATE A	ID	VO	J(	CHEI	₹			Voucher	· No.
1 Originating Ag NYS Div	ency ision o	f Crimina	l Justi	ice Se	vices	Orig.	Agency Code				Interest Eligi	ble (Y/N)				
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ddress (Limit to 30		et									Refilinv. Date	(MM) (DD	) (YY)	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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### 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 \*\*\*

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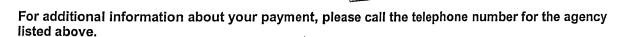
Agency Code/Name: 01490 Reference/Invoice No. 253030 2ND QTR DIV OF CRIMINAL JUSTICE SERV Ref/Inv Date

07/25/2007

518-457-6105 Invoice Amount 2,500.00

Payment Amount Batch No. 2,500.00 826590

Voucher No. A701301



[History of Payments]



AC 1171 (Rev. 10/9	96) STAT OF NEW YO	•			STA	TE AI	D V	OU	Cł	HEF	₹			Voucher	No.
1 Originating Age NYS Divis	ncy sion of Crimina	al Justic	ce Sen	vices	Orig. Ag	gency Code			int	erest Eligi	ble (Y/N)				
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### \* SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF

### STATE AID VOUCHER

Voucher No.

		NEW YOR	₹K						_									
1 Originatin		Criminal	Justic	ce Serv	rices	Orig. Ag	ency Cod	е			Interest Eligit	ole (Y/N)			.*			
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	e (Limit to 30 sp oga Coun								IRS Code	irs	S Amount							
	Limit to 30 space oga Count	ty Treasu	rer						Stat. Type	Sta	tistic	Indicator- Dept.	Indicator-Statewide					
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Address (Limit 25 West	to 30 spaces) High Stre	et									Refilnv. Date	(MM) (DD)	(YY)					
city (Limit to 20 spaces)() Ballston	. ,	(Limit to 2		State NY	Zip Code 12020								7					
Date Paid	Check	or Voucher No.			Description of C	Charges (If F	Personal	Service, sho	w name, title, pe	iod co	vered)			-	Amount			
Payee Certification	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.  DISTRICT ATTORNEY CERTIFICATION 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 that 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.  Payee Certification: 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  NET										28	28,	699 699	20 20				
Title	nicipality	Saratava C	ounty	Treasure	er			<del>-</del>				State Aid Claimed			500°	00		
OR STATE A	<del></del>	ONLY			TE COMPTRO						· T					T		
Merchandise Received I certify that this claim is correct and just, and payment is ap  Date By  Page No.							ent is approv	ea. —	_ <del>-</del>		/enfied	i		For Paymer of id Amount	nt .			
By Date											Ā	udited	Ву					
	Expenditure Liquidation										on							
٠.	Cost Cen	nter Code			Object	Α	ccum .	cum Amount			Orig. Agency		PO/Con	PO/Contract		F/P		
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	·				·	·												
• ]																		

\*\*\* Remittance Information for ACH Trace# 01000998 \*\*\* \*\*\* Effective Date of Deposit is January 22, 2008 \*\*\*

Agency Code/Name: 01490 Reference/Invoice No. 25/3030 4TH QTR

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Ref/Inv Date -01/10/2008

Invoice Amount 7,500.00

Payment Amount Batch No. 7,500.00 900860

Voucher No. A703171

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

[History of Payments]



••.		ISTRUCTION	IS ON R	EVERS	E SIDE BE	FORE (	OMPLET	NG									
-	AC 1171 (Rev. 10/	(	ATE OF YORK	.•		ST	ATE	AII	) VOI	JC	HE	R			Vouche	r No.	
	1 Originating Age NYS Divi	ncy sion of Crim	inal Jus	stice Se	ervices	Or	ig. Agency Code		***************************************		Interest Elig	ible (Y/N)				·	<del></del>
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# New York State Office of the State Comptroller Thomas P. DINapoll, State Comptroller

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

Agency Code/Name: 01490 Reference/Invoice No. 25-3030 3RD QTR

DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Ref/Inv Date Invoice Amount 10/16/2007

43,372.00 Total ACH Deposit

Payment Amount Batch No. 43,372.00 893620 43,372.00

Voucher No. A703044

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

[History of Payments]



<b>-</b>	ÂC 1171 (Rev. 10/9)	6)	STATE OF IEW YO	Ξ	VERSE	BEF		ATE		D <sub>.</sub>	VO	JC	HE	R			Voucher	No.	
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### New York State Office of the State Comptroller

Thomas P. DiNapoli, State Compitolier

\*\*\* Remittance Information for ACH Trace# 01149571 \*\*\*

\*\*\* Effective Date of Deposit is October 30, 2008 \*\*\*

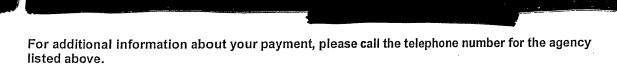
Agency Code/Name: 01490 Reference/Invoice No. 25-3030 08/09 3030 DIV OF CRIMINAL JUSTICE SERV Ref/Inv Date Inv

10/09/2008

V 518-457-6105 Invoice Amount

Payment Amount Batch No.

Voucher No. A802578



[History of Payments]



" SEE II AC 1171 (Rev. 10	NSTRUCTIONS ( )96) STAT OF NEW YO	E .	VERSE					VOL	JC	HE			Voucher	No.			
1 Originating Ago	<sup>ency</sup> ision of Crimina	al Justi	ice Ser	vices	Orig.	Agency Code				Interest Eligi	ole (Y/N)			*			
Payment Date (I	MM) (DD) (YY)			OSC Use	Only					Liability Da	e (MM) (I	DD) (YY)					
2  Payee ID	Addition	nal		3  Zip Co	ode		Route			Payee Amo	ınt	MIR	Pate (MM) (I	OD) (YY)			
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city (Limit to 20 spaces)□ Ballston Spa	•	2	State NY	Zip Code 12020							<del> </del>						
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tate Aid Program or A	pplicable Statute:					^		<u> </u>	\ <u> </u>	TOTAL		43	3,867	00			
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# 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 \*\*\*

Agency Code/Name: 01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Reference/Invoice No. 25-3030 DIV OF CRIMINAL JUSTICE SERV 518-457-6105 Invoice Amount 11/12/2009 43,867.00

Payment Amount Batch No. 43,867.00 210630

Voucher No. A902983

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

[History of Payments]



AC 1171 (R	ev. 10/96)	STATE OF NEW YOR				STA	TE	Αl	D V	OL.	JC	HEF	?			Voucher I	No.		
1 Origination NYS	ng Agency Division (	of Criminal	Justic	e Ser	vices	Orig. Agency Code						Interest Eligi	ole (Y/N)	-					
Payment Da	te (MM) (DD	) (YY)		OSC Use	OSC Use Only						Liability Date (MM) (DD) (YY)								
2 Payee ID	· · · · · · · · · · · · · · · · · · ·	Additiona	l		3 Zip Coc	ie		Route				Payee Amor	ınt .	М	MIR Date (MM) (DD) (YY)				
	me (Limit to 30 toga Cou				I				IRS	Code	IRS	Amount							
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	it to 30 spaces)											5 Ref/Inv. N	o. (Limit to 20	) spaces)		<del></del>			
'	t to 30 spaces) High Str	eet										Ref/Inv. Date	(MM) (DD)	) (YY)					
City (Limit to 2) spaces)(I) Ballston		(Limit to 2	,	State NY	Zip Code 12020														
Date Paid	I Che	ck or Voucher No.	L		Description o	f Charges (I	f Personal S	Service, s	show name	, title, perio	d cov	ered)				Amount			
)	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.  DISTRICT ATTORNEY CERTIFICATION  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 that 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.  39,489											00							
State Aid Program	n or Applicable	Statute:	<del></del>	•					1			ТОТАІ			39,	489-	00	┙	
Payee Certification I certify that the a correct: that no are excluded.	on: above expendituent thereof has	res have been mad been paid except a	de n acco	rdance wit	h the provisions o Jance is actually d	f the Applica ue and owin	ble Statute: g; and that ta	that the caxes which	laim s justa h the State	and is exempt	Le	ess Rece	<u> </u>					$\dashv$	
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\* SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

### 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 \*\*\*

Agency Code/Name: 01490 Reference/Invoice No. 25-3030 10/11 DIV OF CRIMINAL JUSTICE SERV Ref/Inv Date In 10/21/2010

RV 518-457-6105 Invoice Amount 39,055.00

Payment Amount Batch No. 39,055.00 357140

Voucher No. A102884



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

[History of Payments]



### AC 1171 (Rev. 10/96) STATE Voucher No. STATE AID VOUCHER OF **NEW YORK** 1 Originating Agency Orig. Agency Code Interest Eligible (Y/N) NYS Division of Criminal Justice Services Payment Date (MM) (DD) (YY) OSC Use Only Liability Date (MM) (DD) (YY) 2 Payee ID Additional 3j Zip Code Route Payee Amount MIR Date (MM) (DD) (YY) 4 Payee Name (Limit to 30 spaces) IRS Code IPS Amount Saratoga County Payee Name (Limit to 30 spaces) Stat. Type Statistic Indicator-Statewide Saratoga County Treasurer Dept. Address (Limit to 30 spaces) 5 Ref/Inv. No. (Limit to 20 spaces) **Municipal Center** Address (Limit to 30 spaces) Ref/Inv. Date (MM) (DD) (YY) 25 West High Street City (Limit to 20 spaces) (Limit to 2 Zip Code NY 12020 **Ballston Spa** 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 fiscal year 4/1/11 through 3/31/12, under the provisions of Section 700 of the County Law. **DISTRICT ATTORNEY CERTIFICATION** 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 that 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. 00 39,489 State Aid Program or Applicable Statute: TOTAL 39,489 00 Less Receipts NET 39.489 00 Signature in State Aid 39,489 00 % Claimed Name of Municipality 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. Date Verified Certified For Payment Page No. State Aid Amount Βv Βv Expenditure Liquidation Cost Center Code Object Accum Amount Orig. Agency PO/Contract Line F/P Dept. Cost Center Unit Var Yr Dept Statewide

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

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\*\*\* Remittance Information for ACH Trace# 01917497 \*\*\*

\*\*\* Effective Date of Deposit is September 6, 2011 \*\*\*

14

Agency Code/Name: 01490 Reference/Invoice No. 25-3030 11/12 DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Ref/Inv Date 08/25/2011 10voice Amount 39,489.00

Payment Amount Batch No. 39,489.00 487380

Voucher No. A112235

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

[History of Payments]

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[Information On Other Payments]

ENTERED

### **Sue Rafferty**

From:

James Murphy

Sent:

Thursday, May 31, 2012 11:58 AM

To:

Spencer Hellwig; 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)"

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 Thank you.

James Layden NYS Division of Criminal Justice Services



# COUNTY OF SARATOGA

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

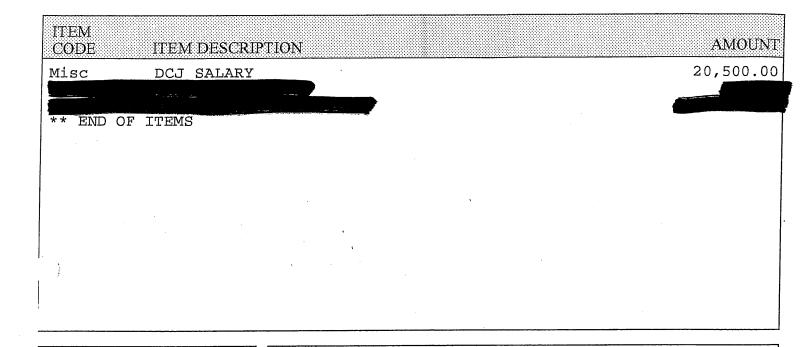
DATE: 7/27/2012

STATION: WIRE

RECEIPT

RECEIPT NO.: 201202986

CASHIER: TRS02



From NYS COMPTROLLER

Payment Detail

WireTran

Received

\*\* END OF PAYMENTS

Patt Mazze

7/26/2012

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 REPRINT \*\* RECEIPT NO.: 201202918

CASHIER: TRS01

**ITEM** CODE

ITEM DESCRIPTION

**AMOUNT** 

39,489.00

2012 DA SALARY

\*\* END OF ITEMS

Received

From NATIONAL GOVERNMENT

Payment Detail

WireTran

\*\* END OF PAYMENTS

Cashier

### **Sue Rafferty**

]]rom:

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)"

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



### COUNTY OF SARATOGA

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

DATE: 6/

6/13/2013

STATION: WIRES

RECEIPT

RECEIPT NO.: 201303062

CASHIER: TRS02

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

Received

\$66,089.00

From NYS OFFICE STATE COMPTROLLER

Payment Detail

WireTran

\*\* END OF PAYMENTS

66,089.00

Cashier

### **Sue Rafferty**

From:

James Murphy

Sent:

Wednesday, June 04, 2014 11:28 AM

To:

Sue Rafferty; ryanrmoore

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 Thank you.

Cassandra Marchese Student Intern-Financial Grants Unit NYS <u>Division of</u> Criminal Justice Services

# 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 ** END OF I	2015DASALARY ITEMS	72,189.00
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Received

\$72,189.00

From NYS OFFICE STATE COMPTROLLER

Payment Detail

WireTran

72,189.00

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### **Sue Rafferty**

From:

Karen Heggen

Sent:

Friday, June 26, 2015 11:34 AM

To:

Sue Rafferty

Subject:

FW: DA Salary 2015

fyi

From: Thalho, Hina (DCJS).

Sent: Friday, June 19, 2015 9:15 AM

To: Imoser Mich

Michael. Violante 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 Thank you.

Thanks, Hina M Thalho Student Intern

New York State 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

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

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