credit card

DAYS INN SCHOHARIE
160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 3/2/2015 1:48:15 PM

Folio (Detailed)

Name: ANDERSEN, STEVEN A

Confirmation Number: 49416830
Account Number: 339-638440

Address: RT 7 BOX 300
SIDNEY, NY 13838 US

Room: 117 | Room Type: NQQ1, 2 QUEENS NSMK | Nights: 1 | Guests: 1/0
Rate Plan: RACK | Daily Rate: $69.00 + $8.28 Tax | GTD: VI - VISA
Arrival: 2/25/2015 (Wed) | Departure: 2/26/2015 (Thu) | XXXX XXXX XXXX 6561

Room Rate:

2/25/2015 (Wed) - 2/25/2015 (Wed) $69.00 + $8.28 Tax per night.

Date	Code	Description	Amount	Balance
2/25/2015	RM	ROOM CHARGE	$69.00	$69.00
2/25/2015	TAX1	STATE TAX	$5.52	$74.52
2/25/2015	TAX2	BED AND OCCUPANCY TAX	$2.76	$77.28
2/26/2015	VI	VISA XXXX XXXX XXXX 6561	($77.28)	$0.00
2/26/2015	TAX1	STATE TAX	($5.52)	($5.52)
2/26/2015	TAX2	BED AND OCCUPANCY TAX	($2.76)	($8.28)
2/26/2015	VI	VISA XXXX XXXX XXXX 6561	$8.28	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$69.00	$0.00	$0.00	$0.00	($69.00)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

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160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 3/5/2015 8:31:07 AM

Folio (Detailed)

Name:	ANDERSEN, STEVEN A	Confirmation Number:	49727173
		Account Number:	165-832036

Address:	RT 7 BOX 300 SIDNEY, NY 13838 US					
Room:	113	Room Type:	NQQ1, 2 QUEENS NSMK	Nights:	4	Guests: 1/0
Rate Plan:	SGV	Daily Rate:	See room rate section below.	GTD:	VI - VISA	
Arrival:	3/1/2015 (Sun)	Departure:	3/5/2015 (Thu)		XXXX XXXX XXXX 6561	

Room Rate:

3/1/2015 (Sun) - 3/1/2015 (Sun)	$77.00 + $0.00 Tax per night.
3/2/2015 (Mon) - 3/4/2015 (Wed)	$69.00 + $0.00 Tax per night.

Date	Code	Description	Amount	Balance
3/1/2015	RM	ROOM CHARGE	$77.00	$77.00
3/2/2015	RM	ROOM CHARGE (CE)	($8.00)	$69.00
3/2/2015	RM	ROOM CHARGE	$69.00	$138.00
3/3/2015	RM	ROOM CHARGE	$69.00	$207.00
3/4/2015	RM	ROOM CHARGE	$69.00	$276.00
3/5/2015	VI	VISA XXXX XXXX XXXX 6561	($276.00)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$276.00	$0.00	$0.00	$0.00	($276.00)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

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160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 3/4/2015 11:38:25 AM

Folio (Detailed)

Name: LEE, DR.HENRY – his assistant
Confirmation Number: 50137096
Account Number: 672-745961

Address: 20 QUART STREET
OWEGO, NY 13827 US

Room: 228
Room Type: NK1, 1 KING NSMK
Nights: 2
Guests: 1/0
Rate Plan: SGV
Daily Rate: $69.00 + $0.00 Tax
GTD: VI - VISA
XXXX XXXX XXXX 6561
Arrival: 3/2/2015 (Mon)
Departure: 3/4/2015 (Wed)

Room Rate:

3/2/2015 (Mon) - 3/3/2015 (Tue) $69.00 + $0.00 Tax per night.

Date	Code	Description	Amount	Balance
3/2/2015	RM	ROOM CHARGE	$69.00	$69.00
3/3/2015	RM	ROOM CHARGE	$69.00	$138.00
3/4/2015	VI	VISA XXXX XXXX XXXX 6561	($138.00)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$138.00	$0.00	$0.00	$0.00	($138.00)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

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Credit card

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160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 3/4/2015 11:37:35 AM

Folio (Detailed)

Name:	LEE, DR.HENRY			Confirmation Number:	50140165
				Account Number:	324-643791
Address:	20 QUART STREET OWEGO, NY 13827 US				
Room:	227	Room Type:	NK1, 1 KING NSMK	Nights: 2	Guests: 1/0
Rate Plan:	SGV	Daily Rate:	$69.00 + $0.00 Tax	GTD: VI - VISA	
Arrival:	3/2/2015 (Mon)	Departure:	3/4/2015 (Wed)	XXXX XXXX XXXX 6561	

Room Rate:

3/2/2015 (Mon) - 3/3/2015 (Tue) $69.00 + $0.00 Tax per night.

Date	Code	Description	Amount	Balance
3/2/2015	RM	ROOM CHARGE	$69.00	$69.00
3/3/2015	RM	ROOM CHARGE	$69.00	$138.00
3/4/2015	VI	VISA XXXX XXXX XXXX 6561	($138.00)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$138.00	$0.00	$0.00	$0.00	($138.00)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

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160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 5/1/2015 11:09:31 AM

Folio (Detailed)

Name: HYMEN, LES

Confirmation Number: 61555497
Account Number: 655-329020

Address: 20 COURT ST
PO BOX 300
OWEGO, NY 13827 US

Room: 209
Rate Plan: S3A
Arrival: 3/24/2015 (Tue)

Room Type: NK1, 1 KING NSMK
Daily Rate: $68.40 + $0.00 Tax
Departure: 3/26/2015 (Thu)

Nights: 2
GTD: VI - VISA
XXXX XXXX XXXX 6561

Guests: 1/0

Room Rate:

3/24/2015 (Tue) - 3/25/2015 (Wed) $68.40 + $0.00 Tax per night.

Date	Code	Description	Amount	Balance
3/24/2015	RM	ROOM CHARGE	$68.40	$68.40
3/25/2015	RM	ROOM CHARGE	$68.40	$136.80
4/2/2015	VI	VISA XXXX XXXX XXXX 6561	($136.80)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$136.80	$0.00	$0.00	$0.00	($136.80)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

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160 HOLIDAY WAY
SCHOHARIE, NY 12157 US
Phone: 518-295-6088
Fax: 518-295-6099
Email: daysinnsuites12157@gmail.com
Printed: 3/26/2015 8:51:12 AM

Folio (Detailed)

Name: BARNES, PAMELA - witness
Confirmation Number: 61936624
Account Number: 407-739023

Address: 20 COURT ST
PO BOX 300
OWEGO, NY 13827 US

Room: 207 | Room Type: NK1, 1 KING NSMK | Nights: 1 | Guests: 1/0
Rate Plan: RACK | Daily Rate: $76.00 + $0.00 Tax | GTD: VI - VISA
Arrival: 3/25/2015 (Wed) | Departure: 3/26/2015 (Thu) | XXXX XXXX XXXX 4892

Room Rate:

3/25/2015 (Wed) - 3/25/2015 (Wed) $76.00 + $0.00 Tax per night.

Date	Code	Description	Amount	Balance
3/25/2015	RM	ROOM CHARGE	$76.00	$76.00
3/26/2015	VI	VISA XXXX XXXX XXXX 4892	($76.00)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$76.00	$0.00	$0.00	$0.00	($76.00)	$0.00	$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

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A		255967	9825	1165.40	700	
Fund	Voucher No.	P.O. No.	Creditor No.	Account	Use	Code

COUNTY OF TIOGA PURCHASE ORDER

A/P DEPARTMENT

8/14/14 PO Date

TO:

LINDA SCHLOSSER
3991 WAVERLY ROAD
OWEGO, NY

13827

SHIP TO:

DISTRICT ATTORNEY
COURT ANNEX
20 COURT STREET
OWEGO, NY
13827

QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	TOTAL AMOUNT
1.00	TRANSCRIPTS HARRIS HUNTLEY AND MAPP HEARING	202 50	202 50
		TOTAL	202 50

County of Tioga is Exempt from all State and Federal Taxes

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE

Authorized Official

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

DATE

County Auditor

Prepared By- Carola Khvalovsky

8-14-14

DATE

SPECIAL INFORMATION

3559.7

AUG 08 2014

Fund	Voucher	Creditor	Account	Use	Code

COUNTY OF TIOGA

TO: Kirk Martin, District Attorney

Payment to be made to	Linda J. Schlosser, Senior Court Reporter
Address to which payment is to be sent.	3991 Waverly Road Owego, NY 13827

Invoice Date
Invoice No.

Transcript ordered

People vs Calvin Harris - Huntley Hearing - $157.50

1/13/06 63 pages @ $2.50 per page

2/10/06 People vs Calvin Harris - Mapp Hearing 45.00

18 pages @ $2.50 per page

$202.50

CERTIFICATION

The undersigned CERTIFIES that he is the person, or one of the persons, or a member or duly authorized officer or agent of the firm or corporatio enting the foregoing claim or account; that the items of such claim or account are true and correct; that the services or disbursements set forth therein ha , in fact, rendered or actually and necessarily made, or that the supplies and equipment set forth therein have been actually delivered; that no part of sa n or account has been paid or satisfied, and that the amount above claimed remains due, owing and unpaid.

Linda J Schlossen — Signature

Senior Court Reporter — Title

d August 7, 20 2014 — Name of Company

Departmental Approval:	Legislative Committee Approval:	Account

A		258621	2502	1165.40	720	
Fund	Voucher No.	P.O. No.	Creditor No.	Account	Use	Code

COUNTY OF TIOGA PURCHASE ORDER

A/P DEPARTMENT

1/15/15 PO Date

TO:

AARON R ALWEIS
PO BOX 492
BINGHAMTON, NY

13902

SHIP TO:

DISTRICT ATTORNEY
COURT ANNEX
20 COURT STREET
OWEGO, NY
13827

QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	TOTAL AMOUNT
1.00	TRANSCRIPTS P. V. HARRIS 5/17/07	195 30	195 30
		TOTAL	195 30

County of Tioga is Exempt from all State and Federal Taxes

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE

Authorized Official

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

DATE

County Auditor

Prepared By- Carla Knaack

1-16-15
DATE

SPECIAL INFORMATION

2502

258621

AARON R. ALWEIS, RPR, CRR, CSR

Registered Professional Reporter ~ Certified Realtime Reporter ~ Certified Shorthand Reporter
Senior Court Reporter
P.O. Box 492
Binghamton, New York 13902
Phone (607) 240-5919
E-Mail – aalweis@courts.state.ny.us

January 13, 2015

INVOICE

Tioga County District Attorney's Office
Attn: Accounts Payable

For Court Reporting Services

	People vs. **CALVIN HARRIS**
5/2/07	Transcription of Appearance before Hon.Martin E. Smith, Acting
62	Tioga County Court Judge

TOTAL DUE **$195.30**

Above ordered by Carola Kovalovsky, o/b/o
Tioga County District Attorney

Thank you