

**STATE OF NEW YORK GOVERNOR'S TRAFFIC SAFETY COMMITTEE  
 STOP-DWI REPORT OF EXPENDITURES FOR  
 QUARTER 2 (APRIL 1, - JUNE 30, 20\_\_ ) &  
 INCOME FOR MIDYEAR (JANUARY 1, - JUNE 30, 20\_\_ )**

**COUNTY**

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	<b><u>INCOME</u></b>	<b>MIDYEAR Q1-Q2 (JAN-JUN)</b>
A	CITY, COUNTY AND DISTRICT COURT FINES RECEIVED: (NET AMOUNT)	\$
B	JUSTICE COURT FUND CHECK RECEIVED (NET AMOUNT)	\$
C	OTHER INCOME (*SPECIFY SOURCE BELOW):	\$
D	<b>TOTAL INCOME RECEIVED DURING THIS PERIOD (LINES A+B+C):</b>	\$

\* SOURCE OF OTHER INCOME: (NOTE: FUNDS ACCUMULATED IN STOP-DWI ACCOUNT FROM PRIOR YEARS SHOULD NOT BE INCLUDED AS "OTHER INCOME")

**QUARTER 2 (APR-JUN) EXPENDITURES**

TOTAL STOP-DWI EXPENDITURES FOR QUARTER 2: \$ \_\_\_\_\_

I certify that I am authorized to sign on behalf of \_\_\_\_\_ County STOP-DWI program. I further certify that the figures presented herein are a true and complete accounting of all moneys expended, as described in Section 1197.4(1)(b) of the Vehicle and Traffic Law. I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 STOP-DWI COORDINATOR

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 COUNTY FISCAL OFFICER

PLEASE ELECTRONICALLY SUBMIT THE COMPLETED FORM BY **October 31, 20\_\_** :

OR VIA EMAIL:  
 stop.dwi.program@dmv.ny.gov