SANTA FE COUNTY

RESOLUTION 2009 - 13

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on _____ did request the following budget adjustment:

Department / Division: Sheriff / Region III Fund Name: General Fund 101

Budget Adjustment Type: Budget Increase Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1205	350	0400	Fines and Forfeitures / Court Settlements	752.00	
TOTAL (if SUBTOTAL, check here)					752.00	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	1205	425	40-07	Supplies	306.00	
101	1205	425	60-07	Office Supplies	300.00	
101	1205	425	70-03	Telephones	146.00	
TOTAL (if SUBTOTAL, check here					752.00	

Requesting Department Approval: _____ **Title:** Sheriff **Date:** 12-30-08

Finance Department Approval: _____ **Date:** 1/16/09 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2008 - 13

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Ralph W. Lopez: Program Manager** **Dept/Div: Sheriff / Region III** **Phone No.: 473-7021**

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose. **This request is to increase the original budget for Fund 101-Cost Center 1205 in the amount of $752, for Restitution funds for Region III as the result of District Court Settlements.**

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense XX or for NON-RECURRING (one-time only) expense _____

SANTA FE COUNTY

RESOLUTION 2008 - 13

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph W. Lopez, Program Manager **Dept/Div:** Sheriff / Region III **Phone No.:** 473-7021

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  - a) If this is a state special appropriation, YES _____ NO __X__
    If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES __XX__ NO _____
    If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of an award letter and proposed budget.
    This request includes State Restitution Funds from court settlements, as directed by District Court Judges.
  - c) Is this request is a result of Commission action? YES _____ NO __XX__
    If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.
    There are no other funding sources to match this request.

SANTA FE COUNTY

RESOLUTION 2008 - 13

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 22 **Day of** January, **2008.**

Santa Fe Board of County Commissioners

Mike Anaya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of January, 2009 at 11:35:57 AM And Was Duly Recorded as Instrument # 1550409 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

Deputy

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ORIGINAL BUDGET	BAR'S	ADJUSTED BUDGET	EXPENDED	ENCUMB. BALANCES	AVAIL. BUDGET BALANCE	% REM.
	REG III PROGRAM INCOME							
	SALARY & WAGES							
101-1205-425.10-25	OVERTIME	455	247-	208	0	0	208	100
101-1205-425.10-26	TERM EMPLOYEES	150	0	150	0	0	150	100
*	SALARY & WAGES	605	247-	358	0	0	358	100
	EMPLOYEE BENEFITS							
101-1205-425.20-03	RETIREMENT CONTRIBUTIONS	105	105-	0	0	0	0	0
*	EMPLOYEE BENEFITS	105	105-	0	0	0	0	0
	OTHER OPERATING COSTS							
101-1205-425.70-03	TELEPHONE	442	105	547	411	0	136	25
101-1205-425.70-39	SUBSCRIPTIONS & DUES	0	0	0	42	0	42-	0
*	OTHER OPERATING COSTS	442	105	547	453	0	94	17
**	REG III PROGRAM INCOME	1152	247-	905	453	0	452	50
***	COUNTY SHERIFF DEPT.	1152	247-	905	453	0	452	50
****	GENERAL FUND	1152	247-	905	453	0	452	50
		1152	247-	905	453	0	452	50

STATE OF NEW MEXICO
Corrections Department

BILL RICHARDSON, Governor
Joe R. Williams, Secretary of Corrections
Charlene Knipfing, Division Director

Date: 11/18/2008

Probation and Parole Division
Centralized Offender Payment System
116 Mechem Street
Socorro, New Mexico 87801-4506
Phone: (505) 835-1847

TO: REGION III NARC.TASK
PO BOX 23118
SANTA FE, NM 87502

RE: MARSH, CHARLES
D-101-CR-2003-000512

Enclosed, please find ALLSUPS money order number, 47476980, in the amount of $100.00, for payment towards

OBLIGATION: VICTIM RESTITUTION

for the above captioned individual. Our records show a balance due of $630.00 after this payment.

Please sign and date this letter as receipt of payment and either mail or fax to
ATTN : PAMELA L WALKER Phone: (505) 753-2101

ESPANOLA DISTRICT OFC
410-B PASEO DE ONATE
ESPANOLA, N.. .7532
Fax: (505) 753-1842

If this form is not signed and returned to us, we will be unable to send additional payments.

Signature _____ Date _____

ATTN : PAMELA L WALKER (505) 753-2101 RE : 437018

CHANGE OF ADDRESS

If your address has changed, please provide the updated information

New Address:

_____

_____

_____

RUB HERE
DISAPPEARS WITH HEAT

MONEY ORDER
NOT VALID FOR OVER THREE HU... U.S. DOLLARS

PAYABLE THROUGH
NEW MEXICO BANK & TRUST
CLOVIS, NEW MEXICO 88101

95-674/1070

47476980

CONVENIENCE STORES, INC.
P.O. BOX 1907
CLOVIS, NEW MEXICO 88102-1907

DATE 11-14-08

$ 100.00
One Hundred and 00/100
U.S. Dollars

PAY TO THE ORDER OF Region III Narc Task Force

For Account No or Invoice No

Charles B Martin 3257 Sirinyo Rd Santa Fe NM 87507
PURCHASER'S NAME & ADDRESS

PURCHASER BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE.

AUTHORIZED SIGNATURE [signature] THIS MONEY ORDER MUST BEAR STORE NO. AND AUTHORIZED SIGNATURE

⑆107006745⑆78474 76980⑈

STATE OF NEW MEXICO
Corrections Department

BILL RICHARDSON, Governor
Joe R. Williams, Secretary of Corrections
Charlene Knipfing, Division Director

Date: 09/18/2008

Probation and Parole Division
Centralized Offender Payment System
116 Mechem Street
Socorro, New Mexico 87801-4506
Phone: (505) 835-1847

TO: REGION III NARC.TASK
PO BOX 23118
SANTA FE, NM 87502

RE: MARSH, CHARLES
D-101-CR-2003-000512

Enclosed, please find MONEYGRAM money order number, 200950930114, in the amount of $100.00, for payment towards

OBLIGATION: VICTIM RESTITUTION

for the above captioned individual. Our records show a balance due of $730.00 after this payment.

Please sign and date this letter as receipt of payment and either mail or fax to
ATTN : PAMELA L WALKER Phone: (505) 753-2101

ESPANOLA DISTRICT OFC
410-B PASEO DE ONATE
ESPANOLA, NM 87532
Fax: (505) 753-1842

If this form is not signed and returned to us, we will be unable to send additional payments.

Signature

Date 9/23/08

ATTN : PAMELA L WALKER (505) 753-2101 RE : 437018

CHANGE OF ADDRESS

If your address has changed, please provide the updated information

New Address: _____

_____

_____

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

ISSUING AGENT

75-5
919

WAL★MART

MoneyGram Money Orders

INTERNATIONAL MONEY ORDER

09/15/2008

2009509301 1
MONEY ORDER - WM

▼ ▼ PAY ONLY THIS AMOUNT ▼ ▼

$*****100.00

ONE HUNDRED ****
DOLLARS 00 CENTS

R200950930114

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: Region III Narc Task

IMPORTANT - SEE BACK BEFORE CASHING

Charles B Thrash III

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: 3253 Sir Ingo Rd

Payable Through
Wells Fargo Bank
South Central, N.A.
Anchorage, Alaska

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

6052826562655
1529800259121011

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CÍRCULO

⑆091900533⑆ 2009 50930114⑈ 90

STATE OF NEW MEXICO
Corrections Department

BILL RICHARDSON, Governor
Joe R. Williams, Secretary of Corrections
Charlene Knipfing, Division Director

Date: 01/02/2008

Probation and Parole Division
Centralized Offender Payment System
116 Mechem Street
Socorro, New Mexico 87801-4506
Phone: (505) 835-1847

TO: REGION III NARC.TASK
PO BOX 23118
SANTA FE, NM 87502

RE: MARSH, CHARLES
D-101-CR-2003-000512

Enclosed, please find MONEYGRAM money order number, 200427282418, in the amount of $100.00, for payment towards

OBLIGATION: VICTIM RESTITUTION

for the above captioned individual. Our records show a balance due of $830.00 after this payment.

Please sign and date this letter as receipt of payment and either mail or fax to
ATTN : CRISTINA GOMEZ Phone: (505) 753-2101

ESPANOLA COMM CORR
410-B PASEO DE ONATE
ESPANOLA, NM 87532
Fax: (505) 753-1842

If this form is not signed and returned to us, we will be unable to send additional payments.

Signature _____ Date _____

ATTN : CRISTINA GOMEZ (505) 753-2101 RE : 437018

CHANGE OF ADDRESS

If your address has changed, please provide the updated information

New Address: _____

_____

_____

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

ISSUING AGENT

75-53
919

WAL★MART

MoneyGram Money Orders

INTERNATIONAL MONEY ORDER

12/28/2007

200427282418

200427282241
MONEY ORDER

▼ ▼ PAY ONLY THIS AMOUNT ▼ ▼

$**1000.00

ONE HUNDRED ****
DOLLARS 00 CENTS

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: Region III Narc Task

IMPORTANT - SEE BACK BEFORE CASHING

Charles B Mirabal

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: 3253 S. Irigo Rd S.F. N.M.

Payable Through
WF National Bank
South Central
Faribault, MN

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

⑆052824652056
153980036203524 1

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CÍRCULO

R200427282418

⑆091900533⑆2004 27 28 24 18⑈ 90