

Q18415
1/16/18

Rachel Kibble

From: Christopher Gramiccioni
Sent: Friday, January 05, 2018 1:55 PM
To: Steven Padula; Rachel Kibble
Subject: FW: Transaction Receipt from NATIONAL DISTRICT ATTORNEY ASSOC for \$250.00 (USD)

Steve/Rachel,

Here is my receipt for payment towards the NDAA Capitol Conference in a couple weeks. I'd like to get the reimbursement process rolling sooner rather than later on this, since I'm also going to get dinged with hotel costs too. Thanks.

Chris

From: Auto-Receipt [<mailto:noreply@mail.authorize.net>]
Sent: Friday, January 05, 2018 1:54 PM
To: Christopher Gramiccioni
Subject: Transaction Receipt from NATIONAL DISTRICT ATTORNEY ASSOC for \$250.00 (USD)

Order Information

Description: NDAA's Capital Conference 2018

Invoice Number 118913

Billing Information

Chris Gramiccioni

Shipping Information

cgramiccioni@mcponj.org

Total: \$250.00 (USD)

Payment Information

Date/Time: 5-Jan-2018 10:53:55 PST

Transaction ID: 40490619069

Payment Method: American Express

Transaction Type: Purchase

Auth Code: 226064

Merchant Contact Information

NATIONAL DISTRICT ATTORNEY ASSOC

ALEXANDRIA, VA 22314

US

rvargas@ndaajustice.org

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>Christopher Gramiccioni</u>	<u>County Prosecutor</u>
Name	Title
<u>Prosecutor's Office</u>	<u>January 4, 2018</u>
Department	Date

FUNCTION

Name/Title: 2018 National District Attorneys Capital Conference
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)
 Location: Hyatt Regency Capital Hill, Washington, DC Date(s): January 23-25, 2018

How is the Conference Related to Job Assignment:
The National District Attorneys Organization is comprised of County, State, and Federal Prosecuting Attorneys, and their executive staffs from around the country. Course syllabus attached. It focuses on current and pending Criminal Justice Reforms, Asset Forfeiture Management, Addiction Policy Reform, and Homeland Security all of which are job related.

ANTICIPATED COSTS

REGISTRATION: <u>250.00</u>	PUBLIC TRANSIT: _____
PER DIEM RATE: <u>Lodging \$201.00, Meals \$69.00</u>	AIRPLANE: _____
Meals: <u>\$51.75 x(2), \$69.00 x (2)</u>	PERSONAL AUTO: _____
Lodging: <u>(3) \$201.00 plus 14.8% tax</u>	*COUNTY VEHICLE: <u>County Fleet vehicle TBA</u>
TOTAL FOR MEALS: <u>241.50</u>	OTHER (Specify): <u>Parking \$59 per day x 3=\$177.00</u>
TOTAL FOR LODGING: <u>692.24</u>	_____
PLEASE LIST MEALS INCLUDED	_____
WITH REGISTRATION: <u>N/A</u>	_____
	TOTAL COST: <u>1,360.74</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(S)

County Budget Account: <u>8-01-25-275-190-917</u>	\$ <u>1,360.74</u>
Grant Account: _____	\$ _____
Other than Above: _____	\$ _____

APPROVALS

SUPERVISOR (Print Name): _____

Signature _____	Date _____
-----------------	------------

DIVISION HEAD: (Print Name): _____

Signature _____	Date _____
-----------------	------------

DEPARTMENT HEAD (Print Name): _____

Signature _____	Date _____
-----------------	------------

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): _____

Signature _____	Date _____
-----------------	------------

OK
PC
1-8-18

SAJ
1/4/18

Check Number

515792

P.O. No.

18-02848

COUNTY OF MONMOUTH
VOUCHER

COUNTY ADMINISTRATOR

Office, Department or Institution

Bill To:



FEB 22 2018

VENDOR- REMIT TO:

Christopher Gramiccioni

MCPO

GRA 00009

AGENCY

8-01-25-775-190-917

AMOUNT

706.83

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Travel Expenses for National District Attorney Training		
Washington, DC 1/22/18-1/24/18		
Lodging Expenses	1/22/18-1/24/18	\$ 461.50
Parking Expenses		\$ 128.00
Meal Expenses		\$ 117.33
Total		\$706.83

RECEIVED FEB 06 2018

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature

1/26/18
Date732/437-7760
Phone #

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

County Administrator

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 1/26/18 Name Christopher Gramiccioni

Event Date 1/22-24/18 Name NDAA Conference Location Washington DC

Registration Fee: ☒ Yes ☐ No Amount \$ Previously paid

Lodging: ☒ Yes ☐ No Name of Hotel Hyatt Regency

Dates of Stay: From: 1/22/18 To: 1/24/18 Amount \$ 461.50

Primary Travel
Air/Train Ticket: ☐ Yes ☐ No Flight Dates: _____ Amount \$ _____

Secondary Travel (Taxi, Shuttle, etc) ☐ Yes ☐ No Amount \$ _____

County Vehicle: ☐ Yes ☐ No License Plate No _____ Gas Purchases Amount \$ _____
Tolls Amount \$ _____

Personal Car: Miles x _____ Amount \$ _____
Tolls Amount \$ _____

Parking: ☒ Yes ☐ No Dates 1/22-1/24/18 Amount \$ 118.00

Other: ☒ Yes ☐ No Explanation Meter Parking Amount \$ 10.00

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	\$30.00
1/22/18	0	\$0.00	\$0.00	51.75	\$0.00
1/23/18	0	\$15.71	\$49.87	69.00	\$65.58
1/24/18	4.85	\$8.69	\$42.00	51.75	\$51.75

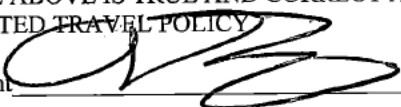
Total Reimbursement Requested
(Carry Total Forward to Voucher)

\$ 706.83

Have other claims for advance payments for this event been submitted? ☒ Yes ☐ No

I CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY

Claimant



Date

1/26/18

Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement

Revised 7/08



Hyatt Regency Washington on Capitol Hill
400 New Jersey Avenue, NW
Washington, D.C., USA 20001
Tel: 202-737-1234
Fax: 202-737-5773
washingtonregency.hyatt.com

INFORMATION INVOICE

Payee Chris Gramiccioni
132 Jerseyville Avenue
Freehold NJ

Membership
Bonus Code
Confirmation No. 58987770-1
Group Name NDA8

Room No. 0616
Arrival. 01/22/18 Mon
Departure 01/24/18 Wed
Page No. 1 of 1
Folio Window
Folio 1
Invoice

Date	Description	Charges	Credits
01/22	Group Room	201.00	
01/22	Occupancy Tax	29.75	
01/22	Parking Valet	50.00	
01/22	Parking Tax	9.00	
01/23	Group Room	201.00	
01/23	Occupancy Tax	29.75	
01/23	Parking Valet	50.00	
01/23	Parking Tax	9.00	
01/24	American Express		-579.50

Total

579.50 579.50

Balance

0.00

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. If I do not check out in the Lounge with a host, I authorize the hotel to process all charges incurred during the stay to the credit card I presented at the time of check-in.

Please direct any billing inquiries/concerns to:
Email: na.customerservice@hyatt.com
Phone: 1-888-472-2870

YOUR RECEIPT
THANK YOU
CALL AGAIN

1/24/18 L

REG--01-24-2018 01:25
000176
CT 1

1 ITEM T2 \$4.25
1 SOUP T2 \$3.00
1 NON TAX ITEM \$1.00
TAX DRINK \$7.25
TX2 \$0.44
TL \$8.69
CASH \$20.00
CG \$11.31

LUNCH



A GOURMET DELICATESSEN
WWW.WESTWINGCAFENJDC.COM

WEST WING CAFE III
300 NEW JERSEY AVE NW
WASHINGTON, DC 20001
202 - 347 - 5855

1/24/18 L

DATE 01/23/2018 TUE
POKE BOWL T1 \$12.99
MISC T1 DRINK \$1.29
TAX1 AMT \$1.43
TOTAL \$15.71
CASH \$20.00
CHANGE \$4.29

* ORDER# 0145 *
NO.644545 REG 01 1 EMPLOYEE TIME 13:55

LUNCH THANK YOU !!
COME AGAIN!!

Rusty Scupper
402 Key Highway
Baltimore, MD 21230
(410) 727-3678

1/24 D

Tbl: 70 Gsts: 4 Srvr: Jeremy
Date: 01-24-2018 7:54pm 2033.0909.00043

1 Oyster Sampler 19.00
1 Soup of the Day 6.00
1 Caesar ENT 17.00
\$42.00
Chens

502578034 Lidia T

CHK 2944
24 JAN'18 10:02 AM

1/24 B

Dine In

1 Diet Snapple Raspberry Tea 2.00
1 Fruit Whole 1.10
1 Coffee 16oz 1.75
Cash \$5.00
Cash -\$0.15

Food \$1.10
Beverage \$3.75
Payment \$4.85
Change Due \$0.15

----- Check Closed -----
BREAKFAST 24 JAN'18 10:03 AM

Sub-Total: 258.25
Food Tax: 10.52
Bev Tax: 7.47

Total Due: 276.24
Pymt AMEX 276.24
**** ** / ** Auth: 565474

Track1 43-79747

SALE
Card Number: *****
Apprvl Code: 565474

AMOUNT: 276.24

TIP: %

TOTAL:

Group Dinner

MISC: \$10 PARKING 1/24/18 CASH
(RECEIPT NOT GENERATED)
MEETING

Old Ebbitt Grill
675 15th Street NW
Washington DC 20005
202-347-4800

11780 As11 A

Tbl 325/1 Chk 5363
Jan23'18 08:35PM

1/23/18
Dinner

1 Hummus	10.29	Chris
1 1/2 DOZEN	17.99	
1 Turkey Sandwich	13.59	

Subtotal	178.18
Sales Tax	17.82
09:40PM Total	196.00

DC Sales Tax	17.82
--------------	-------

41.87

+8.00 Tip share

\$49.87

Group Dinner

Bill To:

P.O. No.

**COUNTY OF MONMOUTH
VOUCHER**



MAR 19 2018

VENDOR- REMIT TO:**AGENCY**

AMOUNT

CHRISTOPHER J GRAMICCIONI, PROSECUTOR

MCPO - 132 JERSEYVILLE AVE

FREEHOLD NJ 07728

801-25-275-190 3/2

60. ~~60~~

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Monmouth Bar - March Trustee Meeting	3/1/2018	\$60.00
Meal Only		
Total	RECEIVED MAR 12 2018	\$60.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature _____

Date _____

Phone #

Certification by Department Head, County of Monmouth
I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

CHIEF OF STAFF

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

MONMOUTH BAR ASSOCIATION

**Court House
Freehold, NJ 07728
732-431-5544**

TO: Officers and Trustees of the Monmouth Bar Association

FROM: Douglas J. Kovats, President

The Trustees' meeting will be held on **Thursday, March 1st at Spring Lake Golf Club, Spring Lake at 6:00 p.m.** The meeting will be a (set menu) Dutch Treat Dinner, which you will be billed for at a later date.

Enclosed, please find the agenda for this meeting and the minutes of the February 1, 2018 Trustees' meeting.

The following menu will be served:

Salad:

Baby Greens Salad with sugared pecans, diced apples, dried cranberries with Champagne Vinaigrette

Choice of Entrée:

Cedar Plank Salmon with a Fig Jam Sauce

New York Sirloin Steak, frizzled onions

Both served with Truffle Mashed Potatoes and Grilled Asparagus

Dessert:

Chocolate Moulten Cake with Vanilla Ice Cream

Cost: \$70.00 includes drinks, tax and gratuity

If possible, please bring check the night of the dinner. Thanks.

Please e-mail Tracey at tmaciewicz.monmouthbar@verizon.net with your dinner selection.

PLEASE NOTE: We are charged for every dinner ordered whether or not you attend or not, therefore, please notify Tracey immediately if you find that you cannot attend so that we can cancel your order. If not, the restaurant will charge us, and you will be expected to pay.

CHRISTOPHER J. GRAMICCIONI
DEBORAH L. GRAMICCIONI

Pay to the Order of MONMOUTH BDA ASSN.
SEVENTH

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

Memo

[Handwritten signature]

Check Number

517192

COUNTY OF MONMOUTH
VOUCHER

P.O. No.

18-07236

Office, Department or Institution

Bill To:



APR 11 2018

COUNTY ADMINISTRATOR

VENDOR- REMIT TO:

GRA 00009

AGENCY

8-01-25-275-190-917

AMOUNT

Christopher Gramiccioni

MCPO

465.99

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Reimbursement of expenses for meetings with U.S. Office of National Drug Control Policy, Executive Office of the President. Washington DC, March 14-15, 2018		
Lodging expense	3/14-3/15/18	\$ 290.44
Parking		\$ 24.35
Taxi fees		\$ 28.02
Meals		\$ 123.18
Total		\$465.99

RECEIVED APR 05 2018

RECEIVED MAR 26 2018

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

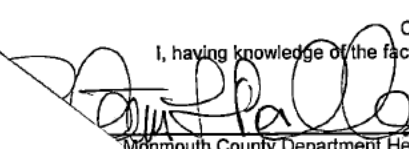
I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.


Vendor Signature

3/19/18
Date

732/431-7160
Phone #

Certification by Department Head, County of Monmouth
I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.


Monmouth County Department Head

CHIEF OF STAFF


Title of Monmouth County Department Head

County Administrator

APR 20 2018

CHIEF OF STAFF

RECEIVED MAR 5 8 2014

CHIEF OF STAFF

COUNTY ADMINISTRATOR

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 3/16/18 Name Christopher GramiccioniEvent Date 3/14 Name Government Meetings Location Washington DCRegistration Fee: ☐ Yes ☒ No Amount \$ _____Lodging: ☒ Yes ☐ No Name of Hotel JW Marriott Washington DCDates of Stay: From 3/14/18 To 3/15/18 Amount \$ 290.44Primary Travel
Air/Train Ticket: ☐ Yes ☐ No Flight Dates: _____ Amount \$ _____Secondary Travel (Taxi, Shuttle, etc) ☒ Yes ☐ No Amount \$ 28.02County Vehicle: ☐ Yes ☐ No License Plate No _____ Gas Purchases Amount \$ _____
Tolls Amount \$ _____Personal Car: Miles x _____ Amount \$ _____
Tolls Amount \$ _____Parking: ☒ Yes ☐ No Dates 3/14-3/15/18 Amount \$ 24.35Other: ☐ Yes ☐ No Explanation _____ Amount \$ _____

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	\$30.00
3/14/18	5.93		\$48.25	69	\$54.18
3/15/18		\$36.34	\$47.28	69	\$69.00

Total Reimbursement Requested \$ 465.99
(Carry Total Forward to Voucher)Have other claims for advance payments for this event been submitted? ☐ Yes ☒ NoI CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY.Claimant  Date 3/19/18Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement

Revised 7/08

AO CASP/ENFERMAGEM

GUEST FOLIO

JW MARRIOTT
WASHINGTON DC 

JW Marriott® Washington, DC • 1331 Pennsylvania Avenue NW, Washington, District of Columbia 20004 • 202.393.2000 • marriott.com/wasjw

Room	740	Name	GRAMICCIONI/C	Rate	253.00	03/15/18	13:00	2077
SZ		Type				03/14/18	19:21	ACCT#
42								
Room		Address		Payment				MRW#: XXXXX7227
DATE		REFERENCE		CHARGES		CREDITS		BALANCE DUE

03/14 ROOM	740, 1	253.00	
03/14 ROOMTX	740, 1	37.44	
03/15 AX CARD			\$290.44

CURRENT BALANCE .00

----- EXP. REPORT SUMMARY -----
03/14 ROOM&TAX 290.44

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
CXXXXXXXXXX@AOL.COM
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings
will be credited to your account. Check your
Rewards Account Statement for updated activity.
Marriott & A Woman's Nation appreciate housekeepers

Christopher Gramiccioni

From: [REDACTED]
Sent: Thursday, March 15, 2018 3:10 AM
To: Christopher Gramiccioni
Subject: Fwd: Parking Session Activated

Begin forwarded message:

From: noreply@parkmobileglobal.com
Date: March 15, 2018 at 3:06:47 AM ET
To: [REDACTED]
Subject: Parking Session Activated

EXPIRES
03/14
11:59 PM

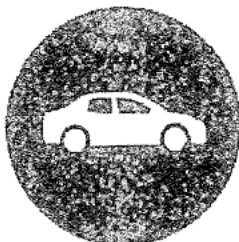
SPACE
7063

Extend Your
Parking Time
Please visit:
us.parkmobile.com



\$ 14.00 CC

Meter #: 1960001
08:46 AM 03/14/18



Confirmation - Parking Session Started

This confirmation indicates that your session has been started successfully.

Parking Session Details:

Session ID:	HB14553725718074S
Started:	3/15/2018 3:05 AM
Will end:	3/15/2018 5:59 AM
Zone:	531
Location:	Trenton, NJ
Space:	7063
License Plate Number:	XXXXXX
Parking fee:	\$10.00
Transaction fee:	\$0.35
Total Costs:	\$10.35

+ 14.00
\$ 24.35



TAXICAB RECEIPT

Time: 3:00 PM
Date: 3/15/18

Origin of trip: RAYBURN OFFICE BLDG, DC

Destination: UNION STATION, DC

Fare: \$15 CASH Sign: [Signature]

\$15.00

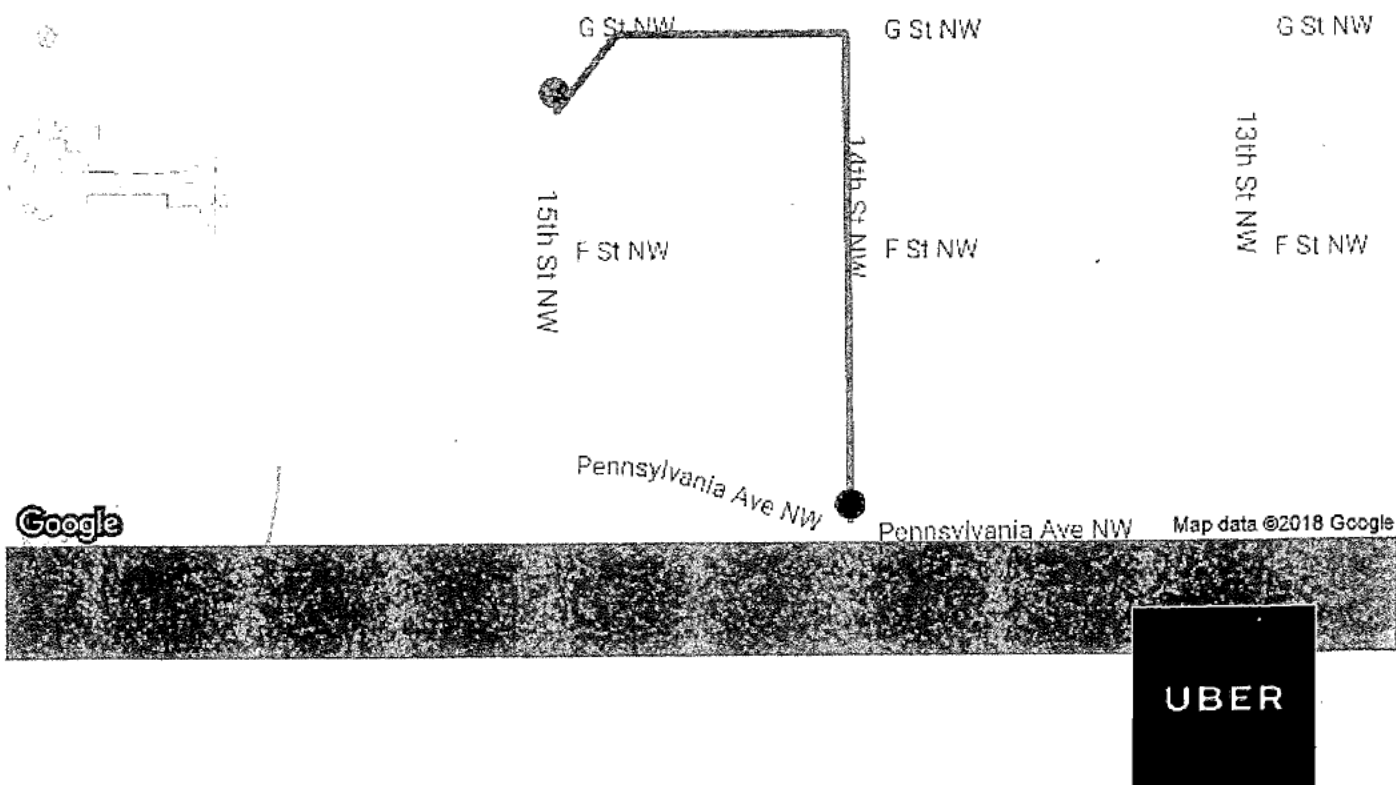
Christopher Gramiccioni

From: [REDACTED]
Sent: Wednesday, March 14, 2018 9:08 PM
To: Christopher Gramiccioni
Subject: Fwd: Your Wednesday evening trip with Uber

Sent from my iPad

Begin forwarded message:

From: "Uber Receipts" <uber.us@uber.com>
Date: March 14, 2018 at 7:19:12 PM EDT
To: [REDACTED]
Subject: Your Wednesday evening trip with Uber



\$5.92 ✓

Thanks for choosing Uber, Chris

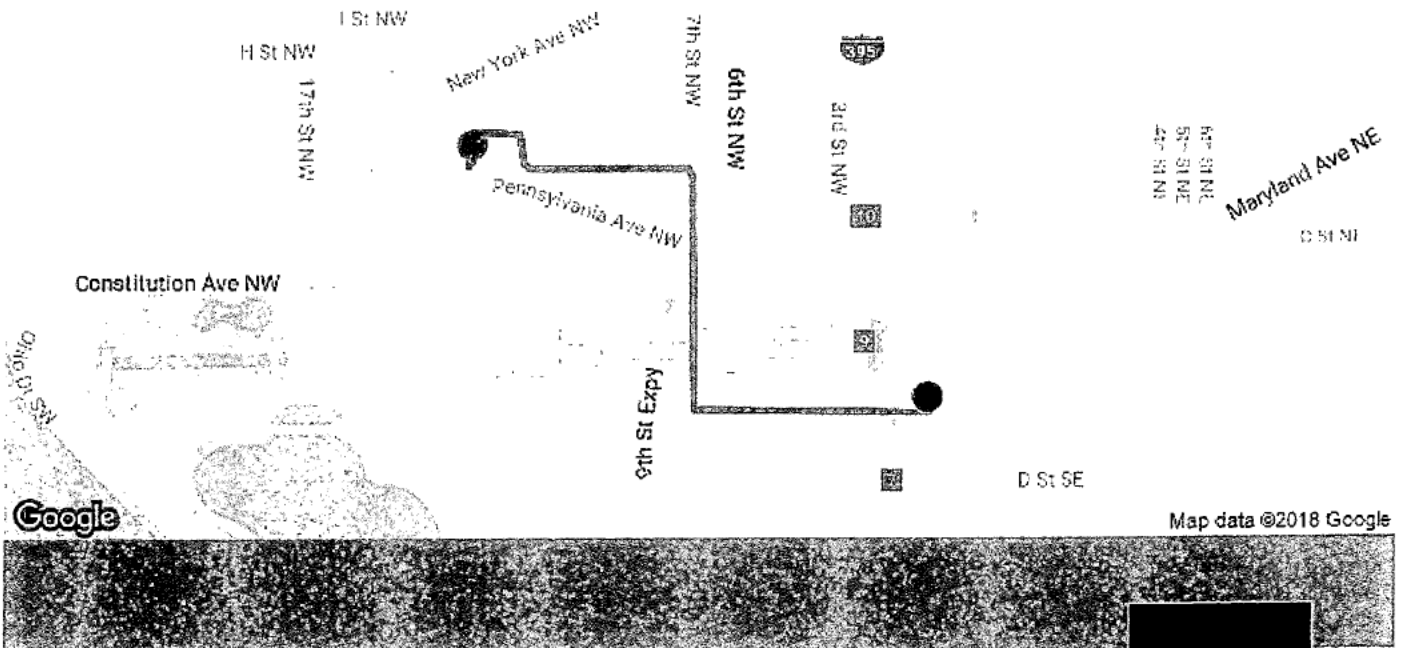
March 14, 2018 | uberX

Christopher Gramiccioni

From: [REDACTED]
Sent: Thursday, March 15, 2018 3:29 PM
To: Christopher Gramiccioni
Subject: Fwd: Your Thursday morning trip with Uber

Begin forwarded message:

From: "Uber Receipts" <uber.us@uber.com>
Date: March 15, 2018 at 3:21:21 PM EDT
To: [REDACTED]
Subject: Your Thursday morning trip with Uber



\$7.10 ↗

Thanks for choosing Uber, Chris

March 15, 2018 | uberX

Welcome to
Dunkin Donuts
72 South Clinton Avenue
Trenton, NJ 08609

Server: Chaity 03/14/2018
Fast Close/1 8:56 AM
Guests: 0 10296

Wake Up Wrap Meat (2 @1.99) 3.98
Poland Spring 20 oz 1.69

Complete Subtotal 5.67

Subtotal 5.67

SALES TAX Tax 0.26

Total 5.93

Cash 6.00

Change 0.07

THANK YOU FOR SHOPPING
Dunkin Donuts Store# 345900

--- Check Closed ---

0619

Server: PARIS K Rec:410
03/14/18 19:06, Chip T: 316 Term: 21

THE HAMILTON
600 14TH ST, NW
WASHINGTON, DC 20005
(202)787-1000

=====

MERCH ID: 345231822882 : 21
PURCHASE USD: 74.25
***** Visa
3/14/2018 7:03 PM
AUTH: 06250C Approved 000
ENTRY: CHIP READ
VISA CREDIT - A0000000031010
TC - C154094E674A80A0
Mode: Issuer
TVR: 0080008000
IAD: 06010A03603002
TSI: E800
ARC: 00

GRAMICCIONI/CHRISTOPHER

CHECK: 74.25
TIP: 15.00
TOTAL: 89.25

YOUR COMMENTS AT WWW.THEHAMILTONDC.COM

top copy -> customer

Customer Copy

THE HAMILTON
0619d Table 316 #Party 4
PARIS K SvrCk: 27 5:03p 03/14/18
14TH ST DINING
Separate checks: 2-of-2

1 FIRE CRACKER	7.00	✓
1 TUNA	4.00	✓
1 YELLOWTAIL	3.50	✓
1 BLUE CRAB	3.00	✓
1 TURKEY BURGER	13.00	✓
1 SIGNATURE SIDE	7.00	✓

Sub Total: 67.50
Tax: 6.75

03/14 6:58p TOTAL: 74.25

37.50 Food
3.75 TAX
41.25
+ 8.00 Gratid
\$ 48.25

Capitol Hill Club
300 First St SE
Washington, DC 20003
202-484-4590

Member: 5755
Name: Member - Credit Card
Server: Randall Beck
Area: Presidential Dining Room
Table#: 15 Covers: 1
Chit#: FB068604
Date: 03/15/2018 1:00 PM

The Capitol Hill Club
300 First Street, SE
Washington, DC 20003
202-484-4590

Date: 3/15/2018
Time: 1:00 PM
Chit: FB068604
Emp: Randall Beck

Card: Visa
Name: GRAMICCIONI/CHRISTOPHE
Acct: XXXXXXXXXXXX
App: 00 - APPROVAL 010213

Qty	Item	Amount
1	SODA	\$2.95
1	CHC BUFFET	\$25.00
Sub-Total:		\$27.95
Sales Tax		\$2.80
Suggested Gratuity		\$5.59
Chit Total:		\$36.34
Master Card / Visa		\$36.34

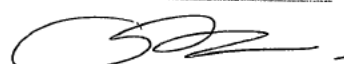
Added Gratuity: 7.00 NO
Reduced Gratuity: 43.34 NO
Final Total:

For your convenience, a suggested gratuity of 20% has been added to this check. The payment of this gratuity is subject to your complete discretion and may be increased, decreased or eliminated entirely.

Amount: \$ 36.34

Tip: \$ 7.00

Total: \$ 43.34

X- 
Signature

Cardholder agrees to abide by the obligations set forth by the cardholder agreement with the issuer.

CUSTOMER COPY


THANK YOU
Member's Signature

DAS BIER HAUS
1542 LIGHT ST
BALTIMORE, MD 21230
4437088854

ORDER: t5 food

15-Mar-2018 5:15:21P

Transaction 228906

3	Beef Goulash	\$15.00	5.00
1	Wienerschnitzle	\$15.00	
1	Bauernwurst HH	\$7.00	
1	Giant House Made Bavarian Pretzels	\$6.00	

Subtotal	\$43.00	38.00
Tax 6%	\$2.58	2.28

Total	\$45.58
CREDIT CARD AUTH	\$45.58
VISA 8696	

Tip

Total

8.00

53.58

40.28
7.00 Tip
47.28

Retain this copy for statement validation

15-Mar-2018 6:03:44P
\$45.58 | Method: SWIPED
VISA XXXXXXXXXXXX
CHRISTOPHER J GRAMICCIONI
Ref #: 807400530251 | Auth #: 030318
MID: *****2883
AthNtwkNm: VISA
SIGNATURE VERIFIED

Order 7D22RT8S6KKX4

PROST!

Online: <https://clover.com/p/EP8X02C2WFY9A>



EP8X02C2WFY9A

COUNTY ADMINISTRATOR

**MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS**

REQUESTING ATTENDEE

<u>Christopher Granicconi</u>	<u>County Prosecutor</u>
Name	Title
<u>Prosecutor's Office</u>	<u>4/2/18</u>
Department	Date

FUNCTION

Name/Title: Meeting with Office of National Drug Control Policy, Executive Office of the President of the United States
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)

Location: Washington, DC Date(s): 3/14/18 - 3/15/18

How is the Conference Related to Job Assignment:

Meetings with United States Government policy makers along with the Monmouth and Ocean County Prosecutors. Meetings are to discuss the positive impacts the opioid initiatives taken in our counties and how to nationalize them.

ANTICIPATED COSTS

REGISTRATION: <u>N/A</u>	PUBLIC TRANSIT: _____
PER DIEM RATE: <u>\$253.00 lodging, \$69.00 meals</u>	AIRPLANE: _____
Meals: <u>\$69.00 x 2 (full days)</u>	PERSONAL AUTO: _____
Lodging: <u>1 night @ \$253.00</u>	*COUNTY VEHICLE: Yes- Taken to Trenton Train Stat.
TOTAL FOR MEALS: <u>138.00</u>	Taxi/Uber: <u>\$30.00</u>
TOTAL FOR LODGING: <u>253.00</u>	OTHER (Specify): _____
PLEASE LIST MEALS INCLUDED	Parking: <u>25.00</u>
WITH REGISTRATION: <u>N/A</u>	
	TOTAL COST: <u>446.00</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(S)

County Budget Account: <u>8-01-25-275-190-917</u>	\$ <u>446.00</u>
Grant Account: _____	\$ _____
Other than Above: _____	\$ _____

APPROVALS

SUPERVISOR (Print Name): _____

Signature	Date
-----------	------

DIVISION HEAD: (Print Name): _____

Signature	Date
-----------	------

DEPARTMENT HEAD (Print Name): Steven L. Padula

Signature	Date
-----------	------

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): _____

Signature	Date
-----------	------

OK
JR
4-3-18

R4/4/18

Check Number
514834

18-00986

Bill To:

VENDOR- REMIT TO: <i>GRA 00009</i> CHRISTOPHER J GRAMICCONI, PROSECUTOR MCPO - 132 JERSEYVILLE AVE FREEHOLD NJ 07728	AGENCY <i>8-01-25-275-190-312</i>	AMOUNT <i>35.00</i>
---	--------------------------------------	------------------------

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Monmouth Bar - January Trustee Meeting	1/11/2018	\$35.00
Dinner only		
Total		\$35.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature 

1/11/18
Date

732/431-7160
Phone #

Certification
I, having knowledge of the facts, certify


Manual Signature of Monmouth County Department Head

monmouth
been received or the services rendered.

Christof Hoff

Title of Monmouth County Department Head

AS of

1/16/18

From: Tracey A. Settipane <tmaciewicz.monmouthbar@verizon.net>
Sent: Tuesday, January 02, 2018 10:27 AM
To: Anthony J. Mellaci; 'Anthony Locascio'; Brad Batcha; 'Brian Ansell'; Bunce Atkinson; 'Carol Truss'; 'Christine Hanlon'; Christopher Gramiccioni; Craig Laughlin; 'Douglas J. Kovats'; 'Erik Anderson'; 'James Newman'; 'James Uliano'; 'John F. DeBartolo'; John Hoyle; 'Jonathan Goldsmith Cohen'; 'Joseph Casello'; Kimberly Gilhooly; 'Loryn Lawson'; 'Lynn Staufenberg'; 'Marie A. Accardi'; 'Matthew A. Cohen'; 'Michael L. Detzky'; 'Patricia Adams'; 'Richard Lomurro'; 'Ronald T. Catelli'; 'Scott Tashjy'; 'Steven Nelson'; 'Tim McGoughran'; 'Tracey A. Maciewicz'; Van Lane; 'William J. Connelly'
Subject: January 4th Trustees' Meeting - Federici's

Happy New Year!! The January Trustees' meeting will be held on Thursday, January 4, 2018 at Federici's, 14 East Main Street, Freehold at 6 p.m. Appetizers, salad and pizza will be served. The cost will be \$35.00. The agenda and minutes from the December meeting will follow under separate cover. Please advise by email, if you are able to attend. Thank you.

NO. 2401202

55-233 344
212

2018

CHRISTOPHER J. GRAMICCONI
DEBORAH L. GRAMICCONI

Date 1/10/18

Monmouth Bank Association

Paid to the Order of THIRTY-FIVE Dollars \$35.00

CHASE JPMorgan Chase Bank, N.A.
www.Chase.com

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Indicate Inside in Back

Monies

Coastal Sands

**AGENDA FOR TRUSTEES' MEETING OF THE
MONMOUTH BAR ASSOCIATION**

January 11, 2018

Call to order and Welcome.

Minutes of the Trustees' Meeting of December 7, 2017

Report of the Treasurer.

NEW MEMBERS

Keith M. Casella

Carlos Diaz-Cobo

Eric H. Jaso

Mallory J. Kowalczyk

Jodi F. Mindnich

Lauren Papaleo

Margaret A. Spaziani

Jason C. Spiro

William A. Visone

OLD BUSINESS

Mock Trial Competition

(Jonathan Cohen)

MBA Holiday Show

(Joseph Casello)

Children's Holiday Party

(Tim McGoughran)

NEW BUSINESS

New Judges Swearing-in Ceremonies

(Doug Kovats)

Judge Scully's Retirement Reception

(Doug Kovats)

New Committee - Data Privacy & Cybersecurity

(Brian Ansell)

COMMITTEE REPORTS

Civil Practice Committee

(Brian Ansell)

Family Law Committee

(Lynn Staufenberg)

Municipal Court Committee

(James Newman)

Young Lawyers' Committee

(Kim Gilhooly)

Report from Timothy F. McGoughran, Trustee Representative of the NJSBA

513749

17-23 106

PAID DEC 12

VENDOR- REMIT TO: GRA 0009 CHRISTOPHER J GRAMICIONI, PROSECUTOR MCPO - 132 JERSEYVILLE AVE FREEHOLD NJ 07728	AGENCY 7-01-25-275-190-312	AMOUNT 55.00
--	--------------------------------------	------------------------

[illegible]

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

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Vendor Signature _____

11/29/17
Date

Phone #

_____, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Scott L. Webb Chief of Fire

Manual Signature of Monmouth County Department Head Title of Monmouth County Department

been received or the services rendered.

Chief of Staff
Title of Monmouth County Department Head

12/4/17

Christopher Gramiccioni

From:
Sent:
To:
Subject:

Monmouth Bar Association <tmaciewicz.monmouthbar@verizon.net>
Wednesday, November 29, 2017 3:24 PM
Christopher Gramiccioni
REMINDER: MBA HOLIDAY SHOW - 12/14/2017

Monmouth Bar Association

November 29, 2017

Dear Christopher,



SPRING IS COMING! The Monmouth Vicinage is embroiled in its own Game of Thrones. Starks, Lannisters, Baratheons, Greyjoys and Targaryens all vying for the Coveted Chancellor's crown. Join the Entertainment Committee as we celebrate with a goblet of mead for some holiday laughs at the Monmouth Bar's Holiday Show, Thursday, December 14, 2017, 6:00 P.M. at Branches, West Long Branch. The cost for the entire evening is \$70.00.

If you have not already made your reservation for the Holiday Dinner and Show, please do so immediately. Help us avoid the inconvenience of having to roll out additional tables and chairs at the last minute.

This event is open only to Monmouth Bar Association Members who are current in their dues payments. If you have not paid your dues beforehand, you will be required to do so at the time you pay for your dinner. There will be NO exceptions!!!

Feel free to call the Association office if you have any question as to whether your dues payments are current. Thank you and we look forward to celebrating the holidays with everyone on the 14th.

Monmouth Bar Association, Court House, Freehold, NJ 07728

[SafeUnsubscribe™ cgramicc@co.monmouth.nj.us](#)

[Forward this email](#) | [Update Profile](#) | [About our service provider](#)

Sent by tmaciewicz.monmouthbar@verizon.net in collaboration with

Constant Contact 

Try it free today

CHRISTOPHER J. GRAMICCIONI
DEBORAH L. GRAMICCIONI

66-233
212-344

2016

Date 11/29/17

[Redacted]

Pay to the Order of MONMOUTH BAK ASSOCIATION \$ 7000

SEVENTY

Dollars 1 Security Features Indicated Details on Back

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

Memo Holiday Dinner

[Signature]

MP

[Redacted]

[Redacted]

Counted Funds

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MONMOUTH BAR ASSOCIATION

**Court House
Freehold, NJ 07728
732-431-5544**

TO: Officers and Trustees of the Monmouth Bar Association

FROM: Douglas J. Kovats, President

The Trustees' meeting will be held on **Thursday, November 2nd at Char Steakhouse, Red Bank at 6:00 p.m.** The meeting will be a (set menu) Dutch Treat Dinner, which you will be billed for at a later date.

Enclosed, please find the agenda for this meeting and the minutes of the October 5, 2017 Trustees' meeting.

The following menu will be served:

Salad:

Mixed Field Greens with Char Signature Dressing

Choice of Entrée:

Petite Filet Mignon, 8 oz., roasted garlic

Crab Cakes, fresh roasted corn, beurre blanc

Berkshire Pork Chop, savory

Sides served family style:

Mashed Potatoes, Broccoli, garlic & olive oil and Mac n' Cheese

Dessert:

Brownie a la Mode or Triple Stuffed Nutella Chocolate Chip Cookies

Cost: \$70.00 includes tax and gratuity

If possible, please bring check the night of the dinner. Thanks.

Please e-mail Tracey at tmaciewicz.monmouthbar@verizon.net with your dinner selection.

PLEASE NOTE: We are charged for every dinner ordered whether or not you attend or not, therefore, please notify Tracey immediately if you find that you cannot attend so that we can cancel your order. If not, the restaurant will charge us, and you will be expected to pay.

PLEASE DIARY AND ATTEND DINNER MEETINGS

June 26, 2017	Golf Outing, Spring Lake
July 14, 2017	Summer Party, Ocean Place
September 14, 2017 ✓	Southgate Manor
October 19, 2017 ✓	Eagle Oaks Golf Club
December 14, 2017 ✓	Holiday Show, Branches
January 11, 2018 ✓	Family Law Dinner - TBD
February 8, 2018 ✓	Sports Night, Branches
March 22, 2018 ✓	Bar Dinner - TBD
April 19, 2018 ✓	Monmouth/Ocean Bar Dinner, Breakers
May 24, 2018 ✓	Installation Dinner - Hollywood

PLEASE DIARY AND ATTEND TRUSTEES' MEETINGS

June 15, 2017	Teak
September 7, 2017 ✓	Oyster Point Hotel
~~October 5, 2017 ✓~~	~~Borta, Asbury Park~~ TIM MCLOONE ASBURY PARK
November 2, 2017 ✓	Char Steakhouse
December 7, 2017 ✓	Molly Pitcher Inn
January 4, 2018 ✓	Federici's Pizza
February 1, 2018 ✓	UVA
March 1, 2018 ✓	Eagle Oaks
April 12, 2018 ✓	Teak
May 3, 2018 ✓	McLoone's Pier Village

CHRYSTOPHER J. GRAMICCIONI
DEBORAH L. GRAMICCIONI

55-233 212 344

2013

10/15/17

Monmouth Ball Association

\$ 700

CHASE

JPMorgan Chase Bank, N.A.
www.chase.com

10/15/17

10/15/17

P.O. No.

511787
Office, Department or Institution
Bill To:

**COUNTY OF MONMOUTH
VOUCHER**



17-17894
SEP 28 2017

VENDOR- REMIT TO:

GRA 00009

CHRISTOPHER J GRAMICCIONI, PROSECUTOR

MCPO - 132 JERSEYVILLE AVE

FREEHOLD NJ 07728

AGENCY

7-01-25-275-190-312

AMOUNT

\$55.00

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Monmouth Bar - September Bench Bar Dinner	9/14/2017	\$55.00
RECEIVED SEP 20 2017		
Total		\$55.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE

CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature _____

9/13/17
Date

732/431-7160
Phone #

Certification by Department Head, County of Monmouth
I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

9/15/17

CHRISTOPHER J. GRAMICCIONI
DEBORAH L. GRAMICCIONI

55-233 344
212

2010

Date 9/13/17

Pay to the Order of MONMOUTH BAR ASSOCIATION

\$ 5500

FIFTY-FIVE

Dollars



Security Features
Included
Details on Back

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

SEP BAR DINNER

[Signature]

MP

Coated Security



MONMOUTH MEMORANDA

Covering Bar Association Events

Court House - Freehold - NJ 07728 (732) 431-5544

www.monmouthbarassociation.com

September 2017

VOL. 36 NO.1

SEPTEMBER BENCH BAR DINNER

Thursday, September 14, 2017

Southgate Manor

Freehold, New Jersey

Cocktails & Hors d'oeuvres 6:00 p.m.

Dinner 7:00 p.m.

Choice of Chicken or Fish

BENCH BAR NIGHT

Members of the Judiciary will give an informative preview of the new term.

Guest Speakers

Honorable Francis J. Vernoia

Judge of the Appellate Division

Honorable Lisa P. Thornton

Monmouth County Assignment Judge

Honorable Patricia Del Bueno Cleary

Presiding Judge, Chancery Division

Honorable Kathleen A. Sheedy

Presiding Judge, Family Division

Honorable David F. Bauman

Presiding Judge, Criminal Division

Honorable Joseph P. Quinn

Presiding Judge, Civil Division

Honorable James M. Newman

Presiding Judge, Municipal Courts

MONMOUTH BAR FOUNDATION SCHOLARSHIPS WILL BE AWARDED.

CIVIL E-COURTS SEMINAR

Preceding the dinner

4:00 P.M. to 6:00 P.M.

(Earn 2.0 CLE Credits)

Cost:

MBA Members: \$55.00 Dinner/Seminar

Non-Members: \$80.00 Dinner/Seminar

MBA Young Lawyers (practicing 5 years or less) \$40.00

Free: Monmouth County Judges & Law Clerks

Please make your reservations no later than September 11, 2017 by email at tmaciewicz.monmouthbar@verizon.net or by phone at 732-431-5544.

The Legal Aid Society
will conduct a
50/50 raffle.

Check Number,

P.O. No.

COUNTY OF MONMOUTH

Office, Department or Institution

Bill To:

MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 JERSEYVILLE AVENUE
FREEHOLD, NJ 07728

VOUCHER



PAID AUG 10 2017

VENDOR- REMIT TO:

LORI LINSKEY

FIRST ASSISTANT PROSECUTOR

132 JERSEYVILLE AVE

FREEHOLD NJ 07728

AGENCY

AMOUNT

\$ 150.00

DESCRIPTION / ITEMS

DATE OF SERVICE

TOTAL

MONMOUTH BAR ASSOCIATION DUES

JUNE 1, 2017 THRU MAY 31, 2018

6/28/2017

\$150.00

RECEIVED JUL 26 2017

TOTAL

\$ 150.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

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Vendor Signature

7/20/17
DateX6790
Phone #

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

RAS
7/24/17

DUES NOTICE
MONMOUTH BAR ASSOCIATION
COURT HOUSE, FREEHOLD, NEW JERSEY 07728
732-431-5544; Fax: 732-431-2843

Name Lori Linskey Telephone Number 732-431-7160

Please provide us with your e-mail address: llinskey@mcponj.org

Date of Admission to Bar 1993

Dues for the period June 1, 2017 to May 31, 2018 are as follows:

Members admitted less than 1 year	\$ 75.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 100.00

Members admitted 1 to 4 years	\$ 125.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 150.00

Members who are full-time State or County Employees	\$ 150.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 175.00

Members admitted more than 4 years	\$ 175.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 200.00

- ☐ I am exempt from dues as a special member since I have attained the age of 70 and have been an Association member continuously for at least 25 years.
- ☐ I am exempt from dues since I am a new member and my dues were paid after January 1, 2017.
- ☐ I am no longer interested in membership in the Monmouth Bar Association.
- ☐ Change my address to _____

Kindly complete and forward this notice with your check to:

Monmouth Bar Association
Lynn E. Staufenberg, Treasurer
Court House
Freehold, NJ 07728

All members including special members are encouraged to donate to the MONMOUTH BAR FOUNDATION. Your donations will be greatly appreciated.

Enclosed is my check for \$ 175.00.

***Complete This Section Only If
You Are Paying By Credit Card**



Cardholder Name _____

Street Address _____

City _____ State _____ Zip _____

Visa/MC/Amex # _____

Exp. Date ____/____/____ CVS# _____

(Visa/MC [3 digit] on back, Amex [4 digit] on front)

Signature X _____

LORI LINSKEY

55-233
212 941

5923

DATE

6/28/17

PAY TO THE
ORDER OF

Manmoth Cove Association

One hundred Seventy five and

no/100

\$ 175.00

DOLLARS

CHASE

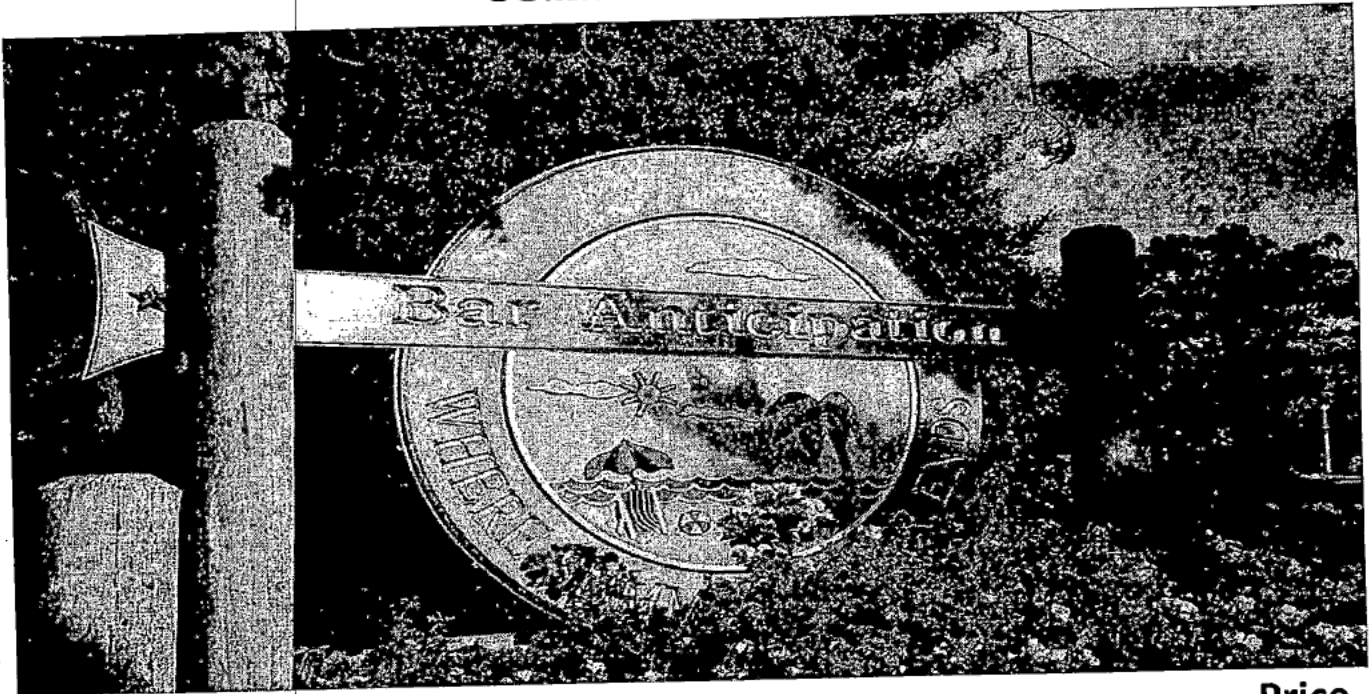
JPMorgan Chase Bank, N.A.
www.Chase.com

[Signature]

MP

7/5/17

MONMOUTH BAR ASSOCIATION SUMMER PARTY!!



Date, Time, Place

Friday, July 14, 2017

6:30-9:30PM

Bar Anticipation, Belmar

Price

\$60. 00 pp

\$50.00 YLD

Price includes: Dinner, Music & 3 hr.

Premium Open Bar

MBA Summer Party: Please tear off and return with payment to the Monmouth Bar Association, Courthouse, Freehold, NJ 07728 by July 7/10/17. All checks are to be made payable to the Monmouth Bar Association. We accept Visa, MasterCard, Discover, & American Express.

Payment By Check# 2004

Attendee Name: CHRIS GRAMICCIONI # of Attendees: 1

Email Address: CGRAMICCIONI@MCPONTJ.ORG Phone Number: [REDACTED]

Payment By Credit Card: (Please circle one) Visa - MasterCard - Discover - Amex

CC #: _____ Exp. Date.: _____ Billing Zip: _____ Sec. Code # _____

Signature for Credit Card Charge only: _____

Should you require additional information please contact Tracey A. Settipane, Executive Director of the MBA at (732) 431-5544.

CHRISTOPHER J. GRAMICCIONI
DERORAH L. GRAMICCIONI

607-893-7172

2004

Date 6/21/17

Pay to the Order of MONMOUTH BAR ASSOCIATION

\$ 6000

SIXTH

Online

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

[Signature]

Check/Series

**COUNTY OF MONMOUTH
VOUCHER**

17-09301

Bill To:



PD 5/31/17

VENDOR- REMIT TO:	AGENCY	AMOUNT
CHRISTOPHER J GRAMICCIONI	7-01-25-275-190-312	65.00

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
TO CORRECT CK#508448		\$65.00
WRONG VENDOR		
Total		\$65.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

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SEE ATTACHED

Vendor Signature

Date _____

Phone #

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

CHECK NUMBER

508448

COUNTY OF MONMOUTH

P.O. No.

17-09381

OFFICE, DEPARTMENT OR INSTITUTION

VOUCHER

BILL TO:

MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 Jerseyville Avenue
Freehold, NJ 07728

MAY 25 2017

VENDOR REMIT TO:

Christopher J. Gramiccioni
Monmouth County Prosecutor's Office
132 Jerseyville Avenue
Freehold, New Jersey 07728

AGENCY / LINE ITEM CODE

AMOUNT

7-01-25-275-190-312

\$65.00

INVOICE # / ACCOUNT #

INVOICE DATE

TOTAL

Reimbursement for Retirement Dinner - Retirement of Burlington County Prosecutor Robert
D. Bernardi

5/18/17

\$65.00

Date: May 18, 2017

Dinner only: \$65.00

0070 & Reissue

TOTAL

RECEIVED MAY - 8 2017

\$65.00

VENDOR INSTRUCTIONS. THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

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4/25/17

DATE



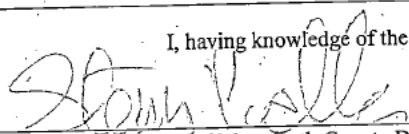
VENDOR SIGNATURE

732/431-7160

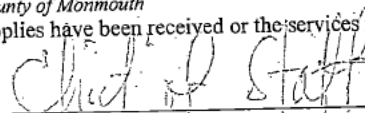
PHONE #

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.



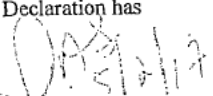
Manual Signature of Monmouth County Department Head



Title of Monmouth County Department Head

Action by Finance Department

The undersigned, County Auditor, hereby certifies that I have examined the foregoing voucher and the claimant's Certification and Declaration has been properly executed; and the Certificate of the Executive Head of the Department has been executed.



COUNTY OF MONMOUTH
FREEHOLD, N.J. 07728-1256

508448

REMITTANCE ADVICE

Vendor: FRA00009 FRANKLIN, ALLAN
PO: 17-09301 DESC: 5/18/17 DINNER
INV: 5/18 DINNER

AMT:

65.00

65.00

Check Date: 05/25/17

Check Amount: \$*****65.00

5/31/17

VOID & ReIssue

THE ATTACHED CHECK IS IN PAYMENT OF INVOICES LIST

PLEASE DETACH FOR YOUR RECORDS

TO REMOVE LIFT CHECK, FOLD, CREASE AND TEAR
ALONG PERFORATION

NUMBER
508455

P.O. No.

VOUCHER

ER
MAY 25 2017

1709380

BILL TO:
MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 Jerseyville Avenue
Freehold, NJ 07728

AGENCY / LINE ITEM CODE		AMOUNT
VENDOR REMIT TO: <i>GRI 0009</i>	<i>7-01-25-275-190-381</i>	\$150.00
Christopher Gramiccioni		
Monmouth County Prosecutor's Office		
132 Jerseyville Avenue		
Freehold, New Jersey 07728		

INVOICE # / ACCOUNT #	INVOICE DATE	TOTAL
Reimbursement for Monmouth Bar Association Dues June 1, 2017 to May 31, 2018		\$150.00
RECEIVED MAY - 6 2017		
TOTAL		\$150.00

VENDOR INSTRUCTIONS. THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

CLAIMANT'S CERTIFICATION & DECLARATION
I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT AND ALL PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

4/21/17

DATE _____


VENDOR SIGNATURE

~~VENDOR SIGNATURE~~

732/431-7160

PHONE #

Certification by Department Head, County of Monmouth
I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

Action by Finance Department

The undersigned, County Auditor, hereby certifies that I have examined the foregoing voucher and the claimant's Certification and Declaration has been properly executed; and the Certificate of the Executive Head of the Department has been executed.

COUNTY AUDITOR

and Declaration has

DUES NOTICE
MONMOUTH BAR ASSOCIATION
COURT HOUSE, FREEHOLD, NEW JERSEY 07728
732-431-5544; Fax: 732-431-2843

Name Christopher J. Gramiccioni Telephone Number 732-431-7160 X [REDACTED]

Please provide us with your e-mail address: cgramiccioni@mcponj.org

Date of Admission to Bar 2008

Dues for the period June 1, 2017 to May 31, 2018 are as follows:

Members admitted less than 1 year	\$ 75.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 100.00

Members admitted 1 to 4 years	\$ 125.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 150.00

Members who are full-time State or County Employees	\$ 150.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 175.00

Members admitted more than 4 years	\$ 175.00
*plus voluntary contribution to the Monmouth Bar Foundation	\$ 25.00
	\$ 200.00

- ☐ I am exempt from dues as a special member since I have attained the age of 70 and have been an Association member continuously for at least 25 years.
- ☐ I am exempt from dues since I am a new member and my dues were paid after January 1, 2017.
- ☐ I am no longer interested in membership in the Monmouth Bar Association.
- ☐ Change my address to _____

Kindly complete and forward this notice with your check to:

Monmouth Bar Association
Lynn E. Staufenberg, Treasurer
Court House
Freehold, NJ 07728

All members including special members are encouraged to donate to the MONMOUTH BAR FOUNDATION. Your donations will be greatly appreciated.

Enclosed is my check for \$ _____.

***Complete This Section Only If
You Are Paying By Credit Card**

Cardholder Name CHRIS GRAMICCIONI

Street Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

Visa/MC/Amex # [REDACTED]

Exp. Date [REDACTED] CVS# [REDACTED]

Signature [REDACTED] (Visa/MC [3 digit] on back, Amex [4 digit] on front)

PLEASE JOIN US FOR THE ANNUAL FAT TUESDAY DINNER

DATE: Tuesday, February 28, 2017

TIME: 6:00 PM

PLACE: The Breakers
1507 Ocean Avenue
Spring Lake, New Jersey

Please R.S.V.P. to Janice at Charles Uliano's office by
Friday, February 24, 2017
732-229-3200, ext. 31

The cost is \$45.00 per person. Please make your checks
payable to Charles Uliano and mail same prior to the event
date to:

Chamlin, Rosen, Uliano & Witherington
P.O. Box 38
West Long Branch, New Jersey 07764

Please be ready to honor the memories of members of Fat
Tuesday

who have departed in the past year.

Also, be prepared to be called upon to advise "who is the
most entertaining judge you have appeared before and why."

CHRISTOPHER J. GRAMICCIONI
DEBORAH L. GRAMICCIONI

55-223
212 344

1998

Date 2/13/17

CHARLES ULIANO

\$ 45 00

FOURTY-FIVE

Dollars A Security Features
Back of Card

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

FAT TUESDAY / MBA

© 2017 Chase Bank

Check Number

505907

P.O. No.

17-04232

COUNTY OF MONMOUTH

Office, Department or Institution

VOUCHER

Bill To:

MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 JERSEYVILLE AVENUE
FREEHOLD, NJ 07728



FEB 22 2017

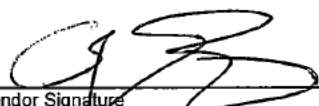
VENDOR- REMIT TO:	AGENCY	AMOUNT
Christopher Gramiccioni		\$ 1,070.57
MCPO	7-01-25-275-190-917	

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Reimbursement for Seminar Attendance		
NDAA Capital Conference, Washington, DC		
	1/30-2/2/17	
Meals:		\$ 214.25
Hotel:		\$ 659.32
Transportation:		\$ 20.00
Parking:		\$ 177.00
TOTAL		\$ 1,070.57

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

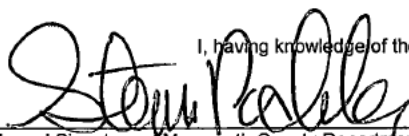
CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.


Vendor Signature

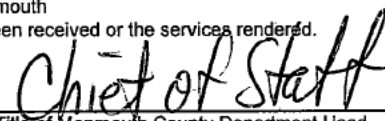
2/6/17
Date

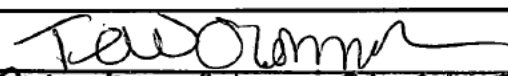
732/431-7160
Phone #

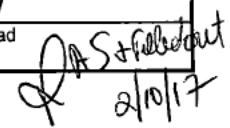

Manual Signature of Monmouth County Department Head

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.


Title of Monmouth County Department Head


County Administrator


2/10/17

**MONMOUTH COUNTY
TRAVEL EXPENSE WORKSHEET**

Today's Date 2/3/17 Name Christopher Gramiccioni

Event Date 1/30-2/2/17 Name NDAA Conference Location Washington, DC

Registration Fee: ☐ Yes ☐ No Amount \$ _____

Lodging: ☒ Yes ☐ No Name of Hotel Westin Hotel and Resort

Dates of Stay: From: 1/30/17 To: 2/2/17 Amount \$ 659.32

Primary Travel
Air/Train Ticket: ☐ Yes ☐ No Flight Dates: _____ Amount \$ _____

Secondary Travel (Taxi, Shuttle, etc) ☒ Yes ☐ No Amount \$ 20.00

County Vehicle: ☐ Yes ☐ No License Plate No _____ Gas Purchases Amount \$ _____
Tolls Amount \$ _____

Personal Car: Miles x _____ Amount \$ _____
Tolls Amount \$ _____

Parking: ☒ Yes ☐ No Dates 1/3/17-2/2/17 Amount \$ 177.00

Other: ☐ Yes ☒ No Explanation _____ Amount \$ _____

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	\$30.00
1/30/17		\$31.80	\$31.45	51.75	\$51.75
1/31/17		\$14.00	\$57.54	69.00	\$69.00
2/1/17			\$41.75	69.00	\$41.75
2/2/17		\$56.17		51.75	\$51.75

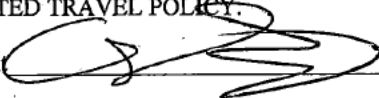
Total Reimbursement Requested
(Carry Total Forward to Voucher)

\$ 1,070.57

Have other claims for advance payments for this event been submitted? ☒ Yes ☐ No

I CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY.

Claimant



Date

2/6/17

**Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement**

Revised 7/08

The Westin Washington, D.C. City Center
1400 M Street Northwest
Washington, DC 20005
United States
Tel: 202-429-1700 Fax: 202-785-0786

WESTIN®

HOTELS & RESORTS

Chris Gramiccioni
[REDACTED]

Page Number	:	1	Invoice Nbr	:	401619
Guest Number	:	936517			
Folio ID	:	A			
Arrive Date	:	30-JAN-17	15:35		
Depart Date	:	02-FEB-17	09:58		
No. Of Guest	:	1			
Room Number	:	804			
SPG Account	:				

Westin Washington 02-FEB-17 10:00 FAYE

Date	Reference	Description	Charges (USD)	Credits (USD)
30-JAN-17	57840	Parking	59.00	
30-JAN-17	RT804	Room Charge	182.00	
30-JAN-17	RT804	Room Tax	26.39	
31-JAN-17	17540	In Room Dining	34.15	
31-JAN-17	57840	Parking	59.00	
31-JAN-17	RT804	Room Charge	182.00	
31-JAN-17	RT804	Room Tax	26.39	
01-FEB-17	57840	Parking	59.00	
01-FEB-17	RT804	Room Charge	182.00	
01-FEB-17	RT804	Room Tax	26.39	
02-FEB-17	AX	American Express [REDACTED]		-836.32

For Authorization Purpose Only

xxxx [REDACTED]

Date	Code	Authorized
30-JAN-17	865345	717.99
30-JAN-17	107889	100
31-JAN-17	189022	100

Continued on the next page

The Westin Washington, D.C. City Center
1400 M Street Northwest
Washington, DC 20005
United States
Tel: 202-429-1700 Fax: 202-785-0786

WESTIN®

HOTELS & RESORTS

Chris Gramiccioni



Page Number	:	2	Invoice Nbr	:	401619
Guest Number	:	936517			
Folio ID	:	A			
Arrive Date	:	30-JAN-17	15:35		
Depart Date	:	02-FEB-17	09:58		
No. Of Guest	:	1			
Room Number	:	804			
SPG Account	:				

Approve EMV Receipt for AX - [REDACTED] Signature Captured

TC: [REDACTED] TVR: [REDACTED] AID [REDACTED]

Application Label: AMERICAN EXPRESS

** Total	836.32	-836.32
*** Balance	-0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at westin.com/store

As a Starwood Preferred Guest, you could have earned 1140 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay. www.westin.com/reviews

Joe's Seafood
Prime Steak & Stone Crab
750 15th Street NW
Washington, DC 20005
202-489-0140

Cazbar
316 N. Charles Street
Baltimore Maryland 21201
410.528.1222

3013 Tiffany

Tbl 113/1 Chk 3314 Gst 2
Jan30'17 07:37PM

Dining Rm

1 Med Stone Crab 20.00 39.95 ✓
1 Stuffed Shrimp 27.95 ✓

20.00

27.95

47.95

9.59

57.54

SubTotal 107.85

Tax 10.79

Total Due 118.64

For your convenience we are
providing the following
gratuity calculations:

18% is \$19.41

20% is \$21.57

22% is \$23.73

Server: Josephine
Table 113/1
Guests: 2

01/30/2017
1:34 PM

#10003

Reprint #: 1
Order Type: Order

Ottoman Express App 4.00 ✓

Lentil Soup

Hummus

Ottoman Lunch Entree 10.00 ✓

Ottoman Doner Sandwich

Ottoman Lunch Entree 10.00

14.00

Complete Subtotal 30.00

Subtotal 30.00

Exclusive Tax 1.80

Total Tax 1.80

Total 31.80

Balance Due 31.80

Suggested Gratuity

15% = 4.50

18% = 5.40

20% = 6.00

Thank You for Dining Us

Lettuce Eats	
Mobile Code:	
Add Points	
Spend Rewards	
Dollars	

The Westin Washington, D.C. City Center
In Room Dining
1400 M St NW
Washington, DC 20005

(202) 429-1700
917610044 Doris B. 1

CHK 17540 GST 1
804/graniccioni
1/31/2017 9:45 PM

1 No Delivery Charge 0.00
1 Marinara Pizza 19.00 T1
1 Soda 5.00 T1

Subtotal \$24.00
18% Room Service \$4.32
Sales Tax \$2.83
Total Due \$31.15

FOR ROOM CHARGES ONLY

GRATUITY: 3.00 - NO

TOTAL: 34.15 **31.45**

ROOM # 804

PRINT NAME Graniccioni

SIGNATURE [Signature]

Thank You for dining with us, we would
love to see you again soon.

Joe's Seafood
Prime Steak & Stone Crab
750 15th Street NW
Washington, DC 20005
202-489-0140

99992 Anna P

Chk 3396 318 Gst 1
Jan31'17 04:54PM

Bar

3 CH Crab Roll 14.85
1 CH War Shore DZ 16.95

31.80

SubTotal 130.25

Tax 13.03

Total Due 143.28

For your convenience we are
providing the following
gratuity calculations:

18% is \$23.45

20% is \$26.05

22% is \$28.66

Lettuce Eats
Mobile Code: _____
Add Points _____
Spend Rewards
Dollars _____

Ocean Pride
1534 York Rd
Lutherville MD 21093

55 ROBERT J

Chk 3199 Feb02'17 12:13P Gst 0

1 Cup MD Crab	6.00
2 Oyster 1/2 (6) Delaware	26.50
1 OP Sliders	12.00

Subtotal	44.50
Sales Tax	2.67
01:00PM Total	47.17

Sales Tax	2.67
-----------	------

OCEAN PRIDE
1534 YORK RD
LUTHERVILLE TIMONUM MD 21093
410-321-7744

Terminal ID: 01463672 2115
2/2/17 1:03 PM
SERVER #: 2
AMERICAN EXPRESS - INSERT
AID: A0000000
ACCT #: *****

CREDIT SALE

UID: 703332032211 REF #: 3353

BATCH #: 518 AUTH #: 887728

AMOUNT \$47.17

TIP \$ 9.00

TOTAL \$ 56.17

APPROVED

TC - 33D9087D70F37D91

CUSTOMER COPY

Eat In

BAAN THAI
1326 14th Street, NW, 2nd Floor
Washington, DC 20005-3611

Check:162644 Table:17
Server:Pariya
02/01/17 Printed Time:08:09pm

[Seat 1]	
1 Shitake Miso Soup	\$3.00
1 Crabstick	\$5.00
Nigiri	
1 Tuna	\$6.00
Nigiri	
1 Yellowtail	\$6.00
Nigiri	
1 Jalapeno Crab	\$10.00
Subtotal: \$30.00	
DC SALES TAX:	\$3.00
Sub w/Tax:	\$33.00
Total:	\$33.00

"Thank-You"

Check Opened on 02/01/17 @ 07:53pm
Closed Check on 00/00/00 @ 12:00am

A 18% tip would be \$5.40

33.00
+ 6.00 TIP
39.00

The Westin Washington, D.C. City Center
Fringetree
1400 M St NW
Washington, DC 20005

(202) 429-1700
917610013 Catherine P

CHK 47288 bb/side
2/1/2017 10:20 PM

1 Can Soda	2.50 T1
Subtotal	\$2.50
Sales Tax	\$0.25
Total Due	\$2.75

FOR ROOM CHARGES ONLY

GRATUITY: _____

TOTAL: _____

ROOM # _____

PRINT NAME _____

SIGNATURE _____

Thank You for dining with us, we would
love to see you again soon.

Combined
2/1/17 \$2.75
39.00
2.75
41.75

02/01/17 13:26:29

McPherson West
Washington DC
FOR CUSTOMER SERVICE
CALL 202-962-5719

14th & I St. NW
MEZZANINE 37
MACHINE 31

AN: *****

VENDOR: 037-31-31066
REF NO: 310664821582
AUTH NO: 545334

CREDIT PURCHASE

ADD \$20.00 VALUE

TO SMARTRIP

S/N:
0167 1390 7041 4011 7765

TOTAL AMOUNT: \$20.00

THANK YOU
FOR RIDING METRORAIL

THE FUTURE IS
RIDING ON METRO

**MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS**

REQUESTING ATTENDEE

Name: Christopher Granillo Title: County Prosecutor
 Office: Prosecutor's Office Date: 1/9/17
 Department: _____

FUNCTION

Name/Title: 2017 National District Attorney's Capital Conference
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)
 Location: Washington, DC Date(s): January 31-February 1, 2017

How is the Conference Related to Job Assignment:
The 2017 NDAA Capital Conference will be attended by Prosecutors and District Attorneys from around the United States.
The conference will focus on criminal justice reform initiatives, policies, and the government's role. Presentations will be made
by the Senate Judiciary Committee, the Senate Law Enforcement Caucus, and various other Senators and members of Congress.

ANTICIPATED COSTS

REGISTRATION:	\$250.00	PUBLIC TRANSIT:	_____
PER DIEM RATE:	\$182.00 Lodging: \$69.00 Meal: \$69.00 x 2 = \$51.75 x 2 = \$103.50	AIRPLANE:	_____
Meals:	(3) \$229.00 a night plus tax	PERSONAL AUTO:	_____
Lodging:	_____	*COUNTY VEHICLE:	TBA
TOTAL FOR MEALS:	241.50	OTHER (Specify):	<u>Parking 177.00</u>
TOTAL FOR LODGING:	780.00		
PLEASE LIST MEALS INCLUDED WITH REGISTRATION:	_____		
		TOTAL COST:	<u>1,198.50</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(S)

County Budget Account: 6-01-25-275-190-917 \$ 1,198.50
 Grant Account: _____ \$ _____
 Other than Above: _____ \$ _____

APPROVALS

SUPERVISOR (Print Name): _____
 Signature: _____ Date: _____
 DIVISION HEAD (Print Name): _____
 Signature: _____ Date: _____
 DEPARTMENT HEAD (Print Name): Steven L. Padula
 Signature: Steven Padula Date: 1/11/17
 Signature: _____ Date: _____

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): _____
 Signature: _____ Date: _____

ok
 OK
 1-11-17

PRIOR ATTENDANCE

(Please fill in the blanks)

_____ Total number of conferences attended by the requesting attendee, which involved an overnight stay and/or out-of-state travel for the 12-month period preceding the date of this request.

_____ Total expenditures/reimbursements for the above-referenced conferences, including conference registrations, travel, parking, meals etc.

_____ Total number of all conferences attended by all staff members, board members, and commissioners, etc. of this Department that involved an overnight stay and/or out-of-state travel during the 12-month period preceding the date of this conference request. *This should be an unduplicated count - for example, if three people attended the same conference, the figure would be three, not one.*

_____ Total expenditures/reimbursements related to attendance at the above-referenced conferences, including conference registrations, travel, parking, meals, etc.

Distribution by Approving Authority:
Original to Supervisor
Copy to Employee
Copy to Division Head
Copy to Department Head, if applicable
*Copy to Insurance Office, if applicable

Revised 7/08

504803

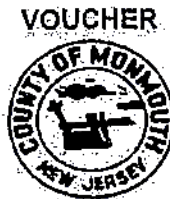
17-00149

COUNTY OF MONMOUTH

Office, Department or Institution

Bill To:

MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 JERSEYVILLE AVENUE
FREEHOLD, NJ 07728



JAN 19 2017

VENDOR-REMIT TO:

Christopher Gramiccioni
MCPO

GA 06069

AGENCY

7-01-25-275-190-917

AMOUNT

\$ 250.00

DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
Registration Fees for:		
NDAA Capital Conference Washington, DC		
January 31-February 1, 2017		
Attendees: Christopher Gramiccioni, County Prosecutor	1/9/2016	\$ 250.00
TOTAL		\$ 250.00

RECEIVED JAN 11 2017

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY BILL TO DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANTS CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature

Date _____

Phone: #

Certification by Department Head, County of Monmouth:

1, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Manual Signature of Monmouth County Department Head

Title of Monmouth County Department Head

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>Christopher Granicciotti</u>	<u>County Prosecutor</u>
<u>Name</u>	<u>Title</u>
<u>Prosecutor's Office</u>	<u>1/9/17</u>
<u>Department</u>	<u>Date</u>

FUNCTION

Name/Title: 2017 National District Attorney's Capital Conference
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)
Location: Washington, DC Date(s): January 31-February 1, 2017

How is the Conference Related to Job Assignment:
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The conference will focus of criminal justice reform initiatives, policies, and the government's role. Presentations will be made
by the Senate Judiciary Committee, the Senate Law Enforcement Caucus, and various other Senators and members of Congress.

ANTICIPATED COSTS

<u>REGISTRATION:</u>	<u>\$250.00</u>	<u>PUBLIC TRANSIT:</u>	_____
<u>PER DIEM RATE:</u>	<u>\$182.00 Lodging, \$69.00 Meal</u>	<u>AIRPLANE:</u>	_____
	<u>Meals: \$69.00 x 2, \$51.75 x 2</u>	<u>PERSONAL AUTO:</u>	_____
	<u>Lodging: (3)\$229.00 a night plus tax</u>	<u>*COUNTY VEHICLE:</u>	<u>TBA</u>
<u>TOTAL FOR MEALS:</u>	<u>241.50</u>	<u>OTHER (Specify):</u>	<u>Parking 177.00</u>
<u>TOTAL FOR LODGING:</u>	<u>780.00</u>		
<u>PLEASE LIST MEALS INCLUDED</u>			
<u>WITH REGISTRATION:</u>		<u>TOTAL COST:</u>	<u>1,198.50</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(s)

<u>County Budget Account:</u>	<u>6-01-25-275-190-917</u>	<u>\$</u>	<u>1,198.50</u>
<u>Grant Account:</u>	_____	<u>\$</u>	_____
<u>Other than Above:</u>	_____	<u>\$</u>	_____

APPROVALS

SUPERVISOR (Print Name): _____

<u>Signature</u>	<u>Date</u>
_____	_____

DIVISION HEAD: (Print Name): _____

<u>Signature</u>	<u>Date</u>
_____	_____

DEPARTMENT HEAD (Print Name): Steven L. Puchala

<u>Signature</u>	<u>Date</u>
<u>Steven Puchala</u>	<u>1/6/17</u>

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): _____

<u>Signature</u>	<u>Date</u>
_____	_____

ok
JTC
1-11-17

PRIOR ATTENDANCE

(Please fill in the blanks)

_____ Total number of conferences attended by the requesting attendee, which involved an overnight stay and/or out-of-state travel for the 12-month period preceding the date of this request.

_____ Total expenditures/reimbursements for the above-referenced conferences, including conference registrations, travel, parking, meals etc.

_____ Total number of all conferences attended by all staff members, board members, and commissioners, etc. of this Department that involved an overnight stay and/or out-of-state travel during the 12-month period preceding the date of this conference request. *This should be an unduplicated count - for example, if three people attended the same conference, the figure would be three, not one.*

_____ Total expenditures/reimbursements related to attendance at the above-referenced conferences, including conference registrations, travel, parking, meals, etc.

Distribution by Approving Authority:
Original to Supervisor
Copy to Employee
Copy to Division Head
Copy to Department Head, if applicable
*Copy to Insurance Office, if applicable

Revised 7/08

Check Number

23227

P.O. No.

18-02167

COUNTY OF MONMOUTH

VOUCHER



PAID FEB - 8 2018

Office, Department or Institution

Bill To:

MONMOUTH COUNTY PROSECUTOR'S OFFICE
132 JERSEYVILLE AVENUE
FREEHOLD, NJ 07728

VENDOR- REMIT TO:	AGENCY	AMOUNT
Lori Linskey	T12-56-850-104-631	\$ 212.00
C/O MCPO		
132 Jerseyville Avenue		
Freehold, New Jersey		
DESCRIPTION / ITEMS	DATE OF SERVICE	TOTAL
2018 NJ Lawyers' Fund for Client Protection		\$ 212.00
TOTAL		\$ 212.00

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS, THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING, AND THAT THE AMOUNT IS A REASONABLE ONE.

Vendor Signature

1/13/18
Date

Phone #

Manual Signature of Monmouth County Department Head

Certification by Department Head, County of Monmouth
I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Title of Monmouth County Department HeadRosa D
2/1/18

Receipt Date: 01/13/2018

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION



This confirms receipt of the 2018 annual assessment as required by Rule 1:28 to the New Jersey Lawyers' Fund for Client Protection, Rule 1:20 to the Disciplinary Oversight Committee, Rule 1:28B to the New Jersey Lawyers Assistance Program, and Rule 1:42 to the Board on Continuing Legal Education.

Attorney ID:



Name:

LORI D LINSKEY

Amount Paid:



Date Paid:

01/13/2018

23220

18-02166

PAID FEB - 8 2018

RECEIVED FEB 01 2018

Monmouth
been received or the services rendered)

Chief of Staff

Title of Monmouth County Department Head

P. ASD
2/1/18

Receipt Date: 01/17/2018

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION



This confirms receipt of the 2018 annual assessment as required by Rule 1:28 to the New Jersey Lawyers' Fund for Client Protection, Rule 1:20 to the Disciplinary Oversight Committee, Rule 1:28B to the New Jersey Lawyers Assistance Program, and Rule 1:42 to the Board on Continuing Legal Education.

Attorney ID:



Name:

CHRISTOPHER JOHN GRAMICCIONI

Amount Paid:

\$ 212.00

Date Paid:

01/17/2018

Check Number

16426

COUNTY OF MONMOUTH

P.O. No.

17-03307

Office, Department or Institution

Bill To: Finance Department

VOUCHER



PAID FEB 23 2017

REMIT TO - VENDOR #	AGENCY/LINE #	AMOUNT
GR14 00009		\$ 212.00
CHRISTOPHER J GRAMICCONI		
MONMOUTH CTY PROSECUTOR		
MONMOUTH CTY PROSECUTOR'S OFFICE		
132 JERSEYVILLE AVE		
FREEHOLD NJ 07728		

7-12-56-850-104-631

DESCRIPTION / INVOICE #	DATE	TOTAL
2017 DUES -NJ LAWYERS' FUND FOR CLIENT PROTECTION	2/6/2017	\$212.00
Total		\$ 212.00

RECEIVED FEB 13 2017

VENDOR INSTRUCTIONS: THIS VOUCHER MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE MONMOUTH COUNTY "BILL TO" DEPARTMENT BEFORE PAYMENT WILL BE MADE.

CLAIMANT'S CERTIFICATION & DECLARATION

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2/6/17

Date

Vendor Signature

732-431-7160

Phone #

Manual Signature of Monmouth County Department Head

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Christ of Staff

Title of Monmouth County Department Head

2/10/17

Receipt Date: 02/06/2017

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION



This confirms receipt of the 2017 annual assessment as required by Rule 1:28 to the New Jersey Lawyers' Fund for Client Protection, Rule 1:20 to the Disciplinary Oversight Committee, Rule 1:28B to the New Jersey Lawyers Assistance Program, and Rule 1:42 to the Board on Continuing Legal Education.

Attorney ID:



Name:

CHRISTOPHER JOHN GRAMICCIONI

Amount Paid: \$ 212.00

Date Paid: 02/06/2017

Department Head

Receipt Date: 02/01/2017

NEW JERSEY LAWYERS' FUND
FOR
CLIENT PROTECTION



This confirms receipt of the 2017 annual assessment as required by Rule 1:28 to the New Jersey Lawyers' Fund for Client Protection, Rule 1:20 to the Disciplinary Oversight Committee, Rule 1:28B to the New Jersey Lawyers Assistance Program, and Rule 1:42 to the Board on Continuing Legal Education.

Attorney ID:



Name:

LORI D LINSKEY

Amount Paid: \$ 212.00

Date Paid: 02/01/2017