LIDO AND POINT LOOKOUT FIRE DISTRICT WARRANT OF CLAIMS

Week Number: 50B – December 8, 2022

| Date | Туре | Name | Memo/Description | Amount | | | | |
|---|-------|-----------------------------------|-------------------|--------------|--|--|--|--|
| 12/08/2022 | Check | Hendrickson Fire Rescue Equipment | NEW Ambulance 252 | - 293,777.00 | | | | |
| | | | | | | | | |
| 1 Check to be Printed for A Total of \$293,777.00 | | | | | | | | |
| NO ENTRIES APPEAR BELOW THIS SECTION | | | | | | | | |
| | | | | | | | | |

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NOW, THEREFORE, BE IT RESOLVED that the Lido and Point Lookout Board of Fire Commissioners, having received all claim vouchers listed on the Warrant of Claims together with supporting documentation and is approving them for payment and orders the payment thereof by the Fire District Treasurer in the amounts approved. The Warrant of Claims shall be annexed to the Minutes of the Public Meeting approved by the Board of Fire Commissioners.

Commissioner _____ made the motion; the motion was seconded by Commissioner _____. Approved: _____: ____ at a duly constituted meeting of the Board of Fire Commissioners on December 8, 2022.

| | Greg Naham, Chairman | |
|---------------------------------------|-----------------------------------|--|
| | Charles Thompson, Vice-Chairman | |
| | Jack Paz, Commissioner | |
| | Andrew Richter, Commissioner | |
| | Peggy Pogue Steiner, Commissioner | |
| STATE OF NEW YORK COUNTY OF NASSAU | | |

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

| Notary Public's Signature: | Printed Name | :: My | Commission |
|----------------------------|--------------|-------|------------|
| Expires: | | | |