

FORM A

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: **Office of the State Comptroller**
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: **Meredith Saritt** Contract Number: **C 001026**
 Contract Start Date: **12/1/16** Contract End Date: **12/31/17** CA

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Lawyer	1	833.33	*290,000-
Total this page	0	0	\$290,000
Grand Total			

Name of person who prepared this report: **Meredith Saritt**
 Title: **Attorney** Phone #: **518 475 9144**
 Preparer's Signature: *Meredith Saritt*
 Date Prepared: **10/21/16**
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