## CENTER for JUDICIAL ACCOUNTABILITY, INC.

P.O. Box 69, Gedney Station White Plains, New York 10605-0069

Tel. (914) 421-1200 Fax (914) 428-4994

judgewatch@aol.com Web site: www.judgewatch.org

Elena Ruth Sassower, Coordinator

BY FAX: 518-486-9652 (1 page)

BY CERTIFIED MAIL/RR: 7001-0360-0002-6819-6313

January 14, 2003

Governor George Pataki Executive Chamber, The Capitol Albany, New York 12247

ATT: James McGuire, Counsel

Publicly-Available Materials Pertaining to Governor Pataki's RE:

Appointment of Court of Claims Presiding Judge Susan P. Read

to the New York Court of Appeals

Dear Mr. McGuire:

Request is made for any publicly-available materials pertaining to Governor Pataki's appointment of Court of Claims Presiding Judge Susan P. Read to the Court of Appeals from among the seven candidates nominated by the Commission on Judicial Nomination. This includes evaluations and supporting materials received from the bar associations for these seven candidates.

Additionally, pursuant to Judiciary Law §63.4, which states:

"... The governor shall make available to the public the financial statement filed by the person appointed to fill a vacancy".

request is made for the financial statement that Judge Read was required to submit as part of her application for the Court of Appeals.

Thank you.

Yours for a quality judiciary,

Elena Rut Xass proc ELENA RUTH SASSOWER, Coordinator

Center for Judicial Accountability, Inc. (CJA)

A-46

## 1/14/03/H Porernor Pataki Vanes massire

TRANSMISSION VERIFICATION REPORT

TIME: 01/14/2003 12:27

NAME : CJA

: 9144284994 FAX

9144211200

DATE, TIME

FAX NO./NAME

DURATION

PAGE(S)

RESULT

MODE

01/14 12:27

15184869652

00:00:34

01

OK.

STANDARD

ECM.

## **U.S. Postal Service CERTIFIED MAIL RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided)

ALBANY, N	12242	IA	L/390-35%
Postage	\$	0.37	UNIT ID: 0437
Certified Fee		2.30	
Return Receipt Fee Endorsement Required)		1.75	Postmark
Restricted Delivery Fee Endorsement Required)			Clerk: KJDDGH
Total Postage & Fees	\$	4.42	01/15/03
ent To	200	24600	206

MPLETE THIS SECTION

ms 1, 2, and 3. Also complete tricted Delivery is desired. ime and address on the reverse an return the card to you. ard to the back of the mailpiece, nt if space permits.

7001 0360 0002 Street, Apt. No. or PO Box No. City, State, ZIP

2. Article Number

(Transfer from service label) PS Form 3811, August 2001

4. Restricted Delivery? (Extra Fee)

7001 0360 0002 6819 6313

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

COMPLETE THIS SECTION ON DELIVERY

B. Received by (Printed Name)

D. Is delivery address different from item

If YES, enter delivery address below:

A. Signature

Service Type Certified Mail

☐ Registered

☐ Insured Mail

Domestic Return Receipt

102595-01-M-250

☐ Yes

☐ Agent

C. Date of Deliver.

☑ Yes

□ No

☐ Addressed

00