



THE STATE UNIVERSITY OF NEW YORK

Potsdam

J

April 27, 2007

Mr. and Mrs. Fredrick Biggs  
206 County Route 29  
Canton, NY 13617

Mr. and Mrs. Fredrick Biggs:

Your FOIL request dated April 19, 2007, has been passed on to me, as I am the FOIL Officer for SUNY Potsdam. I have consulted with Sue Aldrich, Director of Financial Aid, about the information you requested in regard to an "intense investigation by the Feds" that damaged the school and the employees' reputations.

Any investigation done "by the Feds" would have been through the U.S. Department of Education or their Office of the Inspector General. No one currently employed in the Financial Aid Office recalls such an event. The last full-scale federal audit was done in 1987 and did not result in findings damaging to the institution or its employees.

Please let me know if you have any questions or concerns by contacting me at (315) 267-2918 or [kellydl@potsdam.edu](mailto:kellydl@potsdam.edu).

Sincerely,

Deidre Kelly  
FOIL Officer

cc: Sue Aldrich, Director of Financial Aid

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0138

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

1996

Department of the Treasury Internal Revenue Service

See separate instructions.

For calendar year 1996, or tax year beginning 1996, ending 19

Header section containing: A Date of election as an S corporation (3/09/94), B Business code no. (1510), C Employer identification number (16-1439748), D Date incorporated (6/07/93), E Total assets (\$ 104,409), and company name: C.W. AUGUSTINE INC. CONSTRUCTION MANAGEMENT SERVICES, 3470 U.S. HIGHWAY 11, DEKALB JUNCTION, NY 13630-9720.

F Check applicable boxes: (1) Initial return, (2) Final return, (3) Change in address, (4) Amended return. G Check this box if this S corporation is subject to the consolidated audit procedures of sections 6241 through 6246. H Enter number of shareholders in the corporation at end of the tax year (1).

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with 27 rows for Income and Deductions. Includes categories like Gross receipts, Compensation of officers, Salaries and wages, Repairs and maintenance, Depreciation, Advertising, Pension, and Tax payments. Total ordinary income is shown as -7,182.

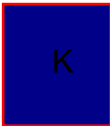
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

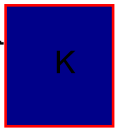
Signature and identification section. Includes: Signature of officer (Frederick E. Biggs), Date, Title, Preparer's signature (Frederick E. Biggs), Preparer's social security number, EIN (16-1489652), and ZIP code.

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 1120S (1996)



**COPY 98**



Department of the Treasury  
Internal Revenue Service

▶ Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.  
▶ See separate instructions.

For calendar year 1998, or tax year beginning 1998, and ending 19

A Effective date of election as an S corporation <b>03/09/94</b>	Use IRS label. Otherwise, please print or type.	Name <b>CW Augestine, Inc DBA Construction Management Services</b>	C Employer identification number <b>16 1439748</b>
		Number, street, and room or suite no. (If a P.O. box, see page 10 of the instructions.) <b>3470 US Hwy 11</b>	D Date incorporated <b>06/07/93</b>
B NEW bus. code no. (see pages 26-28) <b>233200</b>		City or town, state, and ZIP code <b>Dekalb Jct., NY 13630</b>	E Total assets (see page 10) <b>\$ 134639</b>

F Check applicable boxes: (1)  Initial return (2)  Final return (3)  Change in address (4)  Amended return

G Enter number of shareholders in the corporation at end of the tax year **1**

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	<b>332353</b>	b Loss returns and allowances		c Bal ▶	1c	<b>332353</b>
	2 Cost of goods sold (Schedule A, line 8)					2	<b>73697</b>
	3 Gross profit. Subtract line 2 from line 1c					3	<b>258656</b>
	4 Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797)					4	
	5 Other income (loss) (attach schedule)					5	
	6 Total income (loss). Combine lines 3 through 5					6	<b>258656</b>
Deductions (see page 11 of the instructions for limitations)	7 Compensation of officers					7	<b>11200</b>
	8 Salaries and wages (less employment credits)					8	<b>32829</b>
	9 Repairs and maintenance					9	<b>901</b>
	10 Bad debts					10	<b>41373</b>
	11 Rents					11	<b>1330</b>
	12 Taxes and licenses					12	<b>2122</b>
	13 Interest					13	<b>10124</b>
	14a Depreciation (if required, attach Form 4562)	<b>5035</b>	14a				
	b Depreciation claimed on Schedule A and elsewhere on return		14b				
	c Subtract line 14b from line 14a					14c	<b>5035</b>
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	<b>2175</b>
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
19 Other deductions (attach schedule)					19	<b>139530</b>	
20 Total deductions. Add the amounts shown in the far right column for lines 7 through 19					20	<b>246619</b>	
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6					21	<b>12037</b>	
Tax and Payments	22 Tax: a Excess net passive income tax (attach schedule)		22a				
	b Tax from Schedule D (Form 1120S)		22b				
	c Add lines 22a and 22b (see page 14 of the instructions for additional taxes)					22c	
	23 Payments: a 1998 estimated tax payments and amount applied from 1997 return		23a				
	b Tax deposited with Form 7004		23b				
	c Credit for federal tax paid on fuels (attach Form 4136)		23c				
	d Add lines 23a through 23c					23d	
24 Estimated tax penalty. Check if Form 2220 is attached					24		
25 Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See page 4 of the instructions for depository method of payment					25		
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					26		
27 Enter amount of line 26 you want: Credited to 1999 estimated tax ▶ Refunded ▶					27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

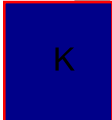
Please Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Paid Preparer's Use Only	Preparer's signature		Date	<b>3/2/99</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security number	
	Preparer's name (or yours if self-employed) and address	<b>Mary Durham, CPA</b>		EIN		ZIP code	<b>13630</b>

9575

VOID CORRECTED



NAME (print, street address, city, state, ZIP code, and telephone no)  
C.W. Augustine, Inc.  
3470 US HWY 13  
DeKalb Jct., NY 13630

PAID TO: Federal identification number  
14-1437748

RECEIVED BY: Name  
Ducks Construction  
DUCKS CONSTRUCTION

Street address (including apt. no.)  
PO Box 154

City, state, and ZIP code  
DeKalb Jct., NY 13630

Account number (optional)

- 1 Rents \$
- 2 Royalties \$
- 3 Other income \$
- 4 Federal income tax withheld \$
- 5 Medical and health care payments \$
- 6 Substantive payments in lieu of dividends or interest \$
- 7 Corp insurance proceeds \$
- 8 State/owner's state number \$

OMB No. 1545-0045

**97**

Form 1099-MISC

5 Fishing boat proceeds \$

7 Nonemployee compensation \$ **3017.13**

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale \$

11 State income tax withheld \$

12 \$

Miscellaneous Income

Copy A  
For  
Internal Revenue  
Service Center  
File with Form 1099  
For Payment  
Reduction Act  
Notice and  
instructions for  
completing this  
form, see  
Instructions for  
Forms 1099, 1098,  
5498, and W-2G.

Form 1099-MISC

36-2515032

Do NOT Cut or Separate Forms on This Page

Department of the Treasury Internal Revenue Service

9575

VOID CORRECTED

NAME (print, street address, city, state, ZIP code, and telephone no)  
C.W. Augustine, Inc.  
3470 US HWY 13  
DeKalb Jct., NY 13630

PAID TO: Federal identification number  
14-1437748

RECEIVED BY: Name  
Elmeier, Paul

Street address (including apt. no.)  
167 Island Branch Road

City, state, and ZIP code  
Gouverneur NY 13642

Account number (optional)

- 1 Rents \$
- 2 Royalties \$
- 3 Other income \$
- 4 Federal income tax withheld \$
- 5 Medical and health care payments \$
- 6 Substantive payments in lieu of dividends or interest \$
- 7 Corp insurance proceeds \$
- 8 State/owner's state number \$

OMB No. 1545-0045

**97**

Form 1099-MISC

5 Fishing boat proceeds \$

7 Nonemployee compensation \$ **4100.00**

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale \$

11 State income tax withheld \$

12 \$

Miscellaneous Income

Copy A  
For  
Internal Revenue  
Service Center  
File with Form 1099  
For Payment  
Reduction Act  
Notice and  
instructions for  
completing this  
form, see  
Instructions for  
Forms 1099, 1098,  
5498, and W-2G.

Form 1099-MISC

36-2515032

Do NOT Cut or Separate Forms on This Page

Department of the Treasury Internal Revenue Service

9575

VOID CORRECTED

NAME (print, street address, city, state, ZIP code, and telephone no)

PAID TO: Federal identification number

RECEIVED BY: Name

Street address (including apt. no.)

City, state, and ZIP code

Account number (optional)

- 1 Rents \$
- 2 Royalties \$
- 3 Other income \$
- 4 Federal income tax withheld \$
- 5 Medical and health care payments \$
- 6 Substantive payments in lieu of dividends or interest \$
- 7 Corp insurance proceeds \$
- 8 State/owner's state number \$

OMB No. 1545-0045

**97**

Form 1099-MISC

5 Fishing boat proceeds \$

7 Nonemployee compensation \$

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale \$

11 State income tax withheld \$

12 \$

Miscellaneous Income

Copy A  
For  
Internal Revenue  
Service Center  
File with Form 1099  
For Payment  
Reduction Act  
Notice and  
instructions for  
completing this  
form, see  
Instructions for  
Forms 1099, 1098,  
5498, and W-2G.

Form 1099-MISC

36-2515032

Department of the Treasury Internal Revenue Service

9595  VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. C.W. Augustine, Inc. 3470 US HWY 11 DeKalb Jct., NY 13630		1 Rents \$	OMB No. 1545-0115 <b>1998</b> Form 1099-MISC	Miscellaneous Income
PAYER'S Federal Identification number 16-1439748		2 Royalties \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$		
RECIPIENT'S name Duck's Construction		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy A</b> For <b>Internal Revenue          Service Center</b> File with Form 1099. For Paperwork Reduction Act Notice and Instructions for completing this form, see the <b>1998 Instructions for          Forms 1099, 1098,          5498, and W-2G.</b>
Street address (including apt. no.) P.O. Box 154		6 Medical and health care payments \$	7 Nonemployee compensation \$ <u>2500.00</u>	
City, state, and ZIP code DeKalb Jct., NY 13630		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number	13	

Form 1099-MISC

41-852411

Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

9595  VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. C.W. Augustine, Inc. 3470 US HWY 11 DeKalb Jct., NY 13630		1 Rents \$	OMB No. 1545-0115 <b>1998</b>	Miscellaneous Income
PAYER'S Federal Identification number		2 Royalties \$		
RECIPIENT'S identification number		3 Other income \$		
RECIPIENT'S name		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy A</b> For <b>Internal Revenue          Service Center</b> File with Form 1099. For Paperwork Reduction Act Notice and instructions for completing this form, see the <b>1998 Instructions for          Forms 1099, 1098,          5498, and W-2G.</b>
Street address (including apt. no.)		6 Medical and health care payments \$	7 Nonemployee compensation \$	
City, state, and ZIP code		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number	13	

Form 1099-MISC Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 <b>1998</b> Form 1099-MISC	Miscellaneous Income
PAYER'S Federal Identification number		2 Royalties \$		
RECIPIENT'S identification number		3 Other income \$		
RECIPIENT'S name		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy A</b> For <b>Internal Revenue          Service Center</b> File with Form 1099. For Paperwork Reduction Act Notice and instructions for completing this form, see the <b>1998 Instructions for          Forms 1099, 1098,          5498, and W-2G.</b>
Street address (including apt. no.)		6 Medical and health care payments \$	7 Nonemployee compensation \$	
City, state, and ZIP code		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number	13	

Form 1099-MISC

41-852411

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING  
MANUFACTURED IN U.S.A. ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

Form 5110



**New York State Department of Environmental Conservation  
Regional Administration, Region 6**

Dulles State Office Building, 317 Washington Street, Watertown, New York 13601-3787  
Phone: (315) 785-2253 • FAX: (315) 785-2242  
Website: [www.dec.state.ny.us](http://www.dec.state.ny.us)



Alexander B. Grannis  
Commissioner

May 1, 2007

Pat Biggs  
206 Co. Rt. 29  
Canton, NY 13617

RE: FOIL Request #65 - C. W. Augustine, Inc., 3470 US Hwy 11, De Kalb Junction

Dear Ms. Biggs:

This is to acknowledge receipt of your Freedom of Information request in regard to the above-referenced matter.

I will check with the appropriate program people who handle this subject and inform you of our findings as quickly as possible.

Sincerely,

John Moesel  
Administrative Assistant  
Region 6

baw

L

**New York State Department of Environmental Conservation  
Regional Administration, Region 6**

Dulles State Office Building, 317 Washington Street, Watertown, New York 13601-3787

Phone: (315) 785-2253 • FAX: (315) 785-2242

Website: www.dec.state.ny.us



Alexander B. Grannis  
Commissioner

May 15, 2007

Pat Biggs  
206 County Route 29  
Canton, NY 13617

RE: FOIL Request #66 - C. W. Augustine, Inc., 3470 US Hwy 11, De Kalb Junction

Dear Ms. Biggs:

This is to inform you that a search of our records uncovered no information regarding the above-referenced site.

Naturally, the fact that we have no information at this time does not mean that a latent problem does not exist, nor does it mean that evidence of violations of this agency's rules or regulations will not be discovered at a later date.

Sincerely,

John Moesel  
Administrative Assistant  
Region 6

baw

M

May 5, 2007

Mr. & Mrs Biggs,

I know that you have never "stalked," "intimidated," or threatened my family or myself in any way.

As a matter of fact all of the things I have heard that O'Neill has accused you of over the years were things he did himself. I know that he was responsible for false claims called into the sheriffs office, and that he is the one who threatened and stalked me.

Sincerely,

A handwritten signature in cursive script is partially obscured by a black rectangular redaction box. The visible portion of the signature appears to start with the letter 'A'.



# THE ST. LAWRENCE COUNTY PLANNING OFFICE

Courthouse Room 255, 48 Court Street  
Canton, New York 13617-1169

VOICE (315) 379-2292 and 379-2281  
FAX (315) 379-2252

E-MAIL [Planning@co.st-lawrence.ny.us](mailto:Planning@co.st-lawrence.ny.us)  
WEB SITE <http://www.co.st-lawrence.ny.us/Planning/>

April 30, 2007

Fred Biggs  
206 County Route 29  
Canton, NY 13617

RE: **FOIL REQUEST REGARDING C.W. AUGUSTINE**

Dear Mr. Biggs:

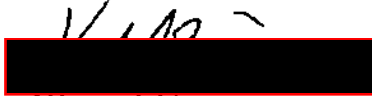
In your Freedom of Information Law (FOIL) request of this date, you asked that our office provide you with any evidence (e.g. contract, document or memo) that would show that the County is a "client" of James A. O'Neill dba C. W. Augustine, Inc. or any other business entity under his control.

As you know, the County Planning Office has had meetings with and discussed certain projects with James O'Neill in his capacity as a subcontractor to the St. Lawrence County Housing Council, Inc. for a variety of housing rehabilitation and homeownership assistance projects for which the County has subcontracted program administration and delivery services with the St. Lawrence County Housing Council, Inc. However, we have never directly contracted services either with James O'Neill directly or through his company C. W. Augustine, Inc.

I also queried the master vendor control file for county payments and there is no history of either James O'Neill or C. W. Augustine, Inc. receiving payments for work from any County department or account.

I trust that this is a sufficient response to your FOIL request. If you need any other information, please feel free to call me at 379-2292.

Sincerely,

  
Keith Zimmerman  
Director

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Matilda M. Larson, Planner II Jon R. Montan, Jr., Planner III Jason C. Pfofenhauer, Deputy Director  
Denise S. Russell, Office Manager John F. Tenbusch, Planner II Keith J. Zimmerman, Director

206 CR 29

Canton, NY 13617

May 1, 2007

Frederick Hass

Potsdam Planning and Development Office

Civic Center

Potsdam, NY 13676

Dear Mr. Hass,

This is a quote from a letter originally written in 2002, but recently submitted to the NYS Department of State, by James A. O'Neill, President, C.W. Augustine, Inc.

"The Potsdam Planning and Development Office, another of my clients, (and their Director) have been the target of a phone and smear campaign because of their association with my company."

This is a FOIA request for any documentation you have that would show this statement to be true. Whether it be letters, memos -- any written documentation, if I'm allowed by law to see it, I'd like to.

I'm willing to pay reasonable costs for photocopies.

Thank you

[Redacted Signature]



# VILLAGE OF POTSDAM

Civic Center - Park Street - P.O. Box 5168 - Potsdam, NY 13676

Phone (315) 265-7480

Fax (315) 265-3149

P

May 7, 2007


Pat Biggs  
206 CR 29  
Canton, NY 13617

Dear Ms. Biggs:

I am in receipt of your FOIL Request dated May 1, 2007 and received by me on May 3, 2007 which was addressed to Frederick Hanss, Potsdam Planning and Development Office. As I am the Records Access Officer, Mr. Hanss has forwarded your request to me.

I have reviewed the files in the Planning and Development Office and spoke with Mr. Hanss. I was unable to find any written documents (letters, memos) that you requested.

Sincerely,

  
Lori S. Queor  
Records Access Officer