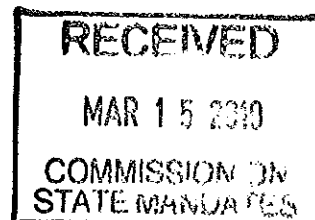




JOHN CHIANG  
California State Controller



March 10, 2010

Nancy Patton, Asst. Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814

Juliana F. Gmur  
MAXIMUS  
2380 Houston Avenue  
Clovis, CA 93611

Re: **Incorrect Reduction Claim**

*Absentee Ballots, 07-3713-I-02*

Statutes 1978, Chapter 77; Statutes 1994, Chapter 920; Statutes 2002, Chapter 1032

Fiscal Years 2000-01, 2001-02, and 2002-03

County of Santa Clara, Claimant

Dear Ms. Patton and Ms. Gmur:

This letter is in response to the above-entitled Incorrect Reduction Claim. The subject claims were reduced because the County understated countywide average annual productive hours used to calculate their productive hourly wage rates, thus overstating employee productive hourly wage rates. The reductions were appropriate and in accordance with law.

The Controller's Office is empowered to audit claims for mandated costs and to reduce those that are "excessive or unreasonable."<sup>1</sup> This power has been affirmed in recent cases, such as the Incorrect Reductions Claims (IRCs) for the *Graduation Requirements* mandate.<sup>2</sup> If the claimant disputes the adjustments made by the Controller pursuant to that power, the burden is upon them to demonstrate that they are entitled to the full amount of the claim. This principle likewise has been upheld in the *Graduation Requirements* line of IRCs.<sup>3</sup> See for example Evidence Code section 500.<sup>4</sup> In this case,

<sup>1</sup> See Government Code section 17561, subdivisions (d)(1)(C) and (d)(2), and section 17564.

<sup>2</sup> See for example, the Statement of Decision in the Incorrect Reduction Claim of San Diego Unified School District [No. CSM 4435-I-01 and 4435-I-37], adopted September 28, 2000, at page 9.

<sup>3</sup> See for example, the Statement of Decision in the Incorrect Reduction Claim of San Diego Unified School District [No. CSM 4435-I-01 and 4435-I-37], adopted September 28, 2000, at page 16.

<sup>4</sup> "Except as otherwise provided by law, a party has the burden of proof as to each fact the existence or nonexistence of which is essential to the claim for relief or defense that he is asserting."



March 10, 2010

Page 2

the Claimant has sought excessive reimbursement because of the miscalculation of the employee productive hourly wage rates.

This miscalculation occurred because the County deducted hours applicable to authorized employee break time and training, not actual employee break time and training. The County determined these times by relying on bargaining agreements and licensing or certification requirements. However, such an approach is not consistent with either the Office of Management and Budget Circular A-87 or the Parameters & Guidelines for the program. In addition, the County does not separately identify training time directly charged to program activities. Combined, this results in an understatement of productive hours and an overstatement of productive hourly wages, thus, excessive claimed reimbursable costs. Therefore, the reduction in reimbursement is appropriate.

For a more detailed discussion, please see the enclosed analysis from our Division of Audits, exhibits, and supporting documentation with declaration.

Sincerely,



SHAWN D. SILVA  
Staff Counsel

SDS/ac

Enclosure

cc: Lizanne Reynolds, Deputy County Counsel, Santa Clara County  
Ginny Brummels, Div. of Acctg. & Rptg., State Controller's Office (w/o encl.)  
Jim Spano, Division of Audits, State Controller's Office (w/o encl.)



1 **PROOF OF SERVICE**

2 I am employed in the County of Sacramento, State of California. At the time of service, I was at least 18  
3 years of age, a United States citizen employed in the county where the mailing occurred, and not a party to the  
4 within action. My business address is 300 Capitol Mall, Suite 1850, Sacramento, CA 95814.

5 On March 10, 2010, I served the foregoing document entitled:

6 **SCO'S RESPONSE TO THE INCORRECT REDUCTION CLAIM FOR  
7 SANTA CLARA COUNTY, CSM 07-3713-I-02**

8 on all interested parties in this action by placing a true and correct copy thereof enclosed in a sealed envelope,  
9 addressed as follows:

10 Nancy Patton (*original*)  
11 Assistant Executive Director  
12 Commission on State Mandates  
13 980 Ninth Street, Suite 300  
14 Sacramento, CA 95814

15 Juliana F. Gmur  
16 MAXIMUS  
17 2380 Houston Avenue  
18 Clovis, CA 93611

19 Lizanne Reynolds, Deputy County Counsel  
20 Office of the County Counsel  
21 Santa Clara County  
22 70 West Hedding Street, East Wing, 9<sup>th</sup> Floor  
23 San Jose, CA 95110-1770

24  **BY MAIL**

25 I placed the envelope for collection and processing for mailing following this business's ordinary practice with  
which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited  
in the ordinary course of business with the United States Postal Service.

**BY PERSONAL SERVICE**

I caused to be delivered by hand to the above-listed addressees.

**BY OVERNIGHT MAIL/COURIER**

To expedite the delivery of the above-named document, said document was sent via overnight courier for next day  
delivery to the above-listed party.

**BY FACSIMILE TRANSMISSION**

In addition to the manner of service indicated above, a copy was sent by facsimile transmission to the above-listed  
party.

I declare that I am employed in the office of a member of the bar of this court at whose direction the  
service was made. I declare under penalty of perjury under the laws of California that the foregoing is true and  
correct.

Executed on March 10, 2010, at Sacramento, California.

  
Amber A. Camarena



**RESPONSE BY THE STATE CONTROLLER'S OFFICE  
TO THE INCORRECT REDUCTION CLAIM (IRC) BY  
SANTA CLARA COUNTY**

**Absentee Ballots Program**

**Table of Contents**

<b><u>Description</u></b>	<b><u>Page</u></b>
<b>SCO Response to District Comments</b>	
Declaration.....	Tab 1
State Controller's Office Analysis and Response.....	Tab 2
Commission on State Mandates' Parameters and Guidelines, Absentee Ballots Program, December 18, 1997 .....	Tab 3
General Claiming Instructions, Section 7, subdivision A (updated September 2001) .....	Tab 4
Letter from David G. Elledge to Jim L. Spano – January 11, 2006.....	Tab 5
Memorandum from Jerry Izumi to Santa Clara County Department Payroll/ Personnel Staff, Service Centers, and Timekeepers – June 10, 2002 .....	Tab 6
<b>Attachment – District Comments</b>	
Incorrect Reduction Claim (July 18, 2007)	
State Controller's Office Final Audit Report – June 30, 2005 (FY 2000-01, FY 2001-02, and FY 2002-03).....	Exhibit A
Declaration of Juliana F. Gmur – July 23, 2007, and State Board of Control's Parameters and Guidelines, Absentee Ballots Program, August 12, 1982 .....	Exhibit B
Commission on State Mandates' Parameters and Guidelines, Absentee Ballots Program, February 27, 2003 .....	Exhibit C
State Controller's Office's Claiming Instructions, Absentee Ballots Program, February 1998 .....	Exhibit D
Santa Clara County Absentee Ballots Program Claim – FY 2000-01 .....	Exhibit E
Santa Clara County Absentee Ballots Program Claim – FY 2001-02 .....	Exhibit F
Santa Clara County Absentee Ballots Program Claim – FY 2002-03 .....	Exhibit G





Letter from David G. Elledge to Jim L. Spano – May 3, 2005.....Exhibit H

Letter from David G. Elledge to State Controller’s Office,  
Division of Accounting and Reporting – December 27, 2001..... Exhibit I

E-mail from Jim L. Spano to Ram Venkatesan – February 6, 2004..... Exhibit J



# Tab 1



1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850  
3 Sacramento, CA 94250  
4 Telephone No.: (916) 445-6854

4 BEFORE THE  
5 COMMISSION ON STATE MANDATES  
6 STATE OF CALIFORNIA  
7

8  
9  
10 INCORRECT REDUCTION CLAIM ON:

11 *Absentee Ballots Program*

12 Chapter 77, Statutes of 1978; Chapter 920,  
13 Statutes of 1994; and Chapter 1032, Statutes of  
14 2002

14 SANTA CLARA COUNTY,  
15 Claimant

No.: CSM 07-3713-I-02

AFFIDAVIT OF BUREAU CHIEF

16 I, Jim L. Spano, make the following declarations:

- 17 1) I am a employee of the State Controller's Office and am over the age of 18 years.  
18 2) I am currently employed as a bureau chief, and have been so since April 21, 2000.  
19 Before that, I was employed as an audit manager for two years and three months.  
20 3) I am a California Certified Public Accountant (CPA).  
21 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.  
22 5) Any attached copies of records are true copies of records, as provided by Santa Clara  
23 County or retained at our place of business.  
24 6) The records include claims for reimbursement, along with any attached supporting  
25 documentation, explanatory letters, or other documents relating to the above-entitled  
Incorrect Reduction Claim.



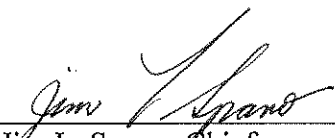
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

7) A field audit of the claims for fiscal year (FY) 2000-01, FY 2001-02 and FY 2002-03 commenced on April 26, 2004, and ended on August 2, 2004.

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: February 5, 2009

OFFICE OF THE STATE CONTROLLER

By:   
\_\_\_\_\_  
Jim L. Spano, Chief  
Mandated Cost Audits Bureau  
Division of Audits  
State Controller's Office





## **Tab 2**



**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE  
TO THE INCORRECT REDUCTION CLAIM BY  
SANTA CLARA COUNTY**

**For Fiscal Year (FY) 2000-01, FY 2001-02, and FY 2002-03**

**Absentee Ballots Program  
Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994;  
and Chapter 1032, Statutes of 2002**

**SUMMARY**

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim (IRC) that Santa Clara County submitted on July 18, 2007. The State Controller's Office audited the county's claims for costs of the legislatively mandated Absentee Ballots Program for the period of July 1, 2000, through June 30, 2003. The SCO issued its final report on June 30, 2005 (**Exhibit A**).

The county submitted reimbursement claims totaling \$2,398,489—\$759,193 for fiscal year (FY) 2000-01 (**Exhibit E**), \$866,544 for FY 2001-02 (**Exhibit F**), and \$772,752 for FY 2002-03 (**Exhibit G**). Subsequently, the SCO audited these claims and determined that \$2,379,205 is allowable and \$19,284 is unallowable. The costs are unallowable because the county understated the countywide average annual productive hours that it used to calculate productive hourly wage rates.

The State paid the county \$1,083,183. The following table summarizes the audit results.

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment</u>
<u>July 1, 2000, through June 30, 2001</u>			
Direct costs:			
Salaries	\$ 218,112	\$ 214,546	\$ (3,566)
Benefits	31,581	30,430	(1,151)
Services and supplies	397,918	397,918	—
Total direct costs	647,611	642,894	(4,717)
Indirect costs	259,314	254,408	(4,906)
Total cost of absentee ballots	906,925	897,302	\$ (9,623)
Number of absentee ballots cast	÷ 125,462	÷ 125,462	
Cost per absentee ballot cast	\$7.23	\$7.15	
Number of reimbursable absentee ballots	× 105,025	× 105,025	
Total cost of reimbursable absentee ballots	759,193	751,137	
Less reimbursements	—	—	
Amount claimed	\$ 759,193	751,137	\$ (8,056)
Less amount paid by the State		(751,137) <sup>1</sup>	
Allowable costs claimed in excess of (less than) amount paid		\$ —	



<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment</u>
<u>July 1, 2001, through June 30, 2002</u>			
Direct costs:			
Salaries	\$ 139,575	\$ 137,738	\$ (1,837)
Benefits	19,533	18,948	(585)
Services and supplies	784,722	784,722	—
Total direct costs	943,830	941,408	(2,422)
Indirect costs	150,421	148,131	(2,290)
Total cost of absentee ballots	1,094,251	1,089,539	<u>\$ (4,712)</u>
Number of absentee ballots cast	÷ 44,057	÷ 44,057	
Cost per absentee ballot cast	\$24.84	\$24.73	
Number of reimbursable absentee ballots	× 34,889	× 34,889	
Total cost of reimbursable absentee ballots	866,544	862,812	
Less reimbursements	—	—	
Amount claimed	<u>\$ 866,544</u>	862,812	<u>\$ (3,732)</u>
Less amount paid by the State		(332,046) <sup>1</sup>	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 530,766</u>	
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs:			
Salaries	\$ 207,221	\$ 204,077	\$ (3,144)
Benefits	32,505	31,313	(1,192)
Services and supplies	424,661	424,661	—
Total direct costs	664,387	660,051	(4,336)
Indirect costs	251,137	246,595	(4,542)
Total cost of absentee ballots	915,524	906,646	<u>\$ (8,878)</u>
Number of absentee ballots cast	÷ 98,180	÷ 98,180	
Cost per absentee ballot cast	\$9.32	\$9.23	
Number of reimbursable absentee ballots	× 82,869	× 82,869	
Total cost of reimbursable absentee ballots	772,752	765,256	
Less reimbursements	—	—	
Amount claimed	<u>\$ 772,752</u>	765,256	<u>\$ (7,496)</u>
Less amount paid by the State		— <sup>1</sup>	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 765,256</u>	
<u>Summary: July 1, 2000, through June 30, 2003</u>			
Total cost of additional ballots filed	\$ 2,398,489	\$ 2,379,205	\$ (19,284)
Less reimbursements	—	—	—
Amount claimed	<u>\$ 2,398,489</u>	2,379,205	<u>\$ (19,284)</u>
Less amount paid by the State		(1,083,183)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,296,022</u>	

<sup>1</sup> Payment information reflects net amount paid as of February 5, 2009.



The county's IRC contest audit adjustments totaling \$19,284. The county believes that its productive hourly wage rates are properly calculated and documented.

## **I. ABSENTEE BALLOTS PROGRAM CRITERIA**

### **Parameters and Guidelines**

On December 18, 1997, the Commission on State Mandates (CSM) adopted parameters and guidelines for Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994 (**Tab 3**). These parameters and guidelines are applicable to the county's FY 2000-01 and FY 2001-02 claims.

On February 27, 2003, the CSM adopted parameters and guidelines for Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002 (**Exhibit C**). These parameters and guidelines are applicable to the county's FY 2002-03 claim.

The county's IRC includes parameters and guidelines adopted on August 12, 1982, by the State Board of Control (**Exhibit B**). These parameters and guidelines are not relevant to the audit period.

### **Parameters and Guidelines (December 18, 1997)**

Section V, Claim Preparation, identifies the supporting documentation required for reimbursement claims as follows:

#### **V. Claim Preparation**

Each claim for reimbursement pursuant to this mandate must be timely filed and provide documentation in support of the reimbursement claimed for this mandate. Claim detail should include the following:

##### **A. Salaries and Benefits**

Claimed reimbursement for employee costs should be supported by name, position, productive hourly rate, hour worked, fringe benefit amount, and a brief description of assigned unit and function relative to the mandate.

The source documents required to be maintained by the claimant may include, but are not limited to, employee time cards and/or cost allocation reports.

Section VI, Supporting Data, identifies requirements for source documents as follows:

#### **VI. Supporting Data**

For auditing purposes, all costs claimed shall be traceable to source documents (e.g., employee time records, invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations, etc.) that show evidence of the validity of such costs. All documentation in support of the claimed costs shall be made available to the State Controller or his/her agent, as may be requested, and all reimbursement claims are subject to audit during the period specified in Government Code section 17558.5, subdivision (a).





## Parameters and Guidelines (February 27, 2003)

Section IV, Reimbursable Activities, identifies the supporting documentation required for reimbursement claims as follows:

### IV. Reimbursable Activities

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations . . . However, corroborating documents cannot be substituted for source documents.

Section V, Claim Preparation and Submission, identifies the claiming requirement specific to salaries and benefits as follows:

### V. Reimbursable Activities

Each of the following costs elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

#### a. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

##### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

### SCO Claiming Instructions

The SCO annually issues mandated cost claiming instructions, which contain filing instructions for mandated cost programs. The September 2001 general claiming instructions, section 7, subdivision A (Tab 4), provide instructions for calculating productive hourly rates. The September 2001 claiming instructions are believed to be, for the purposes and scope of the audit period, substantially similar to the version extant at the time the county filed its FY 2000-01, FY 2001-02, and FY 2002-03 mandated cost claims. The SCO issued Absentee Ballots Program claiming instructions in February 1998 and amended the claiming instructions on May 12, 2003.



## II. THE COUNTY UNDERSTATED COUNTYWIDE AVERAGE ANNUAL PRODUCTIVE HOURS USED TO CALCULATE PRODUCTIVE HOURLY WAGE RATES

### Issue

The county's IRC contests the audit finding in the SCO's final audit report issued June 30, 2005. The SCO concluded that the county overstated employee productive hourly wage rates because it understated countywide average annual productive hours. The unallowable salaries and benefits total \$11,475 and the related indirect costs total \$11,738. The county believes that it correctly calculated its countywide average annual productive hours.

### SCO Analysis:

The county incorrectly calculated countywide average annual productive hours because it deducted hours applicable to authorized employee break time and training.

The county deducted hours applicable to break time based on authorized break time rather than actual break time taken. Furthermore, the county's accounting system did not accurately account for break time taken, did not adjust for employees who worked less than 8-hour days or who worked alternate work schedules, and did not adjust for break time directly charged to program activities during the audit period.

For FY 2000-01 and FY 2001-02, the county deducted training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. In addition, the deducted training hours benefited specific departments' employee classifications rather than benefiting all departments. Furthermore, the county did not adjust for training time directly charged to program activities. For FY 2002-03, the county modified its payroll system to identify actual training hours attended. However, its system does not separately identify training time that the county charged directly to program activities and does not segregate training that benefits only certain departments or employee classifications.

### County's Response

#### 1. The County's Productive Hourly Rate Computation Complies With The SCO-Issued General Claiming Instructions.

The computation of an annual productive hourly rate used by the County removes non-productive time spent on authorized breaks, training, and staff meetings. The resulting total countywide annual productive hours of 1571 is the basis for the annual productive hourly rate used in the County's claiming process.

The Mandated Cost Manual for Local Agencies addresses the productive hourly rate computation . . . .

The SCO's final audit fails to acknowledge that the Manual allows the productive hourly rate to be calculated in one of three ways – the use of 1800 hours is not the only approved approach. Indeed, the Manual clearly states that use of countywide average annual productive hours is also an approved method. The County calculated such average annual productive hours fully complying with the Claiming Instructions as issued. The County cannot and should not be penalized for availing itself of an approved methodology.

To date, the SCO has not been able to cite any authority for why the County's approach for calculating its productive hourly rate is improper.



2. The County's Computation Results in a More Accurate and Consistent Productive Hourly Rate.

The County submits, on average, 25 to 30 claims annually. As these claims are prepared by up to 20 different staff members, the process could easily fall victim to inconsistency in approaches, accuracy and documentation . . . .

In establishing its average annual productive hours, the County carefully ensured that all non-productive time was removed from the total annual hours. For example, the County removed time spent in training and on breaks. This methodology ensures greater accuracy – the more accurate the computational factors are; the more accurate the result. Indeed, in response to the SCO's final audit report, the County made further adjustments solidifying the precision of its computation.

The SCO's main complaint seems to be that the County used authorized break times and required training times rather than actual times spent on these activities. This argument lacks merit.

State law requires that workers be given two fifteen minute break periods per day and presumably the County employees take them. The presumption that these break times are taken is no different from the presumption that paid holidays, which are specifically set forth as properly included by the SCO in its Mandated Cost Manual, are also taken. Instead of making the presumption, the SCO would have the County mount a clock-in, clock-out system for breaks to ensure that the break times do not actually add up to 28 or 32 minutes daily. Such an expenditure of time and costs is unwarranted in light of the statistically invalid difference that may be found between actual break time and the time legally allotted.

The same argument applies with even greater force with regard to employee training because employees have every incentive to pursue such education to ensure their continued ability to be employed in their field.

The use of a countywide productive hourly rate is explicitly authorized by the State Controller's state mandate claiming instructions. The productive hourly rates used by the County in this claim are fully documented and were accurately calculated by the County Controller's Office. All supporting documents for the calculation of countywide productive hours were provided during the state audit.

Further, as shown in the December 27, 2001 letter from the County Controller to the SCO, the State was notified years ago that the County was electing to use the SCO-approved productive hourly rate methodology in its state mandated claiming procedures. A true and correct copy of this letter is attached hereto as Exhibit I and is incorporated herein by reference. The County reported that the switch to a countywide methodology for the calculating an average productive hour rate per position would improve state mandate claiming accuracy, consistency, documentation and facilitate the State audit function. Consequently, more than 50 claims were submitted and accepted during 2002 and 2003 using this methodology. Furthermore, the State Controller has accepted the County's use of countywide productive hours for state mandated claims as evidenced by an e-mail from Jim Spano dated February 6, 2004, a true and correct copy of which is attached hereto as Exhibit J and is incorporated herein by reference.

SCO's Comment

1. The county erroneously states that our final audit report failed to acknowledge the alternative methodologies available to calculate productive hourly wage rates. We agree that the SCO's mandated cost manual allows the county to calculate productive hourly wage rates using countywide average annual productive hours. We did not adjust the county's annual productive



hours to 1,800 hours; therefore, the county's comments regarding that methodology are irrelevant. The county has not been "penalized" for using an approved methodology. We disagree that the county's calculation fully complies with the claiming instructions and the program's parameters and guidelines. Our audit report explains why the county's calculation is improper.

In addition, the county erroneously states that it calculated productive hourly wage rates using 1,571 productive hours during the audit period. The county calculated productive hourly wage rates using 1,571 productive hours for FY 2000-01, 1,546 productive hours for FY 2001-02, and 1,580 productive hours for FY 2002-03.

2. The county's response fails to address the primary audit issues. The county presents an involved argument that "the SCO would have the County mount a clock-in, clock-out system for breaks." Our audit report includes no such suggestion.

The county deducted authorized break time rather than actual break time taken. It is irrelevant whether the county has correctly presumed that all employees take all authorized break time. The county's accounting system did not consistently limit daily hours reported to 7.5 hours worked or otherwise reflect actual break time taken. In its response to our audit of its Child Abduction and Recovery Program on January 11, 2006 (**Tab 5**), the county stated "The County has directed all employees to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims. . ." [emphasis added]. This does not constitute consistent break time accounting for all county programs (mandated and non-mandated). In addition, actual mandated program employee timesheets show that employees did not exclude "authorized" break time when reporting hours worked. Furthermore, when calculating the break time deduction for average annual productive hours, the county did not address instances in which employees work less than 8 hours a day and did not address employees who work alternate work schedules. Duplicate reimbursed hours result when employees charge 8 hours daily to program activities, yet the county identifies 0.5 hours daily as nonproductive time in its calculation of countywide average annual productive hours.

Regarding training hours deducted, the county may not presume that employees will complete training based on bargaining agreement, licensure, or certification requirements. Developing productive hours based on estimated costs is not consistent with Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, and the parameters and guidelines for the program. In addition, the deducted training time benefited specific departments or classifications within departments rather than being general countywide training that benefited all departments and classifications.

Although the county modified its payroll system in FY 2002-03 to capture actual training hours, the county's accounting system does not separately identify training time directly charged to program activities. In addition, we gathered evidence showing that the county included program-related training in pay-period data reporting. A county memorandum dated June 10, 2002 (**Tab 6**), advises county departments to use new training codes to report training hours. The memorandum states, "The hours that the employee is away from his/her normal productive work is the key for reporting the hours regardless of the type of the training (i.e. employee orientation, continue education, conferences, seminars, college courses) or if the training is mandatory or non-mandatory." The wording of this memorandum does not support the county's





contention that it included only non-program related training in its payroll system. It also validates our conclusion that the county's deducted training time includes training that benefited only certain departments, or classifications within departments, rather than training that benefited the county as a whole. OMB Circular A-87, Attachment A, states that costs must be distributed according to the relative benefit received.

The SCO's claiming instructions do not identify training and authorized break time as deductions from total hours for calculating productive hours. The county cannot infer that the SCO accepted its methodology simply because the county notified the SCO of its methodology on December 27, 2001. In addition, the county erroneously states that the SCO accepted claims that the county submitted using this methodology in 2002 and 2003. We audited other county mandated programs and reported this issue in those audit reports. The additional programs audited are: Domestic Violence Treatment Services, July 1, 1998, through June 30, 2001, report issued February 26, 2004; Open Meetings Act, July 1, 1998, through June 30, 2001, report issued February 26, 2004; Sexually Violent Predators, July 1, 1998, through June 30, 2001, report issued July 30, 2004; and Child Abduction and Recovery, July 1, 1999, through June 30, 2002, report issued March 17, 2006.

Furthermore, the county erroneously implies that the SCO accepted the county's methodology in an e-mail from the SCO dated February 6, 2004 (**Exhibit J**). While the SCO agreed with the concept of countywide average annual productive hours, the SCO did not concur with the specific methodology presented. The SCO's e-mail states:

The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandated and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit period include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.



### III. CONCLUSION

The State Controller's Office audited Santa Clara County's claims for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003. The county claimed \$2,398,489 for the mandated program. Our audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The costs are unallowable because the county understated the countywide average annual productive hours that it used to calculate productive hourly wage rates.

The county deducted hours applicable to break time based on authorized break time rather than actual break time taken. Furthermore, the county's accounting system did not accurately account for break time taken, did not adjust for employees who worked less than 8-hour days or who worked alternate work schedules, and did not adjust for break time directly charged to program activities during the audit period.

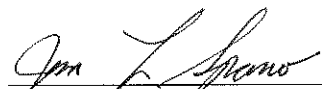
For FY 2000-01 and FY 2001-02, the county deducted training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. In addition, the deducted training hours benefited specific departments' employee classifications rather than benefiting all departments. Furthermore, the county did not adjust for training time directly charged to program activities. For FY 2002-03, the county modified its payroll system to identify actual training hours attended. However, its system does not separately identify training time that the county charged directly to program activities and does not segregate training that benefits only certain departments or employee classifications.

The Commission on State Mandates should find that: (1) the SCO correctly reduced the county's FY 2000-01 claim by \$8,056; (2) the SCO correctly reduced the county's FY 2001-02 claim by \$3,732; and (3) the SCO correctly reduced the county's FY 2002-03 claim by \$7,496.

### IV. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on February 5, 2009, at Sacramento, California, by:



\_\_\_\_\_  
Jim L. Spano, Chief  
Mandated Cost Audits Bureau  
Division of Audits  
State Controller's Office



# Tab 3



Adopted: December 18, 1997  
CSM-3713-PGA-1  
Commission Staff  
f:\mandates\pah\3713\p&gad2.doc

## Adopted Amended Parameters and Guidelines

Elections Code Section 3003  
Chapter 77, Statutes of 1978  
Chapter 920, Statutes of 1994

### *Absentee Ballots*

#### I. Summary of the Mandate

Elections Code section 3003 as added by Chapter 77, Statutes of 1978 and amended by Chapter 920, Statutes of 1994, requires absentee ballots be available to any registered voter. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness
- b. absence from precinct at day of election
- c. physical handicap
- d. conflicting religious commitments
- e. voter's residence is more than ten miles from his polling place

#### Board of Control Decision

The Board of Control, the predecessor agency to the Commission on State Mandates, determined, at its hearing of June 17, 1981, that a reimbursable mandate requiring an "increased level of service" exists in Chapter 77, Statutes of 1978.

#### II. Eligible Claimants

Local agencies as defined in Government Code section 17518 and school districts as defined in Government Code section 17519 that administer an election program are eligible claimants.

#### III. Period of Reimbursement

##### A. Local Agencies

All eligible costs incurred on or after July 1, 1980 are reimbursable. The law became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, pursuant to Revenue and Taxation Code section 2253.8, all costs incurred on or after July 1, 1980 are reimbursable. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981. Pursuant to Revenue and Taxation Code section 2231 (d)(1), all claims for reimbursement costs shall be submitted within 120 days from the date of notification by the Controller of the enactment of the claims bill.

If total costs incurred in a single fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided by Government Code section 17564.





### B. School Districts

Pursuant to section 1185.3, of Title 2, California Code of Regulations, a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before November 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. This amendment was filed on August 25, 1997. Therefore, costs incurred by school districts, on or after July 1, 1996 are eligible for reimbursement. Pursuant to section 17561, subdivision (d), of the Government Code, all initial reimbursement claims shall be submitted within 120 days from the date of issuance of claiming instructions by the Controller.

If total costs incurred in a single fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided by Government Code section 17564.

### IV. Reimbursable Costs

Chapter 77, Statutes of 1978 mandated an increased level of service for local agencies, special districts, and school districts that administer election programs.

When county election officials provide election services to other local agencies and school districts, the costs of those services which are billed to local agencies and school districts pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

Consequently, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballot filings, as determined under the following formulas.

#### A. Local Agencies

1. Base Year Calculation (remains the same for all fiscal years claimed)
  - w) Number of ballots cast from January 1, 1975 through December 30, 1978 (w)
  - x) Number of absentee ballots cast from January 1, 1975 through December 30, 1978 (x)
2. Calculation for Fiscal Year Claimed (compute for each claim)
  - y) Number of ballots cast in fiscal year claimed (y)
  - z) Number of absentee ballots cast in fiscal year claimed (z)
3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed
 
$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$
4. Calculation of Cost Per Absentee Ballot Filing (See Guidelines for Claim Preparation)
 

a. Material	\$
b. Postage	\$
c. Labor	\$
d. Overhead	\$
e. Cost per Absentee Ballot	\$
(a+b+c+d)	
5. Computation of Reimbursement
  - A. Number of reimbursable filings (Item 3) (n) \_\_\_\_\_



B. Cost per filing (Item 4) \$ \_\_\_\_\_  
 Total Reimbursement (A x B) \$ \_\_\_\_\_

#### B. School Districts or Local Agencies

Methods 1, 2 and 3, below, are intended for use where a school district or local agency election is done by the county election official and billed to the district or local agency. The simplest, method 1 applies when the county election official does all calculations and provides a billing which distinguishes the reimbursable amount and the non-reimbursable amount billed. Method 2 assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the county-wide figures to determine the percentage of reimbursable costs. Method 3 is more complex, and requires the school district or local agency to have data on numbers of ballots and absentee ballots filed in the district or local agency area. Method 3 requires the collection of more data, which may or may not be readily available. Method 4 is the most complex. It is intended for use where school districts or local agencies do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

##### Method 1

If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

##### Method 2

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the school district or local agency by the county for total absentee ballot costs.

2. Calculate the Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$\frac{p}{100} \cdot \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

##### Method 3

1. Base Year Calculation (remains the same for all fiscal years claimed)

- w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)
- x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

- y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)
- z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)



## 3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

## 4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

## 5. Calculation of Reimbursable Costs

$$\frac{p}{100} \cdot \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

## Method 4

## 1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

## 2. Calculation for Fiscal Year Claimed (compute for each claim)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

## 3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

## 4. Calculation of Cost Per Absentee Ballot Filing (See Guidelines for Claim Preparation)

- |                             |    |
|-----------------------------|----|
| a. Material                 | \$ |
| b. Postage                  | \$ |
| c. Labor                    | \$ |
| d. Overhead                 | \$ |
| e. Cost per Absentee Ballot | \$ |
| (a+b+c+d)                   |    |

## 5. Computation of Reimbursement

A. Number of reimbursable filings (Item 3) \_\_\_\_\_

B. Cost per filing (Item 4) \$ \_\_\_\_\_

Total Reimbursement (A x B) \$ \_\_\_\_\_

## V. Claim Preparation

Each claim for reimbursement pursuant to this mandate must be timely filed and provide documentation in support of the reimbursement claimed for this mandate. Claim detail should include the following:



#### A. Salaries and Benefits

Claimed reimbursement for employee costs should be supported by name, position, productive hourly rate, hours worked, fringe benefits amount, and a brief description of assigned unit and function relative to the mandate.

The source documents required to be maintained by the claimant may include, but are not limited to, employee time cards and/or cost allocation reports.

#### B. Services and Supplies

The claimant should identify all direct costs for materials, services and supplies which have been purchased, leased, consumed or expended for purposes of compliance with the mandate. Source documents required to be maintained by the claimant may include, but are not limited to, invoices, lease documentation and other documents evidencing the validity of the expenditure.

#### C. Contract Services

Give the name(s) of the contractor(s) who performed the service(s). Describe the activities performed by each named contractor, and give the number of actual hours spent on the activities. Describe the activities performed by the county election official and include a copy of the billing or show the data used to determine the reimbursable cost percentage. Show the inclusive dates when services were performed and itemize all costs for those services.

#### D. Training

Includes the costs of training personnel. Specialized training must be justified by the claimant.

#### E. Fixed Assets

List the cost of fixed assets that have been acquired specifically for the purposes of this mandate. If a fixed asset is acquired for the absentee ballots program, but is utilized in some way not directly related to the program, only the pro-rata portion of the asset which is used for purposes of the mandated program is reimbursable.

#### F. Allowable Overhead Cost

Government Code section 17564, subdivision (b), provides that claims for indirect costs shall be filed in the manner prescribed by the State Controller's Office.

### VI. Supporting Data

For auditing purposes, all costs claimed shall be traceable to source documents (e.g., employee time records, invoices, receipts, purchase orders, contracts worksheets, calendars, declarations, etc.) that show evidence of the validity of such costs. All documentation in support of claimed costs shall be made available to the State Controller or his/her agent, as may be requested, and all reimbursement claims are subject to audit during the period specified in Government Code section 17558.5, subdivision (a).

### VII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from





any source (e.g., service fees collected, federal funds, other state funds, or school districts, etc.), shall be identified and deducted from this claim.

#### **VIII. Required Certification**

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained therein.



# Tab 4



7. Direct Costs

A. Direct Labor – Determine a Productive Hourly Rate

A productive hourly rate may be computed for each job title whose labor is directly related to the claimed reimbursable cost. A local agency has the option of using any of the following:

- Actual annual productive hours for each job title
- The local agency’s average annual productive hours or, for simplicity,
- An annual average of 1,800 \* hours to compute the productive hourly rate.

If actual annual productive hours are chosen, show the factors affecting total hours worked.

The following method is used to convert a biweekly salary to an equivalent productive hourly rate for a 40 hour week.

$$(\text{Biweekly Salary} \times 26) / 1,800 * = \text{Equivalent Productive Hourly Rate}$$

If for example, the salary for a particular job title was \$935.00 biweekly, the equivalent productive hourly rate would be:

$$(\$935 \times 26) / 1,800 * = \$13.51 \text{ Equivalent Productive Hourly Rate}$$

The same methodology may be used to convert weekly, monthly, or other salary periods:

- Convert the salary to an annual rate.
- Divide by the allowable annual productive hours for that position.

\* 1,800 annual productive hours include:

- Paid holidays
- Vacation earned
- Sick leave taken
- Informal time off
- Jury duty
- Military leave taken

B. Calculating an Average Productive Hourly Rate

In those instances where the claiming instructions suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Example: Average Productive hourly Rate Computation

	<u>Average Time</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88

Average Productive hourly Rate is  $\$45.88 / 5.50 \text{ hrs.} = \$8.34$



# Tab 5





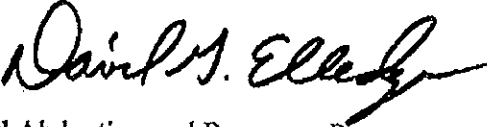
# County of Santa Clara

Finance Agency  
Controller-Treasurer Department  
County Government Center  
70 West Hedding Street, East Wing, 2nd Floor  
San Jose, California 95110-1705  
(408) 299-5200 FAX (408) 289-8629



DATE: January 11, 2006

TO: Jim L. Spano  
Chief, Compliance Audits Bureau,  
State Controller's Office, Division of audits,  
Post Office Box 942850,  
Sacramento, CA 94250-5874

FROM: David G. Ellodge  
Controller-Treasurer 

RE: SB90 Mandate -- Child Abduction and Recovery Program --  
Draft audit report

## Summary

Thank you for the audit report on the SB90 State Mandated Costs claim of the Child Abduction and Recovery Program. We agree to all the findings mentioned in the report except as annotated below. We request your reconsideration of the disputed audit findings in light of our reply and request the State Controller's Office to rework the numbers in the report, accordingly.

### **FINDING 1- Overstated salary, benefit, and related indirect cost**

#### **Response to calculation of Countywide Productive hour rates**

The State Controller's draft audit report pertaining to the County's SB 90 Child Abduction and Recovery Program states: -

*Audit: In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employee's bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended.*

Response: We would like to point out an anomaly in the above argument. The first part of the paragraph mentions that the training and authorized break time are both unallowable whereas the second part of the paragraph states that the County deducted training time pertaining to required licensure/certification rather than actual training hours. Therefore, the State has determined that the exclusion of training time from



productive hours is appropriate and allowable, as long as the exclusion is documented based on actual training hours received. The comments proceed further to state that the County deducted authorized break time rather than actual break time taken. Therefore, as with training time, the State has agreed that the exclusion of actual break-time from the calculation of productive hours is allowable.

The issue therefore boils down to the State audit acceptance of the Countywide productive hours as a valid policy so long as both the training hours and break time are based on actual. We proceed to answer these two specific points as below:

#### Training Time

The County first implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for this fiscal year were based on calculations that included training time received by employees as reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. For all subsequent fiscal years, the County has modified the automated payroll system to capture actual hours of training by individual employee for all County departments. Subsequent actual training time hours recorded in the later years do clearly indicate and substantiate that there is not much of a variation between the data based on collective bargaining agreements and actual recorded by a new system. We brought this to the notice of the State auditors during discussion. We therefore suggest that the training hours excluded in the calculation of Countywide Productive hour policy be accepted by the audit and this audit point dropped.

Regarding the second issue on training time of the audit points above-

*"the deducted training hours benefit specific departments' employee classifications rather than the employee classifications of all departments,*

We would like to point out that the Countywide Productive hour policy as allowed by the claiming instructions is not *department specific* but *County specific* and as such the calculation will have to be based on employee specifications of all departments only and not based on the specific department. Therefore we reiterate that our countywide productive hour policy satisfies the State Controller claiming instructions and we request the audit to drop this point.

#### Break Time

Break time was similarly calculated, based on requirements of collective bargaining agreements and State law. The issue now raised by the audit is recording of actual break time and this issue was amply dealt by us in our earlier responses to State Audit reports on other SB90 programs. We briefly summarize our position as below:

While our automated payroll system can accommodate a change, we believe the additional time and cost of recording such information would exceed the value of the information obtained, since it can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort



expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable...without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the recording of actual break-time taken twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. Further, because the County has directed all employees to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. This may result in extra work without any commensurate advantages or savings in costs claimed.

According to our study and examination of the State Controller claiming instructions, the time spent on training, authorized breaks, etc., all of which are paid and form part of the total available hours, should be excluded for the calculation of productive hours to get an accurate countywide productive hours as explained to the State Controller audit staff in several meetings. We produced the necessary documents in support of our calculation of the countywide productive hourly rate to the State audit staff. We believe that the State Controller's SB 90 claiming instructions explicitly approve the usage of the same by showing examples of excludable times one of which is informal time off.

Further, before the introduction of countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we informed the State Controller that the County was electing to change its SB 90 claiming procedures related to the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitates the State audit function. Consequently, several claims have been submitted and accepted during the past years using the countywide methodology. We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours.

During the audit of this claim, State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

Lastly, all claiming departments stand advised of these procedures and the County Controller's Office is responsible for the annual calculation of County-wide productive hours and has done so for the past four fiscal years. These procedures are already a part of the County Controller's accounting policies and have been used on all SB 90 claims since FY 2000-01.



We reiterate that the State guidelines do permit the deduction of training and authorized breaks for calculation of productive hours. The State Manual states that 'Informal time off' as one item to be considered for calculation of local agency's average annual productive hours. We state that this item includes the authorized break time also.

Regarding actual training hours as against the "certification required training time", our payroll accounting system identifies all the actual training time spent by all staff members of the county in the biweekly payroll procedure by separate cost codes. We do not include any training time directly charged to programs again in calculating the productive hours to ensure avoiding double recovery of costs.

Further, we have filed an Incorrect Reduction Claim with the Commission on State Mandates on this issue and the claim is yet to be heard.

We therefore request you to reconsider your views on the usage of countywide productive hourly rate policy and rework the numbers in the report to reflect the correct costs allowed.

## **FINDING 2 - Unallowable salary, benefit, and related indirect cost**

### **Response to the disallowance of certain employes**

The State Controller's draft audit report pertaining to the County's SB 90 Child Abduction and Recovery Program stated the following with the county response following each paragraph:

*Audit: The county did not provide time logs to support hours claimed for certain employees. The salary and benefit costs for one of these employees, a legal clerk, were also included in the county's indirect cost pool. For the remaining employees, the time logs provided did not support mandate-related hours claimed. The county was unable or unwilling to reconcile claimed hours to employee time logs.*

*Response: Employees without time logs worked full-time on mandated programs, and payroll documentation should be used to substantiate the hours claimed. The Legal Clerk referenced worked full-time on mandated programs and was correctly counted as direct, but inadvertently also included in the indirect pool. Her time should be included as direct and the indirect pool adjusted accordingly. We agree to this adjustment.*

For some employees where time log material was not considered adequate to support the claimed hours, we assert that the claimed hours are substantially correct. But the documentation was incomplete and did not help corroboration. In order to substantiate the claimed costs and support our assertion we conducted and presented a current time-study. The results support the claimed hours. We have furnished the time study documents to the audit staff. We did not receive a response.

*Audit: We calculated allowable employee hours based on mandate-related hours supported by employee time logs. Subsequently, the county submitted a time study and requested that we instead rely on the time study as supporting documentation for all*





*salary and benefit costs claimed. We concluded that the time study is not competent evidence to replace contemporaneous time logs. However, we reviewed the time study to determine whether the time study supports salary and benefit costs claimed for employees who did not have contemporaneous time logs.*

*We concluded that the county's time study does not adequately support salary and benefit cost claims for the following reasons.*

- *The county did not identify how the time period studied was representative of the fiscal year.*
- *The county did not summarize the time study results and show how the county could project the results to the approximate actual costs for the audit period.*
- *The Child Abduction and Recovery Program mandated activities require a varying level of effort; therefore, a time study is not appropriate to document mandate-related time.*

Response:

We do not concur with any of the reasons for disallowance and we explain our response as below:

- The time-study plan and proposal submitted annotated that the time period studied was a representative subset of a full fiscal year and that no substantial staffing or workload changes occurred since the audited years.
- The results were summarized for the period of the time-study, and could be extrapolated for the audit years without difficulty.
- The Child Abduction and Recovery Program does not require a varying level of effort as was stated by the audit. Its workload and staffing have remained essentially constant throughout.

We therefore request you to reconsider your views on the usage of the time-study and accept the same and rework the numbers in the report to reflect the correct costs allowed.



# Tab 6



**County of Santa Clara**  
**Finance Agency**  
**Controller-Treasurer Department**

County Government Center, East Wing  
70 West Hedding Street  
San Jose, CA 95110  
(408) 299-5200 Fax 289-8629



June 10, 2002

To: Department Payroll/Personnel Staff, Service Centers, and Timekeepers  
From: Jerry Izumi, Payroll Manager  
Subject: Reporting of Training Hours

Effective with pay period 02/14, payday of July 12, 2002, departments will be required to use a new pay/earn code to report hours for employees attending training classes during normal work hours. The purpose of this requirement is to segregate and exclude countywide total employee training hours from total productive hours for calculating a countywide productive hourly rate, which will be used by the County for claiming reimbursements from the State.

The new pay/earn codes for training hours are:

	<u>Pay/Earn Code</u>
TCS	TT
KRONOS	TRAINING TRACKING
People Soft:	6TT (Coded Employee), XTT (Extra Help)

Currently, training with pay hours are treated as Straight Time hours. Beginning with pay period 02/14, any training with pay hours that have been included in Straight Time will have to be reported by the new codes. Training with overtime pay will not be affected. Employees must indicate training hours on their time cards for timekeepers. The new training codes work the same as Straight Time.

The hours that the employee is away from his/her normal productive work is the key for reporting the hours regardless of the type of the training (i.e. employee orientation, continue education, conferences, seminars, college courses) or if the training is mandatory or non-mandatory.

For PSSC, See Work Paper # 3C



August 28, 2002

Work Paper # 3C-1 Page 14/16  
Auditor as Date JUN 09 2004  
Reviewer js Date 12-1-03

Please contact the following staff in our office for questions pertaining to their areas of responsibility:

Earnings code	Jerry Izumi	299-5263
TCS PeopleSoft Interface	Sharon Renshaw	299-5283
TCS/KRONOS Help Desk	Nina Klepac	299-5288
Training Criteria	James Webb	299-5242

cc: Sharon Renshaw, Nina Klepac, James Webb, Ram Venkatesan

C:\Documents and Settings\jcbou\My Documents\Training Hours.doc

For PSSC, See Work Paper # 3C





**COUNTY'S**  
**INCORRECT REDUCTION CLAIM**  
**FILED WITH THE**  
**COMMISSION ON STATE MANDATES**  
**ON JULY 25, 2007**



**COMMISSION ON STATE MANDATES**

980 NINTH STREET, SUITE 300  
SACRAMENTO, CA 95814  
PHONE: (916) 323-3562  
FAX: (916) 445-0278  
E-mail: csminfo@csm.ca.gov

RECEIVED  
STATE CONTROLLER'S OFFICE  
ACCOUNTING AND REPORTING



2007 AUG 14 PM 2:38

August 10, 2007

Ms. Juliana F. Gmur  
MAXIMUS  
2380 Houston Avenue  
Clovis, CA 93611

Ms. Ginny Brummels  
Division of Accounting and Reporting  
State Controller's Office  
3301 C Street, Suite 501  
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**  
*Absentee Ballots*, 07-3713-I-02  
Statutes 1978, Chapter 77; Statutes 1994, Chapter 920; Statutes 2002, Chapter 1032;  
Fiscal Years 2000-2001, 2001-2002, and 2002-2003  
Santa Clara County, Claimant

Dear Ms. Gmur and Ms. Brummels:

On July 25, 2007, the County of Santa Clara filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Absentee Ballots* program for fiscal years 2000-2001, 2001-2002, and 2002-2003. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

**SCO Review and Response.** Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

**Claimant's Rebuttal.** Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

**Prehearing Conference.** A prehearing conference will be scheduled if requested.




**Public Hearing and Staff Analysis.** The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

**Dismissal of Incorrect Reduction Claims.** Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Victoria Soriano at (916) 323-8213 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Patton", written over a horizontal line.

NANCY PATTON

Assistant Executive Director

cc: Lizanne Reynolds, Deputy County Counsel

Enclosure: Incorrect Reduction Claim Filing - (SCO only)



**CLAIMANT'S INFORMATION**

State Controller's Office Audit Report on Santa Clara

County Absentee Ballots Program

**CLAIMANT'S INFORMATION**

County of Santa Clara

Name of Local Agency or School District

David G Elledge

Claimant Contact

Controller-Treasurer

Title

70 West Hedding Street, East Wing, 2nd Floor

Street Address

San Jose, CA 95110

City, State, Zip

408-299-5200

Telephone Number

408-289-8620

Fax Number

dave.elledge@fin.sccgov.org

E-Mail Address

**CLAIMANT'S REPRESENTATIVE**

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Lizanne Reynolds

Claimant Representative Name

Deputy County Counsel

Title

Office of the County Counsel, Santa Clara County

Organization

70 West Hedding Street, East Wing, Ninth Floor

Street Address

San Jose, CA 95110

City, State, Zip

408-299-5900

Telephone Number

408-292-7240

Fax Number

lizanne.reynolds@cco.sccgov.org

E-Mail Address

For CSM Use Only

Filing Date

**RECEIVED**

JUL 25 2007

COMMISSION ON STATE MANDATES

IRC #: 07-3713-T-02

**CLAIMANT'S ALLEGATION**

Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; abd Chapter 1032, Statutes of 2002.

**CLAIMANT'S DEMAND FOR REDUCTION**

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
00-01	
01-02	
02-03	

TOTAL: \$19,284.00

**NOTICE OF INTENT TO CONSOLIDATE**

Please check the box below if there is intent to consolidate this claim.

Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.

Sections 7 through 11 are attached as follows:

- 7. Written Detailed Narrative: pages \_\_\_ to \_\_\_
- 8. Documentary Evidence and Declarations: Exhibit \_\_\_
- 9. Claiming Instructions: Exhibit \_\_\_
- 10. Final State Audit Report or Other Written Notice of Adjustment: Exhibit \_\_\_
- 11. Reimbursement Claims: Exhibit \_\_\_





**CLAIMANT CERTIFICATION**

*Read, sign, and date this section and insert at the end of the incorrect reduction claim submission.\**

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Lizanne Reynolds

Print or Type Name of Authorized Local Agency  
or School District Official

Deputy County Counsel

Print or Type Title

Lizanne Reynolds

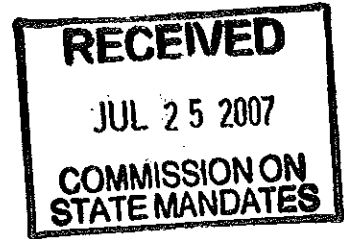
Signature of Authorized Local Agency or  
School District Official

July 25, 2007

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*





STATE OF CALIFORNIA  
COMMISSION ON STATE MANDATES

In Re: )  
 )  
STATE CONTROLLER'S OFFICE )  
AUDIT REPORT ON SANTA )  
CLARA COUNTY ABSENTEE )  
BALLOTS PROGRAM )  
\_\_\_\_\_ )  
 )

No.

**INCORRECT REDUCTION CLAIM  
COUNTY OF SANTA CLARA**

ANN MILLER RAVEL, County Counsel (S.B. #62139)  
ROBERT C. CAMPBELL, Assistant County Counsel (S.B. #60738)  
LIZANNE REYNOLDS, Deputy County Counsel (S.B. #168435)  
OFFICE OF THE COUNTY COUNSEL  
70 West Hedding Street, East Wing, Ninth Floor  
San Jose, California 95110-1770  
Telephone (408) 299-5900

Attorneys for  
COUNTY OF SANTA CLARA

**TOPICAL INDEX**

	<u>Page</u>
INTRODUCTION .....	1
FACTS.....	2
ANALYSIS AND DISCUSSION .....	6
A. AUDIT FINDING NUMBER ONE REGARDING COUNTY’S PRODUCTIVE HOURLY RATE CALCULATION IS INCORRECT.....	6
1. The County’s Productive Hourly Rate Computation Complies With the SCO-Issued General Claiming Instructions .....	7
2. The County’s Computation Results in a More Accurate and Consistent Productive Hourly Rate .....	8
CONCLUSION .....	10
EXHIBIT A .....	12
EXHIBIT B .....	35
EXHIBIT C .....	41
EXHIBIT D .....	52
EXHIBIT E .....	69
EXHIBIT F .....	155
EXHIBIT G .....	172
EXHIBIT H .....	187
EXHIBIT I .....	198
EXHIBIT J .....	202

ANN MILLER RAVEL, County Counsel (S.B. #62139)  
ROBERT C. CAMPBELL, Assistant County Counsel (S.B. #60738)  
LIZANNE REYNOLDS, Deputy County Counsel (S.B. #168435)  
OFFICE OF THE COUNTY COUNSEL  
70 West Hedding Street, East Wing, Ninth Floor  
San Jose, California 95110-1770  
Telephone (408) 299-5900

Attorneys for  
COUNTY OF SANTA CLARA

STATE OF CALIFORNIA  
COMMISSION ON STATE MANDATES

In Re:	)	No.
	)	
STATE CONTROLLER'S OFFICE	)	INCORRECT REDUCTION CLAIM
AUDIT REPORT ON SANTA	)	BY SANTA CLARA COUNTY
CLARA COUNTY ABSENTEE	)	
BALLOTS PROGRAM	)	
_____	)	

On June 30, 2005, the State Controller's Office (hereinafter "SCO") issued its final audit report on the County of Santa Clara's (hereinafter "County's") claims for costs incurred based on the legislatively created Absentee Ballots Program (Test Claim Nos. 02-3713-I-01, Chapter 77, Statutes of 1978; later amended by Chapter 920, Statutes of 1994, and 02-TC-02, Chapter 1032, Statutes of 2002) for July 1, 2000, through June 30, 2003. A true and correct copy of the SCO's final audit report is attached hereto as Exhibit A and is incorporated herein by reference. The SCO incorrectly reduced the County's claim of \$2,398,489 by \$19,284, thus allowing only \$2,379,205. The County requests the Commission on State Mandates to reverse the audit findings and to award the County the correct claim amount of \$2,398,489.

## FACTS

The County Registrar of Voters (ROV) Department provides voting materials to voters who are eligible to vote for a particular election, but who are unable to get to the polls on Election Day. Those voters who wish to vote absentee would complete and send in an "Absentee Voter Ballot Application" form. Between thirty and seven days before Election Day, ROV processes the application and mails an absentee packet to the voter consisting of the following: official ballot, voting instructions and return envelope. The voter, after completing the ballot, seals it in the return envelope, signs the envelope and mail or drop off the ballot at ROV or at the polling place on Election Day. Seven days before Election Day, ROV employees start opening the returned (voted) ballots, check the signatures and tally the ballots. Ballots received at the polling places on Election Day are processed and tallied in the days after the election. These activities are mandated by Chapter 77, Statutes of 1978; later amended by Chapter 920, Statutes of 1994, and 02-TC-02, Chapter 1032, Statutes of 2002.

The County has approximately 800,000 registered voters countywide. In the November 2004 Presidential Election, 610,000 of these voters actually participated in the election. And of the 610,000 voters who participated, 232,000 voters (38%) opted to vote by absentee ballot.

This program was found to be a state-mandated reimbursable program by the Board of Control, predecessor to this Commission, on June 17, 1981. A true and correct copy of the Statement of Decision is attached hereto as Exhibit B and is incorporated herein by reference. Thereafter, Parameters and Guidelines were issued

on August 12, 1982, and were most recently amended on February 27, 2003, a true and correct copy of which is attached hereto as Exhibit C and is incorporated herein by reference. Claiming Instructions were duly issued by the SCO, a true and correct copy of which is attached hereto as Exhibit D and is incorporated herein by reference. Based upon the foregoing program, Parameters and Guidelines, and Claiming Instructions, the County timely submitted its claims for fiscal years 2000-01, 2001-02, and 2002-03, which are the subject of this claim. True and correct copies of these reimbursement claims are attached hereto as Exhibits E, F, and G, respectively and are incorporated herein by reference.

According to the Parameters and Guidelines and Claiming Instructions, the methodologies for calculating the reimbursable components of this mandate include:

A. Elections Done by the County Election Official and Billed to the Local Agency.

Methods 1, 2 and 3, below, are intended for use where a local agency election is done by the county election official and billed to the local agency. When county election officials provide election services to other local agencies, the costs of those billed services pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

Method 1

This method applies when the county election official does all calculations and provides a billing that distinguishes the reimbursable amount and the non-reimbursable amount billed. If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

Method 2

This method assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the

countywide figures to determine the percentage of reimbursable costs.

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the local agency by the county for total absentee ballot costs.
2. Calculate the Reimbursable Cost Percentage

$$n/z \times 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$p/100 \times \text{amt billed by county} = \text{Amt of Reimbursable Costs}$$

### Method 3

This method is more complex, and requires the local agency to have data on numbers of ballots and absentee ballots filed in the local agency area. It requires the collection of more data, which may or may not be readily available.

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - (x \times y)/w = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$n/z \times 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs



$p/100 \times \text{amount billed by county} = \text{Amount of Reimbursable Costs}$

**B. Local Agencies or School Districts that Administer their Own Elections**  
Method 4, below, is intended for use where local agencies and school districts do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$z - (x \times y)/w = \text{Number of reimbursable absentee ballots (n)}$

4. Calculation of Cost Per Absentee Ballot Filing (See section V. Claim Preparation and Submission)

a. Material	\$ _____
b. Postage	\$ _____
c. Labor	\$ _____
d. Overhead	\$ _____
e. Cost per Absentee Ballot	\$ _____
(a+b+c+d)	

5. Computation of Reimbursement

A. Number of reimbursable filings (Item 3)(n)	_____
B. Cost per Absentee Ballot filing (Item 4)(e)	\$ _____
Total Reimbursement (A × B)	\$ _____

Based on the foregoing, the County calculated its costs pursuant to Method Four. The County timely filed its reimbursement claims, as stated hereinabove.

On March 30, 2005, the SCO issued a draft audit report regarding the County's Absentee Ballots Program. The Finding of the audit report states that the County's productive hourly rate had been calculated improperly.

On May 3, 2005, the County drafted its response to the draft audit report, taking exception to the characterization that the productive hourly rate was calculated improperly. A true and correct copy is attached hereto as Exhibit H and is incorporated herein by reference.

The SCO issued its final audit report on June 30, 2005, with no change in the Finding regarding calculating of the productive hourly rate. The County filed this timely incorrect reduction claim.<sup>1</sup>

#### **ANALYSIS AND DISCUSSION**

##### **A. AUDIT FINDING NUMBER ONE REGARDING COUNTY'S PRODUCTIVE HOURLY RATE CALCULATION IS INCORRECT.**

The Audit Finding states that the County over-claimed salaries, benefits and related indirect costs in the amount of \$19,284. This finding was based upon the County's computation of its productive hourly rates. The County's computation was consistent with the SCO's Mandated Cost Manual. Therefore, the County requests that this Commission reverse the Audit Finding to allow for the fully recovery of costs incurred for this state-mandated program for the reasons discussed below.

---

<sup>1</sup> Pursuant to Code of Civil Procedure section 338, claimants have 3 years within which to file an incorrect reduction claim.

1. **The County's Productive Hourly Rate Computation Complies With The SCO-Issued General Claiming Instructions.**

The computation of an annual productive hourly rate used by the County removes non-productive time spent on authorized breaks, training, and staff meetings. The resulting total countywide annual productive hours of 1571 is the basis for the annual productive hourly rate used in the County's claiming process.

The Mandated Cost Manual for Local Agencies addresses the productive hourly rate computation. Section 2, General Claiming Instructions, Subsection 7. Direct Labor Costs, Subdivision A. Direct Labor - Determine a Productive Hourly Rate states, in pertinent part:

A productive hourly rate may be computed for each job title whose labor is directly related to the claimed reimbursable cost.

A local agency has the option of using any of the following:

- Actual annual productive hours for each job title,
- The local agency's average annual productive hours or, for simplicity,
- An annual average of 1,800\* hours to compute the productive hourly rate.

\* \* \*

\* 1,800 annual productive hours include:

- Paid holidays
- Vacation earned
- Sick leave taken
- Informal time off
- Jury duty
- Military leave taken<sup>2</sup>

The SCO's final audit report fails to acknowledge that the Manual allows the productive hourly rate to be calculated in one of three ways — the use of 1800 hours is not the only approved approach. Indeed, the Manual clearly states that use of

---

<sup>2</sup> This language is from the revised 9/01 version of the General Claiming Instructions.

countywide average annual productive hours is also an approved method. The County calculated such average annual productive hours fully complying with the Claiming Instructions as issued. The County cannot and should not be penalized for availing itself of an approved methodology.

To date, the SCO has not been able to cite any authority for why the County's approach for calculating its productive hourly rate is improper.

2. **The County's Computation Results in a More Accurate and Consistent Productive Hourly Rate.**

The County submits, on average, 25 to 30 claims annually. As these claims are prepared by up to 20 different staff members, the process could easily fall victim to inconsistency in approaches, accuracy and documentation. Recognizing this threat and wanting to create a more reliable, County-wide system for its claims, the County conducted a study to determine a verifiable and accurate method of calculating a productive hourly rate through the computation of the average productive hours for County staff. As a result, the County's methodology for computing its average productive hours improves its SB90 program claiming accuracy, consistency, documentation, and facilitates state audits because the methodology for its productive hourly rate calculation has been fully documented and supported.

In establishing its average annual productive hours, the County carefully ensured that all non-productive time was removed from the total annual hours. For example, the County removed time spent in training and on breaks. This methodology ensures greater accuracy — the more accurate the computational factors are, the more

accurate the result. Indeed, in response to the SCO's final audit report, the County made further adjustments solidifying the precision of its computation.

The SCO's main complaint seems to be that the County used authorized break times and required training times rather than actual times spent on these activities. This argument lacks merit.

State law requires that workers be given two fifteen minute break periods per day and presumably the County employees take them. The presumption that these break times are taken is no different from the presumption that paid holidays, which are specifically set forth as properly included by the SCO in its Mandated Cost Manual, are also taken. Instead of making the presumption, the SCO would have the County mount a clock-in, clock-out system for breaks to ensure that the break times do not actually add up to 28 or 32 minutes daily. Such an expenditure of time and costs is unwarranted in light of the statistically invalid difference that may be found between actual break time and the time legally allotted.

The same argument applies with even greater force with regard to employee training because employees have every incentive to pursue such education to ensure their continued ability to be employed in their field.

The use of a countywide productive hourly rate is explicitly authorized by the State Controller's state mandate claiming instructions. The productive hourly rates used by the County in this claim are fully documented and were accurately calculated by the County Controller's Office. All supporting documents for the calculation of countywide productive hours were provided during the state audit.

Further, as shown in the December 27, 2001 letter from the County Controller to the SCO, the State was notified years ago that the County was electing to use the SCO-approved productive hourly rate methodology in its state mandated claiming procedures. A true and correct copy of this letter is attached hereto as Exhibit I and is incorporated herein by reference. The County reported that the switch to a countywide methodology for the calculating an average productive hour rate per position would improve state mandate claiming accuracy, consistency, documentation and facilitate the State audit function. Consequently, more than 50 claims were submitted and accepted during 2002 and 2003 using this methodology. Furthermore, the State Controller has accepted the County's use of countywide productive hours for state mandated claims as evidenced by an e-mail from Jim Spano dated February 6, 2004, a true and correct copy of which is attached hereto as Exhibit J and is incorporated herein by reference.

#### **CONCLUSION**

The County has adequately documented that its productive hourly rate of 1571 is a precise and reliable figure. For the County to now be forced to utilize the standard 1800 hours results in substantial under-funding to the County — first, the County's actual direct costs are not fully paid, and second, the County's indirect costs will be substantially understated.

//

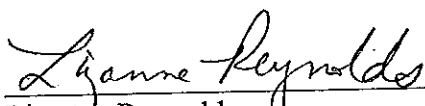
//

In light of the arguments presented above, the County requests this Commission to reverse the audit findings and to award the County the correct claim amount of \$2,398,489.

Dated: July 18, 2007

Respectfully submitted,

ANN MILLER RAVEL  
County Counsel

  
Lizanne Reynolds  
Deputy County Counsel

Attorneys for COUNTY OF SANTA  
CLARA

# EXHIBIT A



# SANTA CLARA COUNTY

Audit Report

## ABSENTEE BALLOTS PROGRAM

Chapter 77, Statutes of 1978; Chapter 920,  
Statutes of 1994; and Chapter 1032, Statutes of 2002

*July 1, 2000, through June 30, 2003*



STEVE WESTLY  
California State Controller

June 2005



**STEVE WESTLY**  
*California State Controller*

June 30, 2005

John V. Guthrie  
Director of Finance  
Santa Clara County  
County Government Center, East Wing  
70 West Hedding Street, 2<sup>nd</sup> Floor  
San Jose, CA 95110

Dear Mr. Guthrie:

The State Controller's Office audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003.

The county claimed \$2,398,489 for the mandated program. Our audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

If you disagree with the audit finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (COSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at COSM's Web site at [www.csm.ca.gov](http://www.csm.ca.gov) (Guidebook link), and obtain IRC forms by telephone at (916) 323-3562 or by e-mail at [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov).

If you have any questions, please contact Jim L. Spano, Chief, Compliance Audits Bureau, at (916) 323-5849.

Sincerely,

VINCENT P. BROWN  
Chief Operating Officer

VPB:JVB/ams

cc: (See page 2)

# Contents

## Audit Report

Summary .....	1
Background .....	1
Objective, Scope, and Methodology .....	2
Conclusion .....	2
Views of Responsible Official .....	2
Restricted Use .....	3
Schedule 1—Summary of Program Costs .....	4
Finding and Recommendation .....	6
Attachment—County’s Response to Draft Audit Report	

# Audit Report

## Summary

The State Controller's Office (SCO) audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003. The last day of fieldwork was August 2, 2004.

The county claimed \$2,398,489 for the mandated program. The audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

## Background

*Election Code* Section 3003 (added by Chapter 77, Statutes of 1978, and amended by Chapter 920, Statutes of 1994) requires absentee ballots to be available to any registered voter without conditions. Prior law required that absentee ballots be provided only when the voter met one of the following conditions: illness; absence from precinct on election day; physical handicap; conflicting religious commitments; or residence more than ten miles from the polling place.

*Election Code* Section 3024 (added by Chapter 1032, Statutes of 2002, effective September 28, 2002) prohibits local agencies from fully or partially prorating their costs to school districts. Therefore, the law excludes school districts, county boards of education, and community college districts from claiming costs under the mandated Absentee Ballots Program when they do not administer their own elections. However, school districts that administer their own elections are eligible claimants on or after September 28, 2002.

On June 17, 1981, the Board of Control (now the Commission on State Mandates [COSM]) determined that Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002; imposed a state mandate reimbursable under *Government Code* Section 17561.

*Parameters and Guidelines* establishes the state mandate and defines reimbursement criteria. COSM adopted *Parameters and Guidelines* on August 12, 1982, and last amended it on February 27, 2003. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for mandated programs, to assist local agencies and school districts in claiming reimbursable costs.

# Contents

## Audit Report

Summary .....	1
Background .....	1
Objective, Scope, and Methodology .....	2
Conclusion .....	2
Views of Responsible Official .....	2
Restricted Use .....	3
Schedule 1—Summary of Program Costs .....	4
Finding and Recommendation .....	6
Attachment—County’s Response to Draft Audit Report	

# Audit Report

## Summary

The State Controller's Office (SCO) audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003. The last day of fieldwork was August 2, 2004.

The county claimed \$2,398,489 for the mandated program. The audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

## Background

*Election Code* Section 3003 (added by Chapter 77, Statutes of 1978, and amended by Chapter 920, Statutes of 1994) requires absentee ballots to be available to any registered voter without conditions. Prior law required that absentee ballots be provided only when the voter met one of the following conditions: illness; absence from precinct on election day; physical handicap; conflicting religious commitments; or residence more than ten miles from the polling place.

*Election Code* Section 3024 (added by Chapter 1032, Statutes of 2002, effective September 28, 2002) prohibits local agencies from fully or partially prorating their costs to school districts. Therefore, the law excludes school districts, county boards of education, and community college districts from claiming costs under the mandated Absentee Ballots Program when they do not administer their own elections. However, school districts that administer their own elections are eligible claimants on or after September 28, 2002.

On June 17, 1981, the Board of Control (now the Commission on State Mandates [COSM]) determined that Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002; imposed a state mandate reimbursable under *Government Code* Section 17561.

*Parameters and Guidelines* establishes the state mandate and defines reimbursement criteria. COSM adopted *Parameters and Guidelines* on August 12, 1982, and last amended it on February 27, 2003. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for mandated programs, to assist local agencies and school districts in claiming reimbursable costs.

# Contents

## Audit Report

Summary .....	1
Background .....	1
Objective, Scope, and Methodology .....	2
Conclusion .....	2
Views of Responsible Official .....	2
Restricted Use .....	3
Schedule 1—Summary of Program Costs .....	4
Finding and Recommendation .....	6
Attachment—County’s Response to Draft Audit Report	

# Audit Report

## Summary

The State Controller's Office (SCO) audited the claims filed by Santa Clara County for costs of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000, through June 30, 2003. The last day of fieldwork was August 2, 2004.

The county claimed \$2,398,489 for the mandated program. The audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable. The unallowable costs occurred primarily because the county overclaimed its salaries and benefits. The State paid the county \$673,626. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,705,579, contingent upon available appropriations.

## Background

*Election Code* Section 3003 (added by Chapter 77, Statutes of 1978, and amended by Chapter 920, Statutes of 1994) requires absentee ballots to be available to any registered voter without conditions. Prior law required that absentee ballots be provided only when the voter met one of the following conditions: illness; absence from precinct on election day; physical handicap; conflicting religious commitments; or residence more than ten miles from the polling place.

*Election Code* Section 3024 (added by Chapter 1032, Statutes of 2002, effective September 28, 2002) prohibits local agencies from fully or partially prorating their costs to school districts. Therefore, the law excludes school districts, county boards of education, and community college districts from claiming costs under the mandated Absentee Ballots Program when they do not administer their own elections. However, school districts that administer their own elections are eligible claimants on or after September 28, 2002.

On June 17, 1981, the Board of Control (now the Commission on State Mandates [COSM]) determined that Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002; imposed a state mandate reimbursable under *Government Code* Section 17561.

*Parameters and Guidelines* establishes the state mandate and defines reimbursement criteria. COSM adopted *Parameters and Guidelines* on August 12, 1982, and last amended it on February 27, 2003. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for mandated programs, to assist local agencies and school districts in claiming reimbursable costs.



**Objective,  
Scope, and  
Methodology**

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Absentee Ballots Program for the period of July 1, 2000, through June 30, 2003.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, not funded by another source, and not unreasonable and/or excessive.

We conducted the audit according to *Government Auditing Standards*, issued by the Comptroller General of the United States, and under the authority of *Government Code* Section 17558.5. We did not audit the county's financial statements. We limited our audit scope to planning and performing audit procedures necessary to obtain reasonable assurance that costs claimed were allowable for reimbursement. Accordingly, we examined transactions, on a test basis, to determine whether the costs claimed were supported.

We limited our review of the county's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

**Conclusion**

Our audit disclosed an instance of noncompliance with the requirements outlined above. This instance is described in the accompanying Summary of Program Costs (Schedule 1) and in the Finding and Recommendation section of this report.

For the audit period, Santa Clara County claimed \$2,398,489 for costs of the Absentee Ballots Program. Our audit disclosed that \$2,379,205 is allowable and \$19,284 is unallowable.

For fiscal year (FY) 2000-01, the State paid the county \$341,580. Our audit disclosed that \$751,137 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$409,557, contingent upon available appropriations.

For FY 2001-02, the State paid the county \$332,046. Our audit disclosed that \$862,812 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$530,766, contingent upon available appropriations.

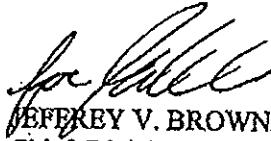
For FY 2002-03, the State made no payment to the county. Our audit disclosed that \$765,256 is allowable, which the State will pay, contingent upon available appropriations.

**Views of  
Responsible  
Official**

We issued a draft audit report on March 30, 2005. David G. Elledge, Auditor-Controller, responded by letter dated May 3, 2005 (Attachment), disagreeing with the audit results. This final audit report includes the county's response.

**Restricted Use**

This report is solely for the information and use of Santa Clara County and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.



JEFFREY V. BROWNFIELD  
Chief, Division of Audits

**Schedule 1—**  
**Summary of Program Costs**  
**July 1, 2000, through June 30, 2003**

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments
<b>July 1, 2000, through June 30, 2001</b>			
Salaries	\$ 218,112	\$ 214,546	\$ (3,566)
Benefits	31,581	30,430	(1,151)
Services and supplies	397,918	397,918	—
Subtotal	647,611	642,894	(4,717)
Indirect costs	259,314	254,408	(4,906)
Total cost of absentee ballots	906,925	897,302	\$ (9,623)
Number of absentee ballots cast	÷ 125,462	÷ 125,462	
Cost per absentee ballot cast	\$7.23	\$7.15	
Number of reimbursable absentee ballots	× 105,025	× 105,025	
Total cost of reimbursable absentee ballots	759,193	751,137	
Less reimbursements	—	—	
Amount claimed	\$ 759,193	751,137	\$ (8,056)
Less amount paid by the State		(341,580)	
Allowable costs claimed in excess of (less than) amount paid		\$ 409,557	
<b>July 1, 2001, through June 30, 2002</b>			
Salaries	\$ 139,575	\$ 137,738	\$ (1,837)
Benefits	19,533	18,948	(585)
Services and supplies	784,722	784,722	—
Subtotal	943,830	941,408	(2,422)
Indirect costs	150,421	148,131	(2,290)
Total cost of absentee ballots	1,094,251	1,089,539	\$ (4,712)
Number of absentee ballots cast	÷ 44,057	÷ 44,057	
Cost per absentee ballot cast	\$24.84	\$24.73	
Number of reimbursable absentee ballots	× 34,889	× 34,889	
Total cost of reimbursable absentee ballots	866,544	862,812	
Less reimbursements	—	—	
Amount claimed	\$ 866,544	862,812	\$ (3,732)
Less amount paid by the State		(332,046)	
Allowable costs claimed in excess of (less than) amount paid		\$ 530,766	

## Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments
<u>July 1, 2002, through June 30, 2003</u>			
Salaries	\$ 207,221	\$ 204,077	\$ (3,144)
Benefits	32,505	31,313	(1,192)
Services and supplies	424,661	424,661	—
Subtotal	664,387	660,051	(4,336)
Indirect costs	251,137	246,595	(4,542)
Total cost of absentee ballots	915,524	906,646	\$ (8,878)
Number of absentee ballots cast	÷ 98,180	÷ 98,180	
Cost per absentee ballot cast	\$9.32	\$9.23	
Number of reimbursable absentee ballots	× 82,869	× 82,869	
Total cost of reimbursable absentee ballots	772,752	765,256	
Less reimbursements	—	—	
Amount claimed	\$ 772,752	765,256	\$ (7,496)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ 765,256	
<u>Summary: July 1, 2000, through June 30, 2003</u>			
Total cost of additional ballots filed	\$ 2,398,489	\$ 2,379,205	\$ (19,284)
Less reimbursements	—	—	—
Amount claimed	\$ 2,398,489	2,379,205	\$ (19,284)
Less amount paid by the State		(673,626)	
Allowable costs claimed in excess of (less than) amount paid		\$ 1,705,579	

See the Finding and Recommendation section.

# Finding and Recommendation

**FINDING—**  
**Unsupported salaries, benefits, and related indirect costs**

The county overstated employee salaries and benefits by \$11,475 during the audit period. The related indirect costs, based on the claimed indirect cost rate for each fiscal year, are \$11,738.

Unsupported salary and benefit costs, and the related indirect costs, are summarized as follows:

	Fiscal Year			Total
	2000-01	2001-02	2002-03	
Salaries	\$ (3,566)	\$ (1,837)	\$ (3,144)	\$ (8,547)
Benefits	(1,151)	(585)	(1,192)	(2,928)
Subtotal	(4,717)	(2,422)	(4,336)	(11,475)
Related indirect costs	(4,906)	(2,290)	(4,542)	(11,738)
Audit adjustment	\$ (9,623)	\$ (4,712)	\$ (8,878)	\$ (23,213)

The county overstated its costs because claimed productive hourly rates were overstated. The productive hourly rate consisted of two factors: annual average countywide productive hours and salary costs.

In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classifications rather than those of all departments. For fiscal year (FY) 2002-03, the county introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program-related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further, it was unclear whether the training classes attended were program- or non-program-related.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.

Consequently, the productive hourly rate used in the claim did not reflect actual costs. The adjustment is based on the SCO's recalculation of the productive hourly rate.

*Parameters and Guidelines* allows only reimbursement of actual increased costs incurred for making absentee ballots available to any registered voter and states that all costs claimed must be traceable and supported by source documents that show the validity of such costs.

Guidance in developing the productive hourly rate is provided in the SCO's *Mandated Cost Manual for Local Agencies*. This manual states that a productive hourly rate may be computed for each job title (rather than for each individual) for which labor is directly related to claimed reimbursable costs.

#### Recommendation

We recommend the county develop and implement an adequate recording and reporting system to ensure that all claimed costs are properly supported and reimbursable for the mandate in question.

#### County's Response

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states:

*In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program-or non-program related. In addition the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.*

*For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.*

#### Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements

of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable...without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the recording of actual break-time twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

*Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara*

*Ram,*

*I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).*

*The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.*

*The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.*

*If you would like to discuss the above further, please contact me.*

*Jim Spano*

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we noticed (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A,B and C.



### SCO's Comment

The fiscal impact of the findings reported in the draft report remains unchanged. The county may use countywide productive hours provided that all employee classifications earn benefits and the productive hours are consistently used for all county programs. Countywide productive hours should exclude employee classifications that do not earn benefits.

The countywide productive hours include unallowable deductions for time spent on training and authorized breaks.

### Training Time

The county's response acknowledges that training time claimed for FY 2000-01 claims was estimated, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. The county states that, beginning in FY 2001-02, the payroll system was modified to capture actual hours of training and that only non-program training was recorded. However, documentation obtained during the audit indicates that training time for FY 2001-02 was also estimated, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. We concur that the county's payroll system was modified to capture actual hours of training in FY 2002-03. The accounting system does not separately identify training time directly charged to program activities. In addition, evidence gathered during the audit indicates that program-related training was included in pay-period data reporting. In a county memo dated June 10, 2002, to department payroll, personnel staff, service centers, and timekeepers, county departments are advised to use the new training code to report training hours. The memo goes on to state, "the hours that the employee is away from his/her normal productive work is the key for reporting the hours regardless of the type of training or if the training is mandatory or non-mandatory." This does not support the contention that only non-program related training was recorded in the county's payroll system. In addition, the Registrar of Voters Office did not provide any documentation supporting the claim that program-related training was tracked separately and that such training was not subsequently reported within the county's payroll system.

### Break Time

The SCO's claiming instructions, which include guidelines for preparing mandated cost claims, do not identify time spent on authorized breaks as deductions (excludable components) from total hours when computing productive hours. The county's accounting system did not separately account for actual break time taken. Limiting daily reporting of hours worked to 7.5 hours does not address instances in which staff works less than eight hours a day, nor does it ensure consistency of application to all programs (mandates and non-mandates).

The development of productive hours based on estimated costs is not consistent with Office of Management and Budget Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*. If the county chooses to deduct actual break time taken in calculating productive hours, its accounting system must separately identify the actual break time taken.

Attachment—  
**County's Response to  
Draft Audit Report**

By \_\_\_\_\_  
for \_\_\_\_\_  
County of \_\_\_\_\_

# County of Santa Clara

Finance Agency  
Controller-Treasurer Department  
County Government Center  
70 West Hedding Street, East Wing, 2nd Floor  
San Jose, California 951 10-1705  
(408) 299-5200 FAX (408) 289-8629



DATE: May 3, 2005

TO: Jim L. Spano  
Chief, Compliance Audits Bureau,  
State Controller's Office, Division of audits,  
Post Office Box 942850,  
Sacramento, CA 94250-5874

FROM: David G. Elledge  
Controller-Treasurer

RE: SB90 mandate-Absentee Ballots Program-Response to Draft audit report

### Summary

Thank you for the audit report on the SB90 State Mandated Costs claim of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000 through June 30, 2003.

The one audit finding relates to unsupported salaries, benefits and related indirect costs for 2000-01 through 2002-03 arising out of the usage of Countywide Productive hour rate. This issue of Countywide Productive hours was replied to in all responses to State audit reports on other programs. We adopt our earlier responses on the issue of countywide productive hourly rate. Please reconsider the disputed audit finding in view of our reply; we respectfully request that you rework the numbers in the report.

### Finding and Recommendation

Finding - unsupported salaries, benefits and related indirect costs

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states: -

*In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and for continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county*

Board of Supervisors: Donald F. Gago, Blanca Alvarado, Pete McHugh, James T. Beall, Jr., Liz Kriss  
County Executive: Peter Kuras, Jr.



introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program- or non-program related. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.

For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break-time from productive hours.

#### Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable... without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the

recording of actual break-time taken twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

*Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara*

*Ram,*

*I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).*

*The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time Spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.*

*The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted*

*authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.*

*If you would like to discuss the above further, please contact me.*

*Jim Spano*

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we notified (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A, B and C.

ATTACHMENT A

Ramalah Venkatesan  
12/19/2001 04:05 PM

To:

alan.mihale@sbo.co.scl.ca.us,  
amy.king@esa.co.scl.ca.us, andy.balance@apd.co.scl.ca.us, Bill  
Heffman <bill.heffman@bss.co.santa-clara.ca.us>, dlinh@da.co.scl.ca.us,  
Champa Manian@spd.co.santa-clara.ca.us, thunter@cor.co.scl.ca.us,  
Annas.proclp2ka@pjo.co.scl.ca.us, Isaac\_p@pag.co.scl.ca.us,  
martha.paine@hhs.co.scl.ca.us, mike.rock@ent.co.scl.ca.us,  
peter.ng@ceb.co.scl.ca.us, virginia.lee@rov.co.scl.ca.us,  
lisa.perez@doc.co.scl.ca.us, michael.spmah@era.co.santa-clara.ca.us

cc:  
Subject:  
hours

Countywide productive

Ram Venkatesan  
SB 90 Coordinator  
Controller Treasurer's Office  
County of Santa Clara  
408-298-2541  
408-289-8629 Fax

I am attaching the Countywide productive hours calculated for FY00 and FY01 to be used for all new claims ,  
amendment claims FY00 and Annual claims FY 01. The FGOC has approved the usage of Countywide Productive  
hours as a policy. We have informed our consultants DMG Maximus also. If you have any questions pleas contact  
me.  
regards , ram venkatesan

After sending the above letter last week, I received a few telephona calls regarding the time charging method to be  
followed. In view of the usage of countywide productive hours, I would like to clarify the same .

1. As we are removing the informal time off (break time) and other unproductive hours from the productive hours  
calculation the time charged to the SB90 programs should be the actual no. of hours when the total no. of hours spent  
on SB90 is less than 8 hours a day and if a full day work is charged to SB90 program, it should be restricted to 7.5  
hours only . This point was discussed in the workshop meetings also

2. We will be informing the BCC of the new policy of Countywide productive hours.

Our Consultants Maximus have also been informed of this procedure to be followed. Please call me if you need any  
further clarifications.



Prod Hrs 90-00 & 00-C

County of Santa Clara

ATTACHMENT C



County of Santa Clara  
County Administration Center  
700 West Alameda Avenue  
San Jose, CA 95128  
(408) 298-1000

December 27, 2001

The State Controller's Office  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94230

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the 'SB90-Mandated Cost Manual for the Counties'. Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- a. Actual annual productive hours for each job title;
- b. Countywide average annual productive hours; or
- c. The standard annual 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
  - Paid holidays
  - Vacation earned
  - Sick leave taken
  - Informal time off
  - Jury Duty
  - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mialocq) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: Donald F. Osigo, Blanca Abando, Pete Muthigh, James T. Benli Jr., Liz Kriss  
County Executive: Richard Wittenberg

9



jspano@sco.ca.gov  
02/08/2004 03:09 PM

To: Ram Venkatesan@sn.sco.gov.org  
cc: oprashk@sco.ca.gov, svaitze@sco.ca.gov, mihavay@sco.ca.gov,  
gibrumm@sco.ca.gov, mquorin@sco.ca.gov, aluna@sco.ca.gov,  
jvenner@sco.ca.gov  
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if the county chooses to deduct time for training and authorized breaks when calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

IF you would like to discuss the above further, please contact me.

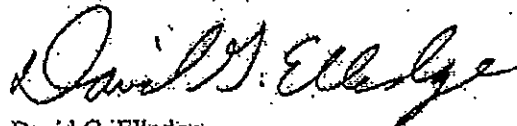
- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 328-5849
- > Fax - (916) 327-0832
- >
- >

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (PeopleSoft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

Please review the enclosed schedules and provide us with your immediate response. Complete supporting working papers are available at our office and will be made available upon your request. We will submit the details with each claim submitted.

If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email [ramaiiah.venkatesan@fin.co.scl.ca.us](mailto:ramaiiah.venkatesan@fin.co.scl.ca.us)

Sincerely,



David G. Elledge  
Controller-Treasurer

Encl:

# EXHIBIT B

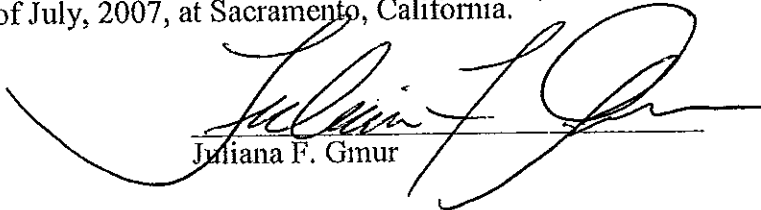
STATE OF CALIFORNIA  
COMMISSION ON STATE MANDATES

In Re:	)	No.
	)	
STATE CONTROLLER'S OFFICE	)	DECLARATION OF
AUDIT REPORT ON SANTA	)	JULIANA F GMUR
CLARA COUNTY ABSENTEE	)	
BALLOTS PROGRAM	)	
_____	)	

I, Juliana F. Gmur, state as follows:

1. I am an attorney licensed by the State of California to practice law and have practiced for 5 years before the Commission on State Mandates. I have personal knowledge of the facts stated herein and if called upon to testify, I could do so competently.
2. I was recently involved in obtaining documents for the above-captioned matter. Specifically, I was attempting to locate the Statement of Decision. Although, MAXIMUS maintains a substantial filing system with Commission and Board of Control matters, the file for the Absentee Ballots program only contained a copy of the Parameters and Guidelines, a true and correct copy is attached hereto. This document indicated that a hearing had taken place on June 17, 1981.
3. I next used the Commission's website search engine but to no avail. I then contacted the Commission offices and spoke to Lorenzo who has assisted me in such matters many times in the past. He was unable to locate the Statement of Decision likely due to the age of the document.

I declare under penalty of perjury that the foregoing is true and correct as based upon my personal knowledge, information or belief, and that this declaration is executed this 23 day of July, 2007, at Sacramento, California.

  
Juliana F. Gmur

Parameters and Guidelines  
Chapter 77, Statutes of 1978  
(Absentee Ballots)

Summary of Mandate

This statute requires that local agencies make absentee ballots available upon request to all registered voters. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness
- b. absence from precinct at day of election
- c. physical handicap
- d. conflicting religious commitments
- e. voter's residence is more than ten miles from his polling place

Board of Control Decision

The Board of Control determined, at its hearing of June 17, 1981, that a reimbursable mandate requiring an "increased level of service" exists in Chapter 77, Statutes of 1978.

Eligible Claimant

Local agencies which administer an election program are eligible.

Period of Reimbursement

All eligible costs incurred on or after July 1, 1980 are reimbursable. The law became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, pursuant to Revenue and Taxation Code Section 2253.8, all costs incurred on or after July 1, 1980 are reimbursable. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981. Pursuant to Revenue and Taxation Code Section 2231(d)(1), all claims for reimbursement of costs shall be submitted within 120 days from the date of notification by the Controller of the enactment of the claims bill.

If total costs incurred in a single fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided in Revenue and Taxation Code Section 2233.

Reimbursable Costs

Revenue and Taxation Code Section 2207 defines "costs mandated by the state" to mean any increased costs resulting from "an increased level of service or new program." Chapter 77, Statutes of 1978 mandated an increased level of service for local government and special districts which administer election programs. Consequently, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballots filings, as determined under the following formula.

- 1. Base Year Calculation (remains the same for all fiscal years claimed)
  - W) Number of ballots cast from January 1, 1975 through December 30, 1978 (W)
  - X) Number of absentee ballots cast from January 1, 1975 through December 30, 1978 (X)

2. Calculation for Fiscal Year Claimed (compute for each claims)

Y) Number of ballots cast in fiscal year claimed \_\_\_\_\_

Z) Number of absentee ballots cast in fiscal year claimed \_\_\_\_\_

3. Formula for Calculating Number of Reimbursable Filings

$$Z - \frac{(X \cdot Y)}{W} = \text{Number of reimbursable filings}$$
 \_\_\_\_\_

4. Calculation of Cost Per Absentee Ballot Filing (see Guidelines for Claim Preparation)

- a. Material \$ \_\_\_\_\_
  - b. Postage \$ \_\_\_\_\_
  - c. Labor \$ \_\_\_\_\_
  - d. Overhead \$ \_\_\_\_\_
  - e. Cost per Absentee Ballot \$ \_\_\_\_\_
- (a + b + c + d)

(Following the filing of reimbursement claims with the Controller, the Board of Control shall review the applicability of uniform cost per Absentee Ballot.)

5. Computation of Reimbursement

- A. Number of reimbursable filings (Item 3) \_\_\_\_\_
- B. Cost per filing (Item 4) \$ \_\_\_\_\_
- Total Reimbursement (A x B) \$ \_\_\_\_\_

Guidelines for Claim Preparation

This procedure will help the claimant organize the data presentation for the calculation of the cost per filing. Adherence to this procedure will speed up the reimbursement process. It will also ensure consistency in the review of the claim and lessen the need by the Controller's Office to contact the claimant for additional information.

In general, all costs should be classified according to the criteria of the State Controller's Accounting Standards and Procedures for Counties.

1. Description of Activity

Copies of invoices, time records, and other documents necessary to support the costs included in this claim should be retained by the claimant for audit purposes. If costs cannot be supported, the costs reported will be disallowed by the Controller's Office. The selecting of appropriate data is the responsibility of the claimant.

2. Salary and Employee Benefits

Indicate the classification of the employee involved, mandated functions performed, number of hours devoted to the function, hourly rate, and fringe benefits.

3. Services and Supplies

Only expenditures which can be identified as direct costs as a result of the mandate can be claimed here. List costs of material acquired which have been consumed or expended specifically for the purpose of this mandate.

4. Allowable Overhead Cost

Indirect costs may only be claimed through an indirect cost rate proposal prepared in accordance with the provision of Federal Regulation OASC-10 (use in conjunction with FMC 74-4).

5. Supportive Data

For auditing purposes, all costs claimed must be traceable to source documents or worksheets that indicate evidence of and the validity of such costs. The documents must be kept on file and made available on the request of the State Controller.

6. Required Certification

The following Certification must accompany the claim:

\_\_\_\_\_

I DO HEREBY CERTIFY:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with; and

THAT I am the person authorized by the local agency to file claims with the State of California.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_



# EXHIBIT C

BEFORE THE  
COMMISSION ON STATE MANDATES  
STATE OF CALIFORNIA

IN RE AMENDMENT TO PARAMETERS  
AND GUIDELINES ON:

Elections Code Sections 3003 and 3024;

Statutes 1978, Chapter 77, and  
Statutes 2002, Chapter 1032 (AB 3005);

Filed on September 28, 2002;

By the Legislature, Requestor.

No. 02-PGA-02

*Absentee Ballots*

ADOPTION OF AMENDMENT TO  
PARAMETERS AND GUIDELINES  
PURSUANT TO GOVERNMENT CODE  
SECTION 17557 AND TITLE 2,  
CALIFORNIA CODE OF REGULATIONS,  
SECTIONS 1183.2 AND 1185.3.

*(Adopted on February 27, 2003)*

**AMENDED PARAMETERS AND GUIDELINES**

On February 27, 2003, the Commission on State Mandates adopted the attached Amended Parameters and Guidelines.

This Decision shall become effective on March 5, 2003.

  
PAULA HIGASHI, Executive Director

# PARAMETERS AND GUIDELINES AMENDMENT

Elections Code Sections 3003 and 3024

Statutes 1978, Chapter 77  
Statutes 2002, Chapter 1032

## *Absentee Ballots*

### I. SUMMARY OF THE MANDATE

Elections Code section 3003, as added by Statutes 1978, chapter 77, and amended by Statutes 1994, chapter 920, requires that absentee ballots be available to any registered voter.<sup>1</sup> The Board of Control, predecessor agency to the Commission on State Mandates, determined at its hearing of June 17, 1981, that a reimbursable state mandate requiring an "increased level of service" exists in Statutes 1978, chapter 77. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness,
- b. absence from precinct at day of election,
- c. physical handicap,
- d. conflicting religious commitments, or
- e. voter's residence is more than ten miles from his polling place.

Elections Code section 3024, as added by Statutes 2002, chapter 1032<sup>2</sup> requires the Commission on State Mandates to amend these parameters and guidelines to "delete school districts, county boards of education, and community college districts from the list of eligible claimants." AB 3005 specifies that the cost to administer absentee ballots when issues and elective offices related to school districts, as defined by Government Code section 175 19, are included on a ballot election with non-education issues and elective offices shall not be fully or partially prorated to a school district.

### II. ELIGIBLE CLAIMANTS

"Local agencies," as defined in Government Code section 175 18, that have incurred increased costs as a direct result of this mandate are eligible to claim reimbursement of those costs.

"School districts," as defined in Government Code section 175 19, that have incurred increased costs as a direct result of administering their own election program are eligible to claim reimbursement of those costs. School districts cannot claim reimbursement when the county election official administers a school district election.

### III. PERIOD OF REIMBURSEMENT

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government

<sup>1</sup> Statutes 1994, chapter 920 only renumbered Elections Code section 3003.

<sup>2</sup> Assembly Bill No. 3005 (2001-2002 Reg. Sess.), hereafter referred to as AB 3005.

Absentee Ballots  
Adopted: August 12, 1982  
Amended: December 18, 1997  
Amended: February 27, 2003

Code section 1756 1, subdivision (d)( 1), all claims for reimbursement of initial years costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

For initial claims and annual claims filed prior to September 30, 2002, including amendments thereof, if the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564. For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

#### A. Local Agencies

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998) stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year.

Statutes 1978, chapter 77 became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, in accordance with Section 17557, as in effect on the date of the filing of the test claim, all costs incurred by local agencies in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1980. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981.

#### B. School Districts

California Code of Regulations, title 2, section 1185.3, prior to its amendment (effective September 13, 1999), stated that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before November 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. An amendment was filed on August 25, 1997. Therefore, in accordance with Section 1185.3, as in effect on the date of the filing of the parameters and guidelines amendment, all costs incurred by school districts in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1996 through September 27, 2002.

Effective September 13, 1999, California Code of Regulations, title 2, section 1183.2, states that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. This amendment, as required by AB 3005, was effective September 28, 2002. Therefore, only those costs incurred by school districts to administer their own election program in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after September 28, 2002.

### IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the

event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballot filings, as determined under the formulas below.

#### A. Elections Done by the County Election Official and Billed to the Local Agency

Methods 1, 2 and 3, below, are intended for use where a local agency election is done by the county election official and billed to the local agency. When county election officials provide election services to other local agencies, the costs of those billed services pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

##### Method 1

This method applies when the county election official does all calculations and provides a billing that distinguishes the reimbursable amount and the non-reimbursable amount billed.

If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

##### Method 2

This method assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the countywide figures to determine the percentage of reimbursable costs.

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the local agency by the county for total absentee ballot costs.
2. Calculate the Reimbursable Cost Percentage

$$\frac{n}{z} \times 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$\frac{p}{100} \text{ amount billed by county} = \text{Amount of Reimbursable Costs}$$

Method 3

This method is more complex, and requires the local agency to have data on numbers of ballots and absentee ballots filed in the local agency area. It requires the collection of more data, which may or may not be readily available.

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x + y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \times 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$\frac{p}{100} \text{ amount billed by county} = \text{Amount of Reimbursable Costs}$$

B. Local Agencies or School Districts that Administer their Own Elections

Method 4, below, is intended for use where local agencies and school districts do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)
  - y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)
  - z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)
3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed
 
$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$
4. Calculation of Cost Per Absentee Ballot Filing (See section V. Claim Preparation and Submission)
  - a. Material \$ \_\_\_\_\_
  - b. Postage \$ \_\_\_\_\_
  - c. Labor \$ \_\_\_\_\_
  - d. Overhead \$ \_\_\_\_\_
  - e. Cost per Absentee Ballot (a+b+c+d) \$ \_\_\_\_\_
5. Computation of Reimbursement
  - A. Number of reimbursable filings (Item 3)(n) \_\_\_\_\_
  - B. Cost per Absentee Ballot filing (Item 4)(e) \$ \_\_\_\_\_
  - Total Reimbursement (A x B) \$ \_\_\_\_\_

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

### A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

#### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

## 2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

## 3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

## 4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

## 5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A. 1, Salaries and Benefits, for each applicable reimbursable activity.

## B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

### Local Agencies

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and



B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

#### School Districts

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-2 1, "Cost Principles of Educational Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

#### **VI. RECORD RETENTION**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter<sup>3</sup> is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment

<sup>3</sup>This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

#### **VII. OFFSETTING SAVINGS AND REIMBURSEMENTS**

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

#### **VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS**

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 1756 1, subdivision (d)(l), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

#### **IX. REMEDIES BEFORE THE COMMISSION**

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 1757 1. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

Absentee Ballots  
Adopted: August 12, 1982  
Amended: December 18, 1997  
Amended: February 27, 2003

**DECLARATION OF SERVICE BY MAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

March 6, 2003, I served the:

**Amended Parameters and Guidelines**  
*Absentee Ballots, 02-PGA-02*  
Elections Code Sections 3003 and 3024  
Statutes 1978, Chapter 77  
Statutes 2002, Chapter 1032 (AB 3005)

by placing a true copy thereof in an envelope addressed to:

Mr. Mike Havey, Bureau Chief  
State Controller's Office  
Division of Accounting & Reporting  
3301 C Street, Suite 500  
Sacramento, CA 958 16

State Agencies and Interested Parties (See attached mailing list);

and by sealing and depositing said envelope in the United States mail at Sacramento, California, with postage thereon fully paid.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on March 6, 2003, at Sacramento, California.

  
VICTORIA SORIANO

# EXHIBIT D

# ABSENTEE BALLOTS

## 1. Summary of Chapters 77/78 and 920/94

Elections Code § 3003, as added and amended by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994, requires that absentee ballots be available to any registered voter without the prerequisite of certain conditions as required under prior law.

On June 17, 1981, the Board of Control, predecessor to the Commission on State Mandates, determined that Chapter 77, Statutes of 1978, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

## 2. Eligible Claimants

Any city, county, city and county, or special district, that administers an election program and incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

## 3. Appropriations

Claims may only be filed with the State Controller's Office for programs that have been funded in the State Budget Act or in special legislation. To determine if current funding is available for this program, refer to the schedule, "Appropriations for State Mandated Cost Programs," presented in the "Annual Claiming Instructions for State Mandated Costs" issued in September of each year to city fiscal officers, county auditors, and administrators of special districts.

## 4. Types of Claims

### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county, as fiscal agent for special districts, may submit a combined claim in excess of \$200 on behalf of two or more districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each special district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing the county and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

## 5. Filing Deadline

### A. Initial and Revised Claims

Initial and revised claims for 1996-97 and 1997-98 must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1996-1997 fiscal year must be filed with the State Controller's Office and postmarked by June 17, 1998. If the reimbursement claim is filed after the deadline of June 17, 1998, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1997/98 fiscal year must be filed with the State Controller's Office and postmarked by June 17, 1998. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1997/98 reimbursement claim must be filed by November 30, 1998.

#### B. Annually Thereafter

Refer to the item "Reimbursable State Mandated Cost Programs" contained in the cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/19\_\_ Reimbursement Claim," and/or "19\_\_/19\_\_ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by November 30 of the fiscal year in which the cost will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual cost incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

#### 6. Reimbursement

Eligible claimants will be reimbursed for costs associated with an increase in absentee ballot filings using one of the recommended methods listed below.

Methods 1, 2, and 3, are intended for use where a local agency election is done by the county election official and billed to the local agency. Method 1 is the simplest and is applicable when the county election official does all calculations and provides a billing which distinguishes the reimbursable amount and the non-reimbursable amount billed.

Method 2 is under the assumption that the percentage increase in absentee ballots is uniform throughout the county and uses county-wide figures to determine the percentage of reimbursable costs.

Method 3 is more complex and requires the local agency to have data on the number of ballots and absentee ballots filed in the local agency area. This method requires the collection of more data which, may or may not be readily available.

Method 4 is the most complex and is intended for use where local agencies do their own elections and have the information on the number of ballots and absentee ballots as well as the per-ballot cost information needed for this method.

#### A. Method 1

If the county election official determines the claimant's pro rata share of reimbursable costs and reports these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

#### B. Method 2

1. Obtain data from the county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the school district or county board of education by the county for the total absentee ballot costs.

2. Calculate the Reimbursable Cost Percentage  

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs  

$$\frac{p}{100} \cdot \text{Amount billed by county} = \text{Amount of Reimbursable Costs}$$

#### C. Method 3

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district from January 1, 1975 through December 30, 1978 (w).

x) Number of absentee ballots cast in the district from January 1, 1975 through December 30, 1978 (x).

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district in the fiscal year claimed (y).

z) Number of absentee ballots cast in the district in the fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of Reimbursable Absentee Ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$\frac{p}{100} \cdot \text{Amount billed by county} = \text{Amount of Reimbursable Costs}$$

#### D. Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district from January 1, 1975 through December 30, 1978 (w).

x) Number of absentee ballots cast in the district from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)

- y) Number of ballots cast in the district in the fiscal year claimed (y)
- z) Number of absentee ballots cast in the district in the fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Cost per Absentee Ballot Filing

- a. Material \$
  - b. Postage \$
  - c. Labor \$
  - d. Overhead \$
  - e. Cost per Absentee Ballot \$
- (a+b+c+d)

5. Computation of Reimbursement

- A. Number of Reimbursable Filings (Item 3) \_\_\_\_\_
- B. Cost per Filing (Item 4e) \$ \_\_\_\_\_
- Total Reimbursement (A x B) \$ \_\_\_\_\_

7. Reimbursement Limitations

Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a result of this mandate shall be identified and deducted so only the net local cost is claimed.

8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms AB-1.1, AB-1.2, AB-1.3, and AB-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form AB-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form AB-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.



**(2) Materials and Supplies**

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

**(3) Contracted Services**

Contracting costs are reimbursable to the extent that the function to be performed requires special skill or knowledge that is not readily available from the claimant's staff or the service to be provided by the contractor is cost effective.

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

**B. Forms AB-1.1, 1.2, 1.3, Claim Summary**

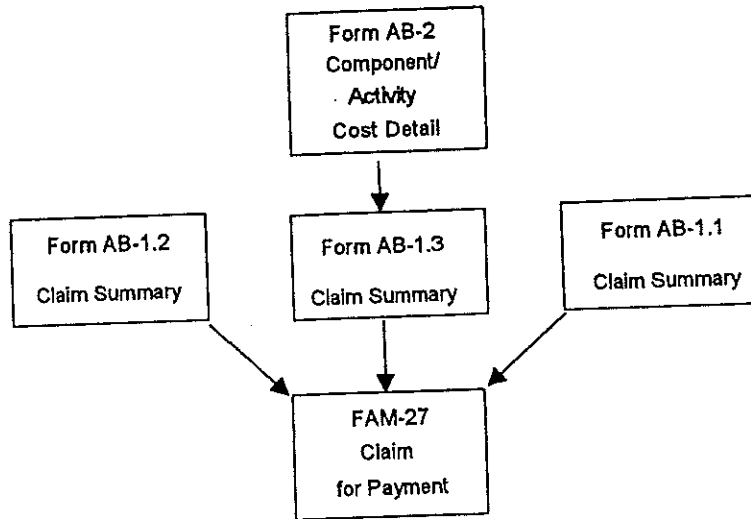
These forms are used to summarize costs for the mandate. Claim statistics shall identify the work performed for costs claimed. On forms AB-1.2 and AB-1.3 the claimant must show the following: (1) The number of ballots cast from 1/1/75 through 12/30/78, (2) the number of absentee ballots filed from 1/1/75 through 12/30/78, (3) the number of ballots cast in the fiscal year of claim, (4) the number of absentee ballots cast in the fiscal year of claim. Direct costs on form AB-1.3 are brought forward from form AB-2.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have its own ICRP.

**C. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form AB-1.1, AB-1.2, or AB-1.3 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Claim Forms



**CLAIM FOR PAYMENT**  
 Pursuant to Government Code Section 17561  
**ABSENTEE BALLOTS**

*For State Controller Use Only*

(19) Program Number 00002  
 (20) Date File \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (21) LRS Input \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

L  
A  
B  
E  
L  
  
H  
E  
R  
E

(01) Claimant Identification Number \_\_\_\_\_  
 (02) Mailing Address \_\_\_\_\_  
 Claimant Name \_\_\_\_\_  
 County of Location \_\_\_\_\_  
 Street Address or P. O.. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reimbursement Claim Data	
(22) AB-1.1, (03)	
(23) AB-1.1, (06)	
(24) AB-1.2, (03)(a)	
(25) AB-1.2, (03)(b)	
(26) AB-1.2, (03)(c)	
(27) AB-1.2, (03)(d)	
(28) AB-1.2, (05)	
(29) AB-1.3, (03)(a)	
(30) AB-1.3, (03)(b)	
(31) AB-1.3, (03)(c)	
(32) AB-1.3, (03)(d)	
(33) AB-1.3, (04)(d)	
(34) AB-1.3, (05)	
(35)	
(36)	
(37)	

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>
Fiscal Year of Cost	(06) 19__/19__	(12) 19__/19__
Total Claimed	(07)	(13)
Less: 10% Late Penalty, but not to exceed \$1000		(14)
Less: Estimated Claim Payment		(15)
Net Claimed Amount		(16)
Due from State	(08)	(17)
Due to State		(18)

**(38) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994, set forth on the attached statements.

Signature of Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

(39) Name of Contact Person for Claim  
 \_\_\_\_\_

Telephone Number  
 ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

**ABSENTEE BALLOTS**  
**Certification Claim Form**  
**Instructions**

**FORM**  
**FAM-27**

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the place shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If estimate exceeds the previous fiscal year's actual costs by more than 10%, complete form AB-1.1, 1.2, or 1.3, as applicable, and enter the total claimed amount.
- (08) Enter the same amount as shown in line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form AB-1.1, 1.2, or 1.3.
- (14) Filing Deadline. Initial Claims of Chs. 7778 and 920/94. If the reimbursement claim for fiscal year 1996/97 is filed after June 17, 1998, the claim must be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- Filing Deadline. Annually Thereafter. If the reimbursement claim is filed after November 30 following the fiscal year in which costs were incurred, the claim must be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If you are filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (34) for the reimbursement claim [e.g., AB-1.3, (03)(a), means the information is located on form AB-1.3, line (03)(a)]. Enter the information on the same line but in the right-hand column as applicable. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect cost percentage should be shown as a whole number and without the percent symbol (i.e., 35% should be shown as 35). The claim cannot be processed for payment unless this data block is correct and complete.
- (38) Read the statement "Certification of Claim." If the statement is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.
- SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**
- |  |   |
|--|---|
| <p><i>Address, if delivered by<br/>U. S. Postal Service:</i></p> <p>OFFICE OF THE STATE CONTROLLER<br/> ATTN: Local Reimbursement Section<br/> Division of Accounting and Reporting<br/> P.O. Box 942850<br/> Sacramento, CA 94250</p> | <p><i>Address, if delivered by<br/>other delivery service:</i></p> <p>OFFICE OF THE STATE CONTROLLER<br/> ATTN: Local Reimbursement Section<br/> Division of Accounting and Reporting<br/> 3301 C Street, Suite 501<br/> Sacramento, CA 95816</p> |
|--|---|

<b>MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY</b>		<b>FORM AB-1.1</b>
(01) Claimant	(02) Type of Claim  Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year  19 ___/19 ___
<b>Select Method 1, or 2 for Claiming Reimbursable Costs</b>		
<b>Method 1</b> This method is applicable when all calculations are done by the county election official then the local agency is billed for the cost of election services.		
(03) Amount billed by the county for election costs (attach billing statement)		
<b>Method 2</b> In this method the percentage increase in absentee ballots is assumed to be uniform throughout the county so county-wide figures are used to determine the percentage of reimbursable costs.		
(04) Obtain data from the county election official on the number of reimbursable absentee ballots (attach the county's calculation)		
(05) Number of absentee ballots cast in the fiscal year		
(06) Amount billed by the county		
(07) Increased Costs		[Line (06) x ((line (04) ÷ line (05)))]
(08) Increased Costs		[From line (03) or line (07)]
<b>Cost Reduction</b>		
(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) Total Claimed Amount		[Line (08) - (Line (09) + Line (10))]

**ABSENTEE BALLOTS  
CLAIM SUMMARY  
Instructions**

**FORM  
AB-1.1**

Fill in (01), (02), and (08) through (11) for all methods. Fill in (03) for method 1 only. Fill in (04) through (07) for method 2 only.

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs. Form AB-1.1 must be filed for a reimbursement claim. Do not complete form AB-1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.1 must be completed and a statement attached explaining the increased costs. Without this information, the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Amount billed by the county for election costs. Enter the amount billed by the county and attach a copy of the billing statement.
- (04) Enter the data obtained from the county election official on the number of reimbursable absentee ballots and attach a copy of the county's calculation showing how this amount was derived.
- (05) Number of absentee ballots cast in the fiscal year. Enter the number of ballots that were cast in the fiscal year.
- (06) Amount billed by the county. Enter the amount that was billed by the county.
- (07) Increased Costs. Multiply line (06) by the quotient derived from dividing line (04) by line (05).
- (08) Increased Costs. Enter the amount of increased costs from line (03), if using method 1, or line (07), if using method 2.
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source, including but not limited to service fees collected, federal funds, or other state funds which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Increased Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

<b>MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY</b>	<b>FORM AB-1.2</b>
--	------------------------

(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19 ___/19 ___
---------------	--	------------------------------

**Method 3**  
This method requires the local agency to have data on the number of ballots and absentee ballots filed.

**Claim Statistics**

(03)(a) Number of ballots cast from 1/1/75 through 12/30/78	
(b) Number of absentee ballots cast from 1/1/75 through 12/30/78	
(c) Number of ballots cast in the fiscal year of claim	
(d) Number of absentee ballots cast in the fiscal year of claim	

(04) Number of Reimbursable Absentee Ballots Filed [Line (03)(d) - (line(03)(b) x line (03)(c) ÷ line (03)(a))]	
(05) Amount Billed by County (attach billing statement)	
(06) Increased Costs [Line (05) x (line (04) + line (03)(d))]	

**Cost Reduction**

(07) Less: Offsetting Savings, if applicable	
(08) Less: Other Reimbursements, if applicable	
(09) Total Claimed Amount [Line (06) - (line (07) + line (08))]	

<b>ABSENTEE BALLOTS CLAIM SUMMARY Instructions</b>	<b>FORM AB-1.2</b>
--	------------------------

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs. Form AB-1.2 must be filed for a reimbursement claim. Do not complete form AB-1.2 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.2 must be completed and a statement attached explaining the increased costs. Without this information, the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of ballots that were cast from January 1, 1975 through December 30, 1978.  
 (b) Enter the number of absentee ballots cast from January 1, 1975 through December 30, 1978.  
 (c) Enter the number of ballots that were cast in the fiscal year of claim.  
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.
- (04) Number of Reimbursable Absentee Ballots Filed. Enter the difference of the number of absentee ballots cast in the fiscal year of claim, line (03)(d), and the result of multiplying the number of absentee ballots cast from 1/1/75 to 12/30/78, line (03)(b), by the number of ballots cast in the fiscal year of claim, line (03)(c), and dividing by the number of ballots cast from 1/1/75 to 12/30/78, line (03)(a).
- (05) Amount Billed by County. Enter the amount that was billed to the school district by the county. Attach a copy of the billing statement.
- (06) Increased Costs. Enter the result of multiplying the amount billed by the county, line (05), by the quotient from dividing the number of reimbursable absentee ballots filed, line (04), by the number of absentee ballots cast in the fiscal year of claim, line (03)(d).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source, including but not limited to service fees collected, federal funds, or other state funds which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (07), and Other Reimbursements, line (08), from Increased Costs, line (06). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.



<b>MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY</b>	<b>FORM AB-1.3</b>
--	------------------------

(01) Claimant	(02) Type of Claim	Fiscal Year
	Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	19__/19__

**Method 4**  
 This method is used where the local agency administers its own elections and information on the number of ballots, absentee ballots, and the cost per ballot is readily available.

(03)(a) Number of ballots cast from 1/1/75 - 12/30/78	
(b) Number of absentee ballots cast from 1/1/75 - 12/30/78	
(c) Number of ballots cast in the fiscal year of claim	
(d) Number of absentee ballots cast in the fiscal year of claim	

Direct Costs	Object Accounts			
(04) Total cost of absentee ballots in the fiscal year of claim	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Total

<b>Indirect Costs</b>	
(05) Indirect Cost Rate	[From ICRP] %
(06) Total Indirect Costs	[Line (05) x line (04)(a)] or [line (05) x (line (04)(a) + line (04)(b))]
(07) Total Cost of Absentee Ballots in the Fiscal Year of Claim	[Line (04)(d) + line (06)]
(08) Cost per Absentee Ballot in the Fiscal Year of Claim	[Line (07) ÷ line (03)(d)]
(09) Number of Additional Absentee Ballot Filings	[Line (03)(d) - (line (03)(b) x line (03)(c) ÷ line (03)(a))]
(10) Total Cost of Additional Absentee Ballot Filings	[Line (08) x line (09)]

<b>Cost Reduction</b>	
(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount	[Line (10) - (line (11) + line (12))]

<b>ABSENTEE BALLOTS CLAIM SUMMARY Instructions</b>	<b>FORM AB-1.3</b>
--	------------------------

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement, or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred. Form AB-1.3 must be filed for a reimbursement claim. Do not complete form AB-1.3 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form AB-1.3 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of ballots cast from 1/1/75 to 12/30/78.  
 (b) Enter the number of absentee ballots cast from 1/1/75 to 12/30/78.  
 (c) Enter the number of ballots cast in the fiscal year of claim.  
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.
- (04) Total cost of absentee ballots in the fiscal year of claim. Enter the total costs from form AB-2, line (05) columns (d), (e), and (f) to form AB-1.3, block (04) columns (a), (b), and (c) in the appropriate row. Total the row.
- (05) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have their own ICRP for the program.
- (06) Total Indirect Costs. Multiply Total Salaries, line (04)(a) by the Indirect Cost Rate, line (05). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply Total Salaries and Benefits, line (04)(a) and line (04)(b) by the Indirect Cost Rate, line (05).
- (07) Total Cost of Absentee Ballots in the Fiscal Year of Claim. Enter the sum of Total Direct Costs, line (04)(d) and Total Indirect Costs, line (06).
- (08) Cost per Absentee Ballot in the Fiscal Year of Claim. To determine the cost per absentee ballot in the fiscal year of claim, enter the result of dividing line (07) by line (03)(d).
- (09) Number of Additional Absentee Ballot Filings. To determine the number of additional absentee ballot filings which are reimbursable, multiply the number of absentee ballots cast from 1/1/75 to 12/30/78, line (03)(b) by the number of ballots cast in the fiscal year of claim, line (03)(c). Divide that product by the number of ballots cast from 1/1/75 to 12/30/78, line (03)(a). Subtract the quotient from the number of ballots cast in the fiscal year of claim, line (03)(d). Enter the difference as the number of additional ballot filings.
- (10) Total Cost of Additional Absentee Ballot Filings. Enter the product of multiplying line (08) by line (09).
- (11) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Less: Other Reimbursements, if applicable. If the county provides absentee ballots to other local agencies and school districts within the county and is reimbursed for these costs, enter the amount of reimbursements received. Also, enter other reimbursements received from any source including but not limited to, service fees collected, federal funds, other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule of detailed reimbursements with the claim.
- (13) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements line (12), from Total Cost of Additional Absentee Ballot Filings, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

<b>MANDATED COSTS ABSENTEE BALLOTS COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM AB-2</b>
---	----------------------

(01) Claimant	(02) Fiscal Year Costs Were Incurred
---------------	--------------------------------------

(03) Total Cost of Absentee Ballots in the fiscal year of claim

(04) Description of Expenses: Complete columns (a) through (h)	<b>Object Accounts</b>
--	------------------------

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
(05) Total <input style="width: 40px;" type="text"/> Subtotal <input style="width: 40px;" type="text"/> Page: _____ of _____					

<p><b>ABSENTEE BALLOTS</b>  <b>COMPONENT/ACTIVITY COST DETAIL</b>  <b>Instructions</b></p>	<p><b>FORM</b> <b>AB-2</b></p>
--	------------------------------------

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Leave blank.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs on form AB-1.3, line (04). To detail costs for the component activity box "checked" in line (03), enter the employee name(s), position title(s), a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, and contracted services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. If the descriptions are incomplete, the claim cannot be processed for payment.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject	Columns						Submit these supporting documents
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked			
Benefits	Title  Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries		
Services and Supplies  Office Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity	
Contracted Services	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked  Inclusive Dates of Service			Itemized Cost of Services	Invoice

- (05) Total line (04), columns (d), (e), and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter the totals from line (05), columns (d), (e), and (f) to form AB-1.3, block (04), columns (a), (b), and (c).

# EXHIBIT E


<b>CLAIM FOR PAYMENT</b>				State of California			
Pursuant to Government Code Section 17561				(19) Program Number 0041			
<b>ABSENTEE BALLOTS (LOCAL AGENCIES)</b>				(20) Date Filed	_/_/___		
(01) Claimant Identification Number: <b>9943</b>  (02) Mailing Address <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">FIRM 1</div> <b>AUDITOR-CONTROLLER</b> <b>COUNTY OF SANTA CLARA</b> <b>70 W. HEDDING ST., EAST WING</b> <b>SAN JOSE, CA. 95110</b>				(21) LRS Input	_/_/___		
				Reimbursement Claim Data		(22) AB-1.1, (03)	
						(23) AB-1.1, (06)	
						(24) AB-1.2, (03)a	
						(25) AB-1.2 (03)(b)	
						(26) AB-1.2 (03)(c)	
						(27) AB-1.2(03)(d)	
Type of Claim	Estimated Claim		Reimbursement Claim				
	(03) Estimated	<input checked="" type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(28) AB-1.2, (05)		
	(04) Combined		(10) Combined		<b>2,056,005</b>		
	(05) Amended		(11) Amended		<b>75,307</b>		
Fiscal Year of Cost	(06)	2001/2002	(12)	2000/2001	(31) AB-1.3(03)(d)		
Total Claimed	(07)	<b>400,000</b>	(13)	<b>759,193</b>	(32) AB-1.3(03)(d)		
Less: 10% Late Penalty, but not to exceed \$1000			(14)	-	(33) AB-1.3(04)(d)		
Less: Prior Claim Payment Received			(15)	<b>341,580</b>	(34) AB-1.3(05)		
Net Claimed Amount			(16)	<b>417,613</b>	(35)		
Due from State	(08)	<b>400,000</b>	(17)	<b>417,613</b>	(36)		
Due to State			(18)		(37)		

**(38) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 77, Statutes of 1978 and Chapter 920, Statutes of 1994; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no applications for nor any grant or payments received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 77, statutes of 1978, and chapter 920, Statutes of 1994.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994, set forth on the attached statements.

Signature of Authorized Representative  
  
 CAROLINA R. GOMEZ

Date  
 12/3/01  
 ACCOUNTANT III  
 Title

(39) Name of Contact Person for Claim  
 CAROLINA R. GOMEZ  
 Telephone 408-299-2161 x #2020  
 Email Address: Carolina.Gomez@rov.CO.Santa-Clara.CA.US

<b>MANDATED COSTS ABSENTEE BALLOTS CLAIM SUMMARY</b>		FORM AB-1.3	
(01) Claimant <b>COUNTY OF SANTA CLARA</b>		(02) Type of Claim Reimbursement Estimated	Fiscal Year  2000/2001
Method 4 This method is used where the local agency administers its own elections and information on the number of ballots, absentee ballots, and the cost per ballot is readily available.			
(03) (a) Number of ballots cast from 01/01/75 through 12/30/78		<b>2,056,005</b>	
(b) Number of Absentee ballots cast from 01/01/75 through 12/30/78		<b>75,307</b>	
© Number of ballots cast in the fiscal year of claim		<b>557,959</b>	
(d) Number of absentee ballots cast in the fiscal year of claim		<b>125,462</b>	
<b>Direct Costs</b>		<b>Object Accounts</b>	
(04) Total Cost of Absentee Ballots in the  Fiscal Year of Claim	(a)	(b)	©
	Salaries	Benefits	Services and Supplies
	<b>218,112</b>	<b>31,581</b>	<b>397,918</b>
			(d)  Total  <b>647,611</b>
<b>Indirect Costs</b>			
(05) Indirect Cost Rate		[From ICRP]	<b>103.85%</b>
(06) Total Indirect Costs		[Line (05) x line (04)(a) or (line (05) x (line (04)(a) + line (04)(b))]	<b>259,314</b>
(07) Total Cost of Absentee Ballots in the Fiscal Year of Claim		[Line (04)(d)+line (06)]	<b>906,925</b>
(08) Cost per Absentee Ballot in the Fiscal Year of Claim		[Line (07) / line (03)(d)]	<b>7.23</b>
(09) Number of Additional Absentee Ballot Filings		[line(03)(d)-(line (03)(b) x line (03)© + line (03)(a))]	<b>105,025</b>
(10) Total Cost of Additional Absentee Ballot Filings		[Line (08) x line (09)]	<b>759,193</b>
<b>Cost Reduction</b>			
(11) Less: Offsetting Savings, if applicable		-	
(12) Less: Other Reimbursements, if applicable		-	
(13) Total Claimed Amount		[Line (10) - (line (11) + line (12))]	<b>759,193</b>

**MANDATED COSTS  
ABSENTEE BALLOTS  
COMPONENT/ACTIVITY COST DETAIL**

(01) Claimant: **COUNTY OF SANTA CLARA** (02) Fiscal Year Costs Were Incurred: **2000-2001**

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	
PERMANENT EMPLOYEES						
BROWN, D CT Regular	\$ 20.38	10.0	\$ 203.80	\$ 66.16	s e e  a t t a c h m e n t	
Overtime	\$ 30.57	28.0	\$ 855.96	\$ 88.76		
LE, B. FLOATER Regular	\$ 26.19	298.8	\$ 7,825.57	\$ 3,310.06		
Overtime	\$ 39.29	91.1	\$ 3,578.86	\$ 371.13		
LE, N. CT Regular	\$ 16.96	48.0	\$ 814.08	\$ 439.36		
Overtime	\$ 25.44	10.0	\$ 254.40	\$ 26.38		
MARTINEZ, A CT Regular	\$ 23.72	6.0	\$ 142.32	\$ 44.30		
Overtime	\$ 35.58	16.0	\$ 569.28	\$ 59.03		
PARMANAND CT Regular	\$ 18.60	32.0	\$ 595.20	\$ 376.04		
Overtime	\$ 27.90	35.5	\$ 990.45	\$ 102.71		
SINGH, W. CT Regular	\$ 20.50	-	\$ -	\$ -		
Overtime	\$ 30.75	103.0	\$ 3,167.25	\$ 328.44		
TEFTT ABS. SPVSR. Regular	\$ 27.80	771.0	\$ 21,433.80	\$ 7,836.29		
Overtime	\$ 41.70	-	\$ -	\$ -		
OTHER MISC CT Regular	\$ 20.38	23.8	\$ 485.04	\$ 157.46		
Overtime	\$ 30.57	-	\$ -	\$ -		
<b>Sub - total</b>		<b>1,473.2</b>	<b>\$ 40,916.02</b>	<b>\$ 13,206.14</b>		
EXTRA HELP						
ADAMS CT Regular	\$ 12.82	421.0	\$ 5,397.22	\$ 559.69		
Overtime	\$ 19.23	112.7	\$ 2,167.22	\$ 224.74		
CARABAJAL OC Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53		
Overtime	\$ 18.27	7.5	\$ 137.03	\$ 14.21		
CARRASCO OC Regular	\$ 12.18	236.4	\$ 2,879.35	\$ 298.59		
Overtime	\$ 18.27	56.4	\$ 1,030.43	\$ 106.86		
CASTRO OC Regular	\$ 12.18	164.5	\$ 2,003.61	\$ 207.77		
Overtime	\$ 18.27	49.8	\$ 909.85	\$ 94.35		
CHANG G. OC Regular	\$ 12.18	351.0	\$ 4,275.18	\$ 443.34		
Overtime	\$ 18.27	88.1	\$ 1,609.59	\$ 166.91		
CHUNG OC Regular	\$ 12.18	6.0	\$ 73.08	\$ 7.58		
Overtime	\$ 18.27	12.0	\$ 219.24	\$ 22.74		
CIZNEROZ OC Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53		
Overtime	\$ 18.27	-	\$ -	\$ -		
CLARK CT Regular	\$ 12.82	9.0	\$ 115.38	\$ 11.96		
Overtime	\$ 19.23	2.5	\$ 48.08	\$ 4.95		
CUELLAR OC Regular	\$ 12.18	366.5	\$ 4,463.97	\$ 462.91		
Overtime	\$ 18.27	127.6	\$ 2,331.25	\$ 241.75		
ESPINO OC Regular	\$ 12.18	301.8	\$ 3,675.92	\$ 381.19		
Overtime	\$ 18.27	108.6	\$ 1,984.12	\$ 205.75		
FILIPPONE ACT Regular	\$ 14.44	368.0	\$ 5,313.92	\$ 551.05		
Overtime	\$ 21.66	42.5	\$ 920.55	\$ 95.46		
GAMEZ OC Regular	\$ 12.18	130.2	\$ 1,585.84	\$ 164.45		
Overtime	\$ 18.27	43.3	\$ 791.09	\$ 82.04		
GUPTA OC Regular	\$ 12.18	140.0	\$ 1,705.20	\$ 176.83		
Overtime	\$ 18.27	49.0	\$ 895.23	\$ 92.84		
HENEGBRY OC Regular	\$ 12.18	397.5	\$ 4,841.55	\$ 502.07		
Overtime	\$ 18.27	169.5	\$ 3,096.77	\$ 321.14		
HERRERA OC Regular	\$ 12.18	4.0	\$ 48.72	\$ 5.05		
Overtime	\$ 18.27	8.0	\$ 146.16	\$ 15.16		
HICKEY CT Regular	\$ 12.82	390.5	\$ 5,006.21	\$ 519.14		
Overtime	\$ 19.23	122.5	\$ 2,355.68	\$ 244.28		
<b>(05) Total [ ] Subtotal [X]</b>		<b>5,763.6</b>	<b>\$ 100,992.16</b>	<b>\$ 19,436.00</b>		



(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
JOHNSON	OC	Regular	\$ 12.18	296.5	\$ 3,611.37	\$ 374.50	
		Overtime	\$ 18.27	87.5	\$ 1,598.63	\$ 165.78	
KAHAI	OC	Regular	\$ 12.18	326.0	\$ 3,970.68	\$ 411.76	
		Overtime	\$ 1.83	52.7	\$ 962.83	\$ 99.85	
KALILOA	OC	Regular	\$ 12.18	262.9	\$ 3,202.12	\$ 332.06	
		Overtime	\$ 18.27	37.2	\$ 679.64	\$ 70.48	
KELLEY	OC	Regular	\$ 12.18	262.0	\$ 3,191.16	\$ 330.92	
		Overtime	\$ 18.27	57.9	\$ 1,057.83	\$ 109.70	
KENT	OC	Regular	\$ 12.18	320.5	\$ 3,903.69	\$ 404.81	
		Overtime	\$ 18.27	113.5	\$ 2,073.65	\$ 215.04	
KNIGHT	OC	Regular	\$ 12.18	284.5	\$ 3,465.21	\$ 359.34	
		Overtime	\$ 18.27	82.0	\$ 1,498.14	\$ 155.36	
LELAND	CT	Regular	\$ 12.82	453.0	\$ 5,807.46	\$ 602.23	
		Overtime	\$ 19.23	68.7	\$ 1,321.10	\$ 137.00	
LOPEZ	OC	Regular	\$ 12.18	50.5	\$ 615.09	\$ 63.78	
		Overtime	\$ 18.27	2.2	\$ 40.19	\$ 4.17	
MALONE	OC	Regular	\$ 12.18	67.0	\$ 816.06	\$ 84.63	
		Overtime	\$ 1.83	1.3	\$ 23.75	\$ 2.46	
MANDEL	CT	Regular	\$ 12.82	337.0	\$ 4,320.34	\$ 448.02	
		Overtime	\$ 19.23	94.3	\$ 1,813.39	\$ 188.05	
MANNING	OC	Regular	\$ 12.18	280.7	\$ 3,418.93	\$ 354.54	
		Overtime	\$ 18.27	84.8	\$ 1,549.30	\$ 160.66	
MARTINSEN	OC	Regular	\$ 12.18	59.5	\$ 724.71	\$ 75.15	
		Overtime	\$ 18.27	4.5	\$ 82.22	\$ 8.53	
MARTINSEN	OC	Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53	
		Overtime	\$ 18.27	-	\$ -	\$ -	
MCKIERNAN	OC	Regular	\$ 12.18	337.7	\$ 4,113.19	\$ 426.54	
		Overtime	\$ 18.27	131.8	\$ 2,407.99	\$ 249.71	
MOGLIOLO	OC	Regular	\$ 12.18	273.5	\$ 3,331.23	\$ 345.45	
		Overtime	\$ 18.27	75.2	\$ 1,373.90	\$ 142.47	
NAIR	OC	Regular	\$ 12.18	288.0	\$ 3,507.84	\$ 363.76	
		Overtime	\$ 18.27	144.2	\$ 2,634.53	\$ 273.20	
NAKAGAMI	OC	Regular	\$ 12.18	263.0	\$ 3,203.34	\$ 332.19	
		Overtime	\$ 18.27	137.7	\$ 2,515.78	\$ 260.89	
OJEDA	CT	Regular	\$ 12.82	10.0	\$ 128.20	\$ 13.29	
		Overtime	\$ 19.23	2.0	\$ 38.46	\$ 3.99	
PEDRAZA	OC	Regular	\$ 12.18	2.0	\$ 24.36	\$ 2.53	
		Overtime	\$ 18.27	-	\$ -	\$ -	
PIZARRO	OC	Regular	\$ 12.18	74.5	\$ 907.41	\$ 94.10	
		Overtime	\$ 18.27	0.5	\$ 9.14	\$ 0.95	
RABE	OC	Regular	\$ 12.18	360.0	\$ 4,384.80	\$ 454.70	
		Overtime	\$ 18.27	111.3	\$ 2,033.45	\$ 210.87	
REGALA	OC	Regular	\$ 12.18	229.0	\$ 2,789.22	\$ 289.24	
		Overtime	\$ 18.27	54.0	\$ 986.58	\$ 102.31	
RHINE	OC	Regular	\$ 12.18	306.0	\$ 3,727.08	\$ 386.50	
		Overtime	\$ 18.27	60.5	\$ 1,105.34	\$ 114.62	
ROSE	OC	Regular	\$ 12.18	360.3	\$ 4,388.45	\$ 455.08	
		Overtime	\$ 18.27	0.4	\$ 7.31	\$ 0.76	
SANTORO	OC	Regular	\$ 12.18	61.0	\$ 742.98	\$ 77.05	
		Overtime	\$ 18.27	4.5	\$ 82.22	\$ 8.53	
SOWDON	CT	Regular	\$ 12.82	3.0	\$ 38.46	\$ 3.99	
		Overtime	\$ 19.23	-	\$ -	\$ -	
STITES	OC	Regular	\$ 12.18	321.0	\$ 3,909.78	\$ 405.44	
		Overtime	\$ 18.27	119.5	\$ 2,183.27	\$ 226.40	
TAPIA	CT	Regular	\$ 12.82	2.0	\$ 25.64	\$ 2.66	
		Overtime	\$ 19.23	-	\$ -	\$ -	
OTHER MISC	OC	Regular	\$ 12.18	963.9	\$ 11,740.30	\$ 1,217.47	
		Overtime	\$ 18.27	274.1	\$ 5,007.81	\$ 519.31	
<b>Subtotal Extra Help</b>				<b>12,950</b>	<b>\$177,196.02</b>	<b>\$18,375.19</b>	
<b>Supplies &amp; Services (see attached schedule)</b>							<b>\$397,918</b>
<b>(05) Total [x] Subtotal [ ]</b>				<b>14,422.9</b>	<b>\$ 218,112</b>	<b>\$ 31,581</b>	<b>\$397,918</b>

**COUNTY OF SANTA CLARA  
REGISTRAR OF VOTERS  
Absentee Ballots Claim  
Schedule of Supplies & Services  
Fiscal Year 2001**

DESCRIPTION	PRICE	QUANTITY	COST	SOURCE
<b>MAINTENANCE</b>				
Mail Machine Maintenance	\$ 730.00		\$730.00	V1401001
Meter Service	\$ 157.20		\$157.20	V1401241
<b>TOTAL MAINTENANCE COST</b>			<b>\$887.20</b>	<b>V1401260</b>
				<b>\$887</b>
<b>OFFICE EXPENSE</b>				
Official Ballots	\$ 0.07	141313	\$9,891.91	V1401250,1252,1317
				<b>\$9,892</b>
<b>PROFESSIONAL SERVICES</b>				
AV Ballot Processing -Spectrum			\$96,377.65	V1401299, 1539, 1540
				<b>\$96,378</b>
<b>EQUIPMENT RENTAL</b>				
Postage Meter			\$1,381.50	V1401007, 1465
Copier			\$1,936.55	V1401351,1238,1198+1220
<b>TOTAL EQUIPMENT RENTAL</b>			<b>\$3,318.05</b>	
				<b>\$3,318</b>
<b>EXTERNAL PRINTING</b>				
SAMPLE BALLOTS	\$ 0.75	141313	\$105,894.46	V1401297, 1359, 1222
				<b>\$105,894</b>
<b>INTERNAL PRINTING</b>				
Application, Permanent	\$ 0.04	2640	\$102.14	REQ. NO.
Application, AV Ballot -white	\$ 0.02	3500	\$69.94	93901
Application, AV Ballot - pink	\$ 0.03	2000	\$50.42	75195
Abs.Delivery Inst. Eng/Chin.	\$ 0.06	10,000	\$613.72	75196
Abs.Delivery Inst. Eng/Spain.	\$ 0.04	130,000	\$5,309.44	93913
Abs.Delivery Inst. Eng/Viet.	\$ 0.06	10,000	\$607.17	93911
AVB Instructions 1/2 sheet	\$ 0.01	25,000	\$339.30	93912
Absentee - Sign Your Name	\$ 0.02	500	\$9.23	75298
AVS Batch Header	\$ 0.04	2,000	\$71.33	93903
Mail Ballot Letter	\$ 0.03	12,000	\$353.50	75194
Instruction Sheet	\$ 0.03	55,000	\$1,792.95	75197
Mailing Address Ltr-AV	\$ 0.04	2,000	\$84.21	77998
Returned Ballot Header	\$ 0.03	1,500	\$46.81	75198
Sign Return Envelope	\$ 0.13	1,400	\$180.73	93902
Blank Cards - White	\$ 0.02	1500	\$29.63	93910
Blank Cards - Green	\$ 0.02	1500	\$29.68	93904
Blank Cards - Blue	\$ 0.02	1,500	\$29.68	93906
Blank Cards - Pink	\$ 0.02	1,500	\$29.68	93905
Blank Cards - Gold	\$ 0.02	1,500	\$30.03	93907
Blank Cards - Canary	\$ 0.02	1,500	\$30.03	93908
Total Internal Printing			\$9,809.62	93909
				<b>\$9,810</b>
<b>SERVICES AND SUPPLIES-OTHER</b>				
ENV.AV1-3	\$ 0.04	12,800	\$512.00	USAGE
ENV. AV2 WHITE/BLACK (2/99) INSIDE/RETURN	\$ 0.06	6,600	\$396.00	USAGE
ENV. AV2 BLUE (12/99)	\$ 0.05	12,200	\$610.00	USAGE
ENV.AV2SV WHITE/RED 12/99	\$ 0.06	1,300	\$78.00	USAGE
ENV. AV3 LG.- Yellow/Black (12/99)	\$ 0.13	6,000	\$780.00	USAGE
ENV. AV3SV3 LG. Yellow/Red	\$ 0.11	1,300	\$143.00	USAGE
STYLUS, AVB (Q PUNCHES) (Specialties Distributing)	\$ 0.01	200,000	\$2,708.00	USAGE
TONER, HP LASER JET 5SI ENV PRINTER (Office Depot)	\$ 110.33	2	\$220.66	USAGE
INKJET Cartridge (Office Depot)	\$ 31.77	2	\$63.54	USAGE
INK, METER MACHINE, OZ (100 GMS = 3.53 OZ)	\$ 1.66	4 oz	\$6.24	USAGE
INK, METER MACHINE, ROLL (Triforce Solutions, Inc)	\$ 21.38	1	\$21.38	USAGE
STRIP LABEL, POSTAL TAPE (1000EA/PK) 10 PK/BC	\$ 0.00	12,500	\$32.13	USAGE
ENV#9 RETRN W/O POSTAGE, W/ROVE ret add Inco	\$ 0.04	1,640	\$65.60	USAGE
ENV #10 WINDOW, w/ROV print	\$ 0.02	1,565	\$31.30	USAGE
ENV RV1-W 5 3/4 X 9 w/ROV ret add-nonperm reqst	\$ 0.08	740	\$59.20	USAGE
ENV RV1-W 5 3/4 X 9 w/ROV ret add-perm.reqsts	\$ 0.08	2,640	\$211.20	USAGE
ENV A-W (12/99) 5 3/4 X 9 No Window	\$ 0.04	1,075	\$43.00	USAGE
ENV., RVRP (12/99) Ret Addr 5 3/4 x 8 3/4 (Perm App)	\$ 0.05	2,640	\$132.00	USAGE
ENV. 6-1/2 x 9-1/2 KRAFT, clasp, plain (Vanguard Print)	\$ 0.05	2,250	\$116.91	USAGE
ENV., WRITE-IN/DUP#10	\$ 0.10	150	\$15.00	USAGE
BLANK POSTCARDS (Perm AV prenotice) 3x5 contin.	\$ 0.02	8,800	\$176.00	USAGE
POSTCARDS (Mail ballot prenotice) 3x5 continuous db	\$ 0.02	9,000	\$180.00	USAGE
STORAGE BOX, 10X11X15 1/4	\$ 16.70	30	\$501.00	USAGE
FILE BOX, OXFORD (Stock #13)	\$ 15.97	85	\$1,357.45	USAGE
ENV. SURRENDERED ABSENTEE (Vanguard Printing)	\$ 0.06	2,250	\$129.90	V1401261
ABSENTEE BALLOT BOXES (Madrigal Printing)	\$ 4.13	1,500	\$6,191.05	V1401356
OFFSET LABELS, 1/2 X 14 White (Madrigal Printing)	\$ 0.49	1,500	\$729.12	V1401356
<b>TOTAL SERVICES &amp; SUPPLIES-OTHERS</b>			<b>\$15,507.67</b>	
				<b>\$15,508</b>

074

**COUNTY OF SANTA CLARA**  
**REGISTRAR OF VOTERS**  
**Absentee Ballots Claim**  
**Schedule of Supplies & Services**  
**Fiscal Year 2001**

DESCRIPTION	PRICE	QUANTITY	COST	SOURCE
ABSENTEE POSTAGE				
ABSENTEE BALLOTS MAIL LOG	\$ 1.41	14,823	\$20,832.58	ABS MAIL LOG
ABSENTEE METER LOG	\$ 0.85	8,754	\$7,438.36	ABS METER LOG
WAREHOUSE METER LOG	\$ 0.33	678	\$223.74	WAREHOUSE METER LOG
PERMIT MAILING-VOLUME PRESORTED	\$ 1.07	85,226	\$90,800.44	PERMIT MAILING REPORT
PERMIT MAILING-VOLUME UNSORTED	\$ 1.17	30,238	\$35,297.68	PERMIT MAILING REPORT
PERMIT MAILING-OVERFLOW MAIL	\$ 1.02	1,604	\$1,638.45	PERMIT MAILING REPORT
			\$156,231.25	
			\$166,231	
<b>TOTAL SUPPLIES &amp; SERVICES</b>				<b>\$397,918</b>

575

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

*TriForce Solution*  
Vendor Name (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE EFFECTIVE DATE DUE DATE  
MM UU YY MM UU YY MM UU YY

07/06/2000

DEPT [3]  
140

PAYMENT VOUCHER NUMBER [8]  
V1401001

SFX [2]	T/C [3]	INDEX [4]	RSFX [2]	MOD [1]	FAC [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB [6]	ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
01	230	5600	2311																		730.00	
<p>INVOICE # [14] 730.00</p> <p>INVOICE DESCRIPTION [30] Site Agreement 7/1/00 - 6/30/01 Maint</p>																						

SEP HDLG IND CONTRACT AUTH. # 412 7142

TOTAL AMOUNT 730.00

... VENDOR DATA ... NUMBER [10] 9142 SFX [2]

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)

NAME 2 [40] *TRIFORCE SOLUTIONS*

ADDRESS [40]

CITY [29] STATE [2] ZIP [9]

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*Madhu Raga*  
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

BY: *W. B. ...* DEPT: DATE ENTERED: 07/06/00

REGISTRAR OF VOTERS

REFERENCE PAYMENT VOUCHER

Number Amount

DEPUTY CONTROLLER

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered



**TriForce Solutions Inc.**  
 375 Meridian Av.  
 San Jose, CA 95126

Phone: (408) 278-6900  
 Fax: (408) 278-6901

BILL TO

Santa Clara County Registrar of Voters  
 Attn: TERRY MEDINA  
 PO Box 1147  
 San Jose CA 95108

SHIP TO

Santa Clara County Registrar of Voters  
 Attn: SUE TEFFT  
 1553 Berger Dr Bldg 2  
 San Jose CA 95112

*6-29-2000  
 MADHUK,  
 DO YOU KNOW WHAT THIS IS  
 AND WHY IT'S IN MY ATTENTION?  
 Terry*

# Invoice

DATE	INVOICE #
6/27/2000	2579

P.O. NUMBER	TERMS	REP	DUE DATE	SHIP	VIA	F.O.B.
PR1792	Due on receipt	JD	6/27/2000	6/27/2000		S.P.

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	Serv. Con.	Service Agreement FROM 7/1/00 TO 6/30/01  EQUIP COVERED: SEE ENCLOSED LIST Sales Tax	730.00  8.25%	730.00  0.00

**PLEASE RETURN ONE COPY WITH YOUR PAYMENT**

We appreciate your prompt payment.

**Total \$730.00**

TRIFORCE Solutions, Inc

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

DAF - POI

Vendor Name (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE EFFECTIVE DATE DUE DATE  
MM DD YY MM DD YY MM DD YY  
11/01/2000

DEPT (3)  
140

PAYMENT VOUCHER NUMBER (8)  
V140/2-68

SFX [2] [3] [4] INDEX [4] ESBJ [4] [2] ED [2] [2] FUND [4] [2] FD [2] [2] RSBJ [4] [4] RD [2] [2] GLA [4] [4] ACCT [6] [6] PROJECT [6] [6] PPH [2] [2] GRANT [6] [6] GPH [2] [2] TASK [4] [4] AMOUNT [13] [13] R [1] [1]  
REF DOC [8] RSFX MOD [2] [2] FAC [4] [4] LOC [6] [6] CRC [4] [4] C1 [1] [1] DMI [1] [1] F/O [1] [1] MPC [10] [10] INVOICE DESCRIPTION [30] [30] INVOICE # [14] [14]

01 230 5600 2211 Postage, machine Service 157.20 2869

Table with 14 columns: SFX, INDEX, ESBJ, ED, FUND, FD, RSBJ, RD, GLA, ACCT, PROJECT, PPH, GRANT, GPH, TASK, AMOUNT, R. Multiple rows for item details.

TOTAL AMOUNT 157.20

VENDOR DATA (10) NUMBER 9142 SFX (2) [2]  
NAME 1 (40) (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)  
NAME 2 (40) TRIFORCE Solution, Inc  
ADDRESS (40)  
CITY (29) STATE (2) ZIP (9)

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.  
Madhuv Kalye

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

REFERENCE PAYMENT VOUCHER  
Number Amount

BY: DEPT: DATE ENTERED:

W. King REGISTRAR OF VOTERS 11/01/00

CLAIMANT

DEPUTY CONTROLLER

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

# Invoice



**TriForce Solutions Inc.**  
 375 Meridian Av.  
 San Jose, CA 95126

Phone: (408) 278-6900  
 Fax: (408) 278-6901

DATE	INVOICE #
9/20/2000	2869

**BILL TO**

Santa Clara County Registrar of Voters  
 Attn: TERRY MEDINA  
 PO Box 1147  
 San Jose CA 95108

**SHIP TO**

Santa Clara County Registrar of Voters  
 Attn: SUE TEFFT  
 1553 Berger Dr Bidg 2  
 San Jose CA 95112

P.O. NUMBER	TERMS	REP	DUE DATE	SHIP	VIA	F.O.B.
V1401161	Due on receipt	JD	9/20/2000	9/20/2000	Delivered	S.P.

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	Labor	Labor: SEE ENCLOSED SERVICE ORDER	125.00	125.00
1	41607115	Brush	29.75	29.75
		Sales Tax	8.25%	2.45
<p><i>OK to pay                      (New postage machine)                      Sue</i></p>				
<p><b>PLEASE RETURN ONE COPY WITH YOUR PAYMENT</b></p>				
We appreciate your prompt payment.			<b>Total</b>	<b>\$157.20</b>







# ELECTION SYSTEMS & SOFTWARE, INC.

P.O. Box 3480  
 Omaha, NE 68103-0480  
 (800) 247-8683

NUMBER: 440749

PAGE: 1

DATE: 09/30/00

**SOLD TO:** SANTA CLARA COUNTY, CALIFORNIA  
 REGISTRAR OF VOTERS, MS. SUE T  
 1553 BERGER DRIVE  
 SAN JOSE, CA 95108

**SHIP TO:** SANTA CLARA COUNTY, CALIFORNIA  
 REGISTRAR OF VOTERS, MS. SUE T  
 1553 BERGER DRIVE  
 SAN JOSE, CA 95108

124

ACCOUNT #	CUSTOMER PO #	TERMS
110221	LETTER, 10/7/00	NET 30 DAYS

ORDER #	ORDER ENTERED BY
0535991	TAMI MADRIP

INQUIRIES: Addison (800) 800-0362  
 SHIPPED VIA: UPS GROUND

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
834,550	NOVEMBER 7, 2000 ELECTION 312 15-7/8", WHITE PER ATTACHED SPECS.	.0574	000.00	47,903.17
1	IMPRINT PLATE CHARGE	80.0000	000.00	80.00
375	CHANGE CHARGE - BALLOT STYLE	3.9500	000.00	1,481.25
1,139	CHANGE CHARGE - PRECINCT #'S	3.5000	000.00	3,986.50
1	SETUP CHARGE	200.0000	000.00	200.00
1	Discount - Freight	1,462.2400-	000.00	1,462.24-
	CALIFORNIA STATE TAX			3,889.69
	SANTA CLARA CO SALES TAX, CA			536.51
				.00
	SHIPPING & HANDLING:			1,462.24
	TOTAL AMOUNT DUE			50,077.12

*Election Systems & Software, Inc*

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

DAF - POI

Vendor Name  
(Last Name, First, M.L., or Firm Name)

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
10/27/2000		

MM DD YY      MM DD YY      MM DD YY

DEPT [3]	PAYMENT VOUCHER NUMBER [8]
140	V140 1252

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	LB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]						
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [1]	DMI [1]	FIO [1]	INVOICE DESCRIPTION [30]																
01	Z30	5605	2301										Dund/ Test ballot												
																		6,426.23							
																		442757							

\*\*\* VENDOR DATA \*\*\*

NUMBER [10]	71894	SFX [2]	
NAME 1 [40]	(Last Name, First, M.L., or Firm Name - Must Match With Vendor Table)		
NAME 2 [40]	<i>Election system &amp; software, Inc.</i>		
ADDRESS [40]		STATE [2]	ZIP [9]
	CITY [29]		

SEP HDLG IND	CONTRACT AUTH. #
	B2

DIRECT PAY AUTH. CODE

TOTAL AMOUNT	1,426.23
--------------	----------

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*M. Adams* APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 259-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER	CLAIMANT
BY:	

BY: DEPT: DATE ENTERED:

*M. Adams* REGISTRAR OF VOTERS 10/27/00

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record/increase accounts payable for a revenue refund - budgetary funds

834-10



**ELECTION SYSTEMS & SOFTWARE, INC.**

**P.O. Box 3480  
Omaha, NE 68103-0480  
(800) 247-8683**

NUMBER: 442757

PAGE # 1

DATE: 10/19/00

SOLD TO:

SANTA CLARA COUNTY, CALIFORNIA  
REGISTRAR OF VOTERS, AL SALCED  
1553 BERGER DRIVE  
SAN JOSE, CA 95112

SHIP TO:

SANTA CLARA COUNTY, CALIFORNIA  
REGISTRAR OF VOTERS, AL SALCED  
1553 BERGER DRIVE  
SAN JOSE, CA 95112

124

ACCOUNT # CUSTOMER P.O.# TERMS

110221

VERBAL

NET 30 DAYS

ORDER # ORDER ENTERED BY: JAMI MOORE

0540233

INQUIRIES: Addison (800) 800-0362  
SHIPPED VIA: BEST WAY - SURF

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
20,000	312 15-7/8" DEMO GOLD, ENG/SPAN, STAPLED, 50'	.0515	000.00	1,030.00
	CALIFORNIA STATE TAX			74.68
	SANTA CLARA CO SALES TAX, CA			10.30
	SHIPPING & HANDLING:			.00
	TOTAL AMOUNT DUE			311.25
				1,426.23

*Election systems & software, Inc*  
(Last Name, First, M.L., or Firm Name)

DOCUMENT DATE MM DD YY	EFFECTIVE DATE MM DD YY	DUE DATE MM DD YY
11/30/2000		

DEPT [3] 140	PAYMENT VOUCHER NUMBER [8] V1401317
-----------------	--

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [5]	PROJECT [5]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [5]	MPC [10]	DM1 [1]	F/O [1]	INVOICE DESCRIPTION [30]	INVOICE # 1333.49											
01	230	5605	2301						TEST BALLOTS											


SEP HDLGS IND	CONTRACT AUTH. #	TOTAL AMOUNT
		1,333.49

*** VENDOR DATA ***	NUMBER [10]	71894	SFX [2]
NAME 1 [40] <small>(Last Name, First, M.L., or Firm Name - Must Match With Vendor Table)</small>			
<i>Election Systems &amp; Software, Inc</i>			
NAME 2 [40]			
ADDRESS [40]			
CITY [29]	STATE [2]	ZIP [9]	

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*Madhu Bagla*

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

REFERENCE PAYMENT VOUCHER Number	Amount

BY: \_\_\_\_\_ DEPUTY CONTROLLER

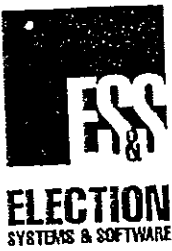
BY: \_\_\_\_\_ DEPT: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ CLAIMANT

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

050-12

*Madhu Bagla* REGISTRAR OF VOTERS 12/01/02



# ELECTION SYSTEMS & SOFTWARE, INC.

**P.O. Box 3480**  
**Omaha, NE 68103-0480**  
**(800) 247-8683**

NUMBER: 444949

PAGE #: 1

DATE: 10/31/00

**SOLD TO:**

SANTA CLARA COUNTY, CALIFORNIA  
 REGISTRAR OF VOTERS, ATTN: SUE  
 1555 BERGER DRIVE  
 SAN JOSE, CA 95108

**SHIP TO:**

SANTA CLARA COUNTY, CALIFORNIA  
 REGISTRAR OF VOTERS, ATTN: SUE  
 1555 BERGER DRIVE  
 SAN JOSE, CA 95108

124

ACCOUNT #	CUSTOMER PO #	TERMS
110221	LETTER	NET 30 DAYS

ORDER #	ORDER ENTERED BY:
0541847	JAMI MOORE

INQUIRIES: Addison (800) 800-0362  
 SHIPPED VIA: Best Way - Air

QUANTITY	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
10,900	NOVEMBER 7, 2000 312 15-7/8" WHITE SANTA CLARA COUNTY STYLE	.0574	000.00	625.66
16	CHANGE CHARGE - BALLOT STYL	3.9500	000.00	63.20
1	SET UP CHARGE	200.0000	000.00	200.00
	CALIFORNIA STATE TAX			49.94
	SANTA CLARA CO SALES TAX, CA			6.89
	SHIPPING & HANDLING:			.00
	TOTAL AMOUNT DUE			387.80
				1,333.49

*Received on 10/19/00  
 a- Sales - 11/29/00*

Approved for Payment

By \_\_\_\_\_

Date \_\_\_\_\_

SPECTRUM LTD

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

DEPT 131  
140  
PAYMENT VOUCHER NUMBER 91  
V1401299

Vendor Name (Last Name, First, MI, or Firm Name)  
DOCUMENT DATE 11/15/2000  
EFFECTIVE DATE  
DUE DATE  
MM DU YY MM DU YY MM DU YY

SFX	T/C	INDEX	ESBU	ED	FABC	PCA	FUND	FD	RSBU	RD	GLA	IB	ACCT	PROJECT	PPH	GRANT	GPH	TASK	AMOUNT	R
[2]	[3]	[4]	[4]	[2]	[3]	[5]	[4]	[2]	[4]	[2]	[4]	[5]	[6]	[2]	[5]	[2]	[2]	[4]	[13]	[1]
REF DOC		RSFX	MOD	FAC	LOC		CRC	CI	MPC		DMI	F/O		INVOICE DESCRIPTION					INVOICE #	
[2]	[1]	[2]	[1]	[4]	[6]		[4]	[1]	[10]		[1]	[1]		[30]					[11]	
01		130	5605	2585										Ballot Folding					4,214.26	
																			06910	

NUMBER	SFX	SEP HDLG	CONTRACT AUTH. #	TOTAL AMOUNT
[10]	[2]	IND		
55154				4214.26

... VENDOR DATA ...  
NAME 1 (40) (Last Name, First, MI, or Firm Name - Must Match With Vendor Table)

SPECTRUM LTD

NAME 2 (40)

ADDRESS (40)

CITY (29)

STATE (2)

ZIP (9)

SEP HDLG

IND

CONTRACT AUTH. #

DIRECT PAY

AUTH. CODE

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

APPROVAL FOR PAYMENT

*William Kelle*

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT  
SUBJECT TO THE AVAILABILITY OF FUNDS.

BY: \_\_\_\_\_  
DEPUTY CONTROLLER

REFERENCE PAYMENT VOUCHER	AMOUNT
Number	

CLAIMANT

BY: \_\_\_\_\_  
DEPT: \_\_\_\_\_  
DATE ENTERED: \_\_\_\_\_

REGISTRAR OF VOTERS  
*William Kelle*

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

042-10

# PECTRUM LTD.

Invoice  
Duplicate

September 25, 2000

No: OE410

To: Santa Clara Elections  
P.O. Box 1147  
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For: Ballot Folding	\$3,929.38
Sales Tax @ .0725	\$284.88

**Invoice Amount:** \$4,214.26

Terms: Net Due Upon Receipt

6920 220th Street SW, Suite 206 • Mountlake Terrace, WA 98043-2172  
Phone: (425)778-1987 • Fax: (425)712-0424 • <http://www.spectrumltd.com>

DAF - POI

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

**SPECTRUM LTD**

Vendor Name (Last Name, First, M.I., or Firm Name) DUE DATE  
EFFECTIVE DATE

DEPT [3] PAYMENT VOUCHER NUMBER [8]  
140 V1401539

DOCUMENT DATE MM UU YY MM UU YY MM UU YY  
02/28/2001

AMOUNT [13] R [1]  
INVOICE # [14] 78,039.87

SFX [2] T/C [3] INDEX [4] ESBJ [4] ED [2] FABC [3] PCA [5] FUND [4] FD [2] RSBJ [4] RD [2] GLA [4] UB [5] ACCT [5] PROJECT [6] PPH [2] GRANT [6] GPH [2] TASK [4]

INVOICE # [14] 78,039.87

REF DOC [8] RSFX [2] MOD [1] FAC [4] LOC [6] CRC [4] CI [1] 0001

INVOICE # [14] 78,039.87

01 233 5605 12991

INVOICE # [14] 78,039.87

C99398 01.F

INVOICE # [14] 78,039.87

INVOICE # [14] 78,039.87

INVOICE # [14] 78,039.87

INVOICE # [14] 78,039.87

\*\*\* VENDOR DATA \*\*\*  
NUMBER [10] 55154

TOTAL AMOUNT 78,039.87

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)  
SPECTRUM LTD

CONTRACT AUTH. #

NAME 2 [40] ADDRESS [40]

SEF HOLG SEP IND DIRECT PAY AUTH. CODE

CITY [29] STATE [2] ZIP [9]

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

REFERENCE PAYMENT VOUCHER Number Amount

APPROVAL FOR PAYMENT

DEPUTY CONTROLLER

BY: DATE ENTERED: 02/28/01

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

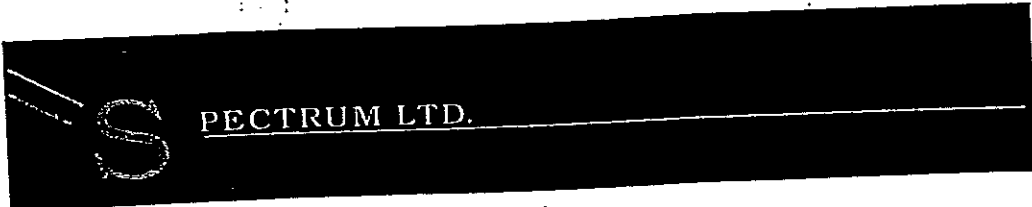
FREQUENTLY USED TRANSACTION CODES

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

230 - Record/increase accounts payable not previously encumbered - budgetary funds only  
231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only  
232 - Record/increase accounts payable previously encumbered

REGISTRAR OF VOTERS





**Invoice  
Duplicate**

November 8, 2000

No: 30430

To: Santa Clara Elections  
P.O. Box 1147  
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For: Absentee Process for November 7, 2000 Election

Absentees processed and mailed as of 11/7/00		126,183
Outgoing Process	0.40	\$50,473.20
Incoming Process	0.25	\$31,545.75
Election Definition Setup		\$2,500.00
Subtotal		\$84,518.95
Sales Tax @ 0.0825		\$6,972.81
In-House Labor (Credit)		(\$13,451.89)
		<b>\$78,039.87</b>

**Invoice Amount:**

Terms: Net Due Upon Receipt

DAF - PO1

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

DEPT [3] 140 PAYMENT VOUCHER NUMBER [8] V140 1540

AMOUNT [3] R [1]

GPH [2] TASK [4]

PROJECT [5] PPH [2] GRANT [6] INVOICE # [14]

GLA [4] ACCT [8] DMI [1] F/O [11]

RSBJ [4] RD [2] MFC [10]

FD [2] FUND [4] PCA [9] FUND [4] MM DD YY

ED [2] FABC [3] RSFX MOD [2] FAC [4] LOC [6] MM DD YY

T/C [3] INDEX [4] RSFX MOD [2] FAC [4] LOC [6] MM DD YY

INVOICE # [14] 14, 123.52

INVOICE DESCRIPTION [30] DE 410B

Cards with Stylus

0001

01 230 5605 2320

NUMBER [10] 55154

SFX [2] 2

SEP HDLG [1] IND [1]

TOTAL AMOUNT 14, 123.52

CONTRACT AUTH. #

DIRECT PAY AUTH. CODE: B2

CITY [29]

STATE [2] ZIP [9]

DEPT: DATE ENTERED:

REGISTRAR OF VOTERS 02/29/01

BY: *William*

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

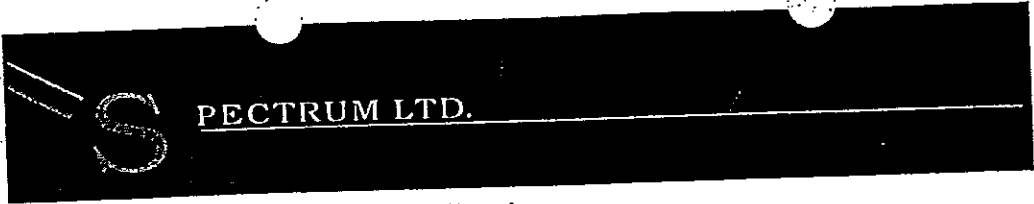
APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT

APPROVAL FOR PAYMENT



**Invoice**

September 25, 2000

No: OE410b

To: Santa Clara Elections  
P.O. Box 1147  
San Jose, CA 95108

Ref: Authorization from Kathryn Ferguson

For: Cards with Stylus

English/Spanish	185,000
English/Vietnamese	8,500
English/Chinese	6,500
	<hr/>
	200,000

Rate: 0.08 \$16,000.00

Credit for Stylus Supplied (\$2,706.00)

Subtotal \$13,294.00

Freight \$829.52

**Invoice Amount: \$14,123.52**

Terms: Net Due Upon Receipt

DAF - PO1

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

Ascom Hasler Mailing System, Inc  
(Last Name, First, M.I., or Firm Name)

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
07/18/2000		

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]	

REF DOC [8]	RSFX MOD [2]	MOD [1]	FAC [4]	LOC [6]	CRCI [4]	CI [1]	MPC [10]	FIO [1]	INVOICE DESCRIPTION [30]	INVOICE # [14]
01	230	5600	2451						mt rental 07/01-06/30/01, 209229	819.58

02	230	5600	2451						mt rental 07/01-06/30/01, 431869	343974
----	-----	------	------	--	--	--	--	--	----------------------------------	--------

03	230	5600	2451						Reverse late charges	343975.74
----	-----	------	------	--	--	--	--	--	----------------------	-----------

04	230	5600	2451						Reverse sales tax	50.49
----	-----	------	------	--	--	--	--	--	-------------------	-------

										10.00	R
--	--	--	--	--	--	--	--	--	--	-------	---

										62.08	R
--	--	--	--	--	--	--	--	--	--	-------	---

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
		1487.07

SEP HDLG IND

DIRECT PAY AUTH. CODE

NUMBER [10] 40833

NAME 1 [40] (Last Name, First, M. I., or Firm Name - Must Match With Vendor Table)  
Ascom Hasler Mailing System, Inc

NAME 2 [40]

ADDRESS [40]

CITY [29] STATE [2] ZIP [9]

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

DEPT [3] 140

PAYMENT VOUCHER NUMBER [8] V140 1007

APPROVAL FOR PAYMENT

BY: [Signature]

DEPT: DATE ENTERED: 07/18/00

REGISTRAR OF VOTERS

CLAIMANT

DEPUTY CONTROLLER

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

232 - Record an account payable for a revenue related budgetary funds

233 - Record an account payable for a revenue related budgetary funds

D:\STARS\FRM\pvgreen.123



# ascom

Now you've got a better choice.

Assoc. Hasler Mailing Systems, Inc.  
19 Forest Parkway, Shelton, Connecticut 06484-0903  
Tel: (203) 926-1087 Fax: (203) 926-9528  
Federal I.D. No: 06-0798198

# Invoice

Meter Installation Address: SANTA CLARA COUNTY REGISTER OF VOTERS  
1555 BERGER DR BLDG 2  
SAN JOSE, CA 951122704

Invoice Date: 6/02/2000

Invoice No: 343974

Mailer Account No: 98011-001

Purchase Order: 1793

Acct Representative: GOVT CUSTOMER SER

Telephone No: 203-926-1087

Customer-License No: 5015352385

**INFO:**

Billing Address: 0007258 AB \*\*AUTO T9 0 6046 95108



ATTENTION : ACCOUNTS PAYABLE  
SANTA CLARA COUNTY  
REGISTRAR OF VOTERS  
PO BOX 1147  
SAN JOSE, CA 95108-1147

MODEL 16463                      BASE 335                      S/N                      431869  
METER RENTAL: 07/01/2000 - 06/30/2001 @ 51.00 FOR 12 MO(S)                      612.00

TAX                      50.49  
TOTAL                      662.49  
METER RENTAL

NET 30 DAYS FROM INVOICE DATE.

LATE CHARGE: IF PAYMENT RECEIVED AFTER 7/02/2000                      667.49

For service and supplies please call  
Dealer name: TRIFORCE SOLUTIONS, INC.                      Dealer phone number: 408-278-6900

# ascom

ATTENTION : ACCOUNTS PAYABLE  
SANTA CLARA COUNTY  
REGISTRAR OF VOTERS  
PO BOX 1147  
SAN JOSE, CA 95108-1147

## Return Portion

Mailer Account No: 98011-001  
Invoice No: 343974  
Invoice Amt Due: 662.49  
Invoice Due Date: 7/02/2000

Indicate Amount Paid

Please Remit To:

**Ascom Hasler Mailing Systems, Inc.**  
P.O. Box 895  
Shelton, Connecticut 06484-0895

If you wish to pay by credit card indicate card type and write number and signature below.  MasterCard  Visa

Credit Card No.

Exp. Date  Signature



DAF - PO1

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

Ascom Hasler Mailing System, Inc  
(Last Name, First, M.I., or Firm Name)

PAYMENT VOUCHER NUMBER [8]  
V1401465

DEPT [3]  
140

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
MM DD YY	MM DD YY	MM DD YY
01/12/2001		

SFX [2]	T/C [3]	INDEX [4]	ESBU [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBU [4]	RD [2]	GLA I/B ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [1]	MPC [10]	F/O [1]	DM [1]	F/O [1]	INVOICE DESCRIPTION [30]		INVOICE # [14]		17.00			
01	230	5600	2301								Reset on Mr Ter # 64280TMS		651849					

TOTAL AMOUNT  
17.00

... VENDOR DATA ...  
 NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)  
 Ascom Hasler mailing system, Inc  
 NAME 2 [40]

SEP HDLG IND  
 CONTRACT AUTH. #  
 DIRECT PAY AUTH. CODE  
 B2

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*Madhu Kogde*  
APPROVAL FOR PAYMENT

ADDRESS [40]

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

REFERENCE PAYMENT VOUCHER	Amount
Number	

CLAIMANT

BY: DATE ENTERED:

*W.Kogde* REGISTRAR OF VOTERS 01/12/01

DEPUTY CONTROLLER

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered

066-14

**ascom**

Now you've got a better choice.

Ascom Hasler Mailing Systems, Inc.  
19 Forest Parkway, Shelton, Connecticut 06484-0903  
Tel: (203) 926-1087 Fax: (203) 926-9528  
Federal I.D. No: 06-0798198

# Invoice

Customer Name: ELAINE LARSON  
Registration Station: REGISTRAR OF VOTERS  
Address: 1555 BERGER DR  
SAN JOSE, CA 951122704

Invoice Date: 12/31/2000

Invoice No: 651849

Mailer Account No: 215753-001

Purchase Order: 2962301

Acct Representative: GOVT CUSTOMER SER

Telephone No: 203-926-1087

Customer License No: 5027887043

Billing Address: B01407161 S00404970  
0008845 AB \*\*AUTO T7 0 8022 95108

ATTENTION : ACCOUNTS PAYABLE  
SANTA CLARA COUNTY  
REGISTRAR OF VOTERS  
PO BOX 1147  
SAN JOSE, CA 95108-1147

MODEL	BASE	S/N	
MODEL 6428OTMS	BASE 335	709229	
2 RESET(S) FROM 10/14/2000 - 12/05/1900		8.50	17.00
RESET: 10/14/00 12/05/00			

Approved for Payment

By \_\_\_\_\_

Date \_\_\_\_\_

TOTAL 17.00

QUARTERLY BILLING-TMS RESET(S)

LATE CHARGE: IF PAYMENT RECEIVED AFTER 1/30/2001 22.00

For service and supplies please call

Dealer name: TRIFORCE SOLUTIONS, INC.

Dealer phone number: 408-278-6900

## Return Portion

B01407161 S00404970

Mailer Account No: 215753-001

Invoice No: 651849

Invoice Amt Due: 17.00

Invoice Due Date: 1/30/2001

Indicate Amount Paid

17.00

Please Remit To:

Ascom Hasler Mailing Systems, Inc.

P.O. Box 895

Shelton, Connecticut 06484-0895

**ascom**

ATTENTION : ACCOUNTS PAYABLE  
SANTA CLARA COUNTY  
REGISTRAR OF VOTERS  
PO BOX 1147  
SAN JOSE, CA 95108-1147

If you wish to pay by credit card indicate card type and write number and signature below.  MasterCard  Visa

Credit Card No.

\_\_\_\_\_

Signature

Exp. Date

\_\_\_\_

096





DEPT (3) **140** PAYMENT VOUCHER NUMBER (8) **V140 1351**

DOCUMENT DATE MM UU YY	EFFECTIVE DATE MM UU YY	DUE DATE MM UU YY	SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRCI [4]	CI [1]	MPC [10]	DMI [1]	FIO [1]	INVOICE DESCRIPTION [30]	INVOICE # [14]											
01	230	5600	2451							10/5 - 11/20											263.31	
																					156722	
										10/13 - 11/8											345.75	
																					156366	
										10/6 - 11/8											899.08	
																					156370	

.... VENDOR DATA .... NUMBER [10] **50654** SFX [2] **908.14**

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table) **PACC - Hayward, CA**

NAME 2 [40] **PACC - Hayward, CA**

ADDRESS [40] **APPROVAL FOR PAYMENT**

SEP HDLGS IND **4456871** CONTRACT AUTH. # **908.14**

TOTAL AMOUNT **908.14**

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*Madhu Raga*

APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPT: BY: DATE ENTERED: **12/04/00**

REGISTRAR OF VOTERS **12/04/00**

DEPUTY CONTROLLER

REFERENCE PAYMENT VOUCHER Number Amount

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

233 - Record/increase accounts payable previously encumbered

234 - Record an accounts payable for a revenue refund - budgetary funds

**Panasonic**

DOCUMENT SYSTEMS COMPANY  
 Unit of Matsushita Electric Corporation of America  
 1510 South Lewis Street  
 Anaheim, CA 92805  
 TEL (714) 959-2500  
 FAX (714) 959-2523  
 SVS (714) 959-2500

INVOICE NO.

11/30/00  
 INVOICE DATE

BILL REGISTRATION UNIT  
 48-5 M-F  
 1555 BERGER DRIVE BLDG 2  
 SAN JOSE CA 95112

TERMS: NET 10 DAYS  
 FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO. ID#	LEASE ID.	REPRESENTATIVE	PROG. TYPE
SF 6547	F7742 61EKE662337	SF SK244		IDM DI
DATE 10/05/00	PREVIOUS METER 121113	DATE 11/26/00		CURRENT METER 128901
INVOICE PERIOD 11/26/00		TO 2/26/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
7788	60PEZZ	RENTAL EXCESS INCOME	263.31	
		VENDOR # RENTAL EXCESS		
TOTAL DUE			263.31	

BILL REGISTRATION UNIT  
 1555 BERGER DRIVE BLDG 2  
 SAN JOSE CA 95112

PACC - HAYWARD, CA  
 P.O. BOX 100044  
 PASADENA CA 91189

REMIT TO

COMMENTS MONTHLY COPIER RENTAL; INCL LABOR  
 PARTS & TONER; EXCLUDES PAPER  
 PRICE/COPY .03381

PLEASE PAY FROM THIS INVOICE  
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
 ALLOWED BY LAW.

LA 2900

**Panasonic**

DOCUMENT SYSTEMS COMPANY  
 Unit of Matsushita Electric Corporation of America  
 1510 South Lewis Street  
 Anaheim, CA 92805  
 TEL (714) 989-2500  
 FAX (714) 989-2525  
 SVS (714) 989-2500

LO SCL-REGISTRAR OF VOTERS  
 C AL 408/299-4008  
 T 1555 BERGER DRIVE  
 O SAN JOSE CA 95126  
 N PD # 1555 BERGER DRIVE REPRESENTATIVE

136356,  
 INVOICE DATE 11/29/00  
 TERMS: NET 10 DAYS  
 FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO.	IDM	DI
SF8066	F7750 CHEK.F312246 SF		
DATE 10/13/00	PREVIOUS METER 512214	DATE 11/08/00	CURRENT METER 517090
INVOICE PERIOD 11/08/00		TO 12/08/00	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT
4876	6CPEZZ	RENTAL EXCESS INCOME	40.88
1	6CPBZZ	VENDOR # RENTAL EXCESS	301.87
		VENDOR # RENTAL	
TOTAL DUE			345.75

REMITTANCE TO  
 B ACCOUNTS PAYABLE  
 L SCL-REGISTRAR OF VOTERS  
 P O BOX 1147  
 T SAN JOSE CA 95108  
 O

PACC - HAYWARD, CA  
 P.O. BOX 100044  
 PASADENA CA 91189

PLEASE PAY FROM THIS INVOICE  
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
 ALLOWED BY LAW.

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR  
 PARTS & TUNER, EXCLUDES PAPER  
 PRICE/COPY .00300

LA 2800

**Panasonic**

DOCUMENT SYSTEMS COMPANY  
 Unit of Matsushita Electric Corporation of America  
 1510 South Lewis Street  
 Anaheim, CA 92805  
 TEL (714) 959-2500  
 FAX (714) 959-2505  
 SVS (714) 959-2500

INVOICE NO.

196570  
 INVOICE DATE

LAL SALDEDO  
 OCC-REGISTRAR OF VOTERS  
 CA 299-4008  
 T 1553 BERGER DR  
 O SAN JOSE CA 95126  
 N PG 1 LEASE 1525 INDX 5 REPRESENTATIVE

11/29/00  
 TERMS: NET 10 DAYS  
 FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO. ID#	PROG. TYPE	IDM	DI
SF8105	F7750 HHEKF313188 SF			
DATE 10/06/00	PREVIOUS METER 184596	DATE 11/08/00	CURRENT METER	192700
INVOICE PERIOD 11/08/00	TO 2/08/00			
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	6CPEZZ	VENDOR # RENTAL	225.60	
8164	6CPEZZ	RENTAL EXCESS INCOME	73.48	
		VENDOR # RENTAL EXCESS		
TOTAL DUE			299.08	

B ACCOUNTS PAYABLE  
 L SCC-REGISTRAR OF VOTERS  
 L P O BOX 1147  
 T SAN JOSE CA 95108  
 O

PAGE - HAYWARD, CA  
 P.O. BOX 100044  
 PASADENA CA 91189

COMMENTS MONTHLY LOPIER RENTAL, INCL LABOR  
 PARTS & TUNER, EXCLUDES PAPER  
 PRICING/COPY .00900

PLEASE PAY FROM THIS INVOICE  
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
 ALLOWED BY LAW.

LA 2900

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

*FANASONIC Office Automation*  
Vendor Name (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE: 10/25/2000  
EFFECTIVE DATE: MM DD YY  
DUE DATE: MM DD YY

SFX [2] [3] [4] INDEX [4] ESBJ [4] [1] [2] [3] [4] ED [2] [3] [4] FABC [3] [4] [5] [6] PCA [5] [6] FUND [4] [5] [6] [7] FD [2] [3] [4] [5] RSBJ [4] [5] [6] [7] [8] FID [2] [3] [4] [5] [6] [7] [8] GLA [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60] [61] [62] [63] [64] [65] [66] [67] [68] [69] [70] [71] [72] [73] [74] [75] [76] [77] [78] [79] [80] [81] [82] [83] [84] [85] [86] [87] [88] [89] [90] [91] [92] [93] [94] [95] [96] [97] [98] [99] [100] [101] [102] [103] [104] [105] [106] [107] [108] [109] [110] [111] [112] [113] [114] [115] [116] [117] [118] [119] [120] [121] [122] [123] [124] [125] [126] [127] [128] [129] [130] [131] [132] [133] [134] [135] [136] [137] [138] [139] [140] [141] [142] [143] [144] [145] [146] [147] [148] [149] [150] [151] [152] [153] [154] [155] [156] [157] [158] [159] [160] [161] [162] [163] [164] [165] [166] [167] [168] [169] [170] [171] [172] [173] [174] [175] [176] [177] [178] [179] [180] [181] [182] [183] [184] [185] [186] [187] [188] [189] [190] [191] [192] [193] [194] [195] [196] [197] [198] [199] [200] [201] [202] [203] [204] [205] [206] [207] [208] [209] [210] [211] [212] [213] [214] [215] [216] [217] [218] [219] [220] [221] [222] [223] [224] [225] [226] [227] [228] [229] [230] [231] [232] [233] [234] [235] [236] [237] [238] [239] [240] [241] [242] [243] [244] [245] [246] [247] [248] [249] [250] [251] [252] [253] [254] [255] [256] [257] [258] [259] [260] [261] [262] [263] [264] [265] [266] [267] [268] [269] [270] [271] [272] [273] [274] [275] [276] [277] [278] [279] [280] [281] [282] [283] [284] [285] [286] [287] [288] [289] [290] [291] [292] [293] [294] [295] [296] [297] [298] [299] [300] [301] [302] [303] [304] [305] [306] [307] [308] [309] [310] [311] [312] [313] [314] [315] [316] [317] [318] [319] [320] [321] [322] [323] [324] [325] [326] [327] [328] [329] [330] [331] [332] [333] [334] [335] [336] [337] [338] [339] [340] [341] [342] [343] [344] [345] [346] [347] [348] [349] [350] [351] [352] [353] [354] [355] [356] [357] [358] [359] [360] [361] [362] [363] [364] [365] [366] [367] [368] [369] [370] [371] [372] [373] [374] [375] [376] [377] [378] [379] [380] [381] [382] [383] [384] [385] [386] [387] [388] [389] [390] [391] [392] [393] [394] [395] [396] [397] [398] [399] [400] [401] [402] [403] [404] [405] [406] [407] [408] [409] [410] [411] [412] [413] [414] [415] [416] [417] [418] [419] [420] [421] [422] [423] [424] [425] [426] [427] [428] [429] [430] [431] [432] [433] [434] [435] [436] [437] [438] [439] [440] [441] [442] [443] [444] [445] [446] [447] [448] [449] [450] [451] [452] [453] [454] [455] [456] [457] [458] [459] [460] [461] [462] [463] [464] [465] [466] [467] [468] [469] [470] [471] [472] [473] [474] [475] [476] [477] [478] [479] [480] [481] [482] [483] [484] [485] [486] [487] [488] [489] [490] [491] [492] [493] [494] [495] [496] [497] [498] [499] [500] [501] [502] [503] [504] [505] [506] [507] [508] [509] [510] [511] [512] [513] [514] [515] [516] [517] [518] [519] [520] [521] [522] [523] [524] [525] [526] [527] [528] [529] [530] [531] [532] [533] [534] [535] [536] [537] [538] [539] [540] [541] [542] [543] [544] [545] [546] [547] [548] [549] [550] [551] [552] [553] [554] [555] [556] [557] [558] [559] [560] [561] [562] [563] [564] [565] [566] [567] [568] [569] [570] [571] [572] [573] [574] [575] [576] [577] [578] [579] [580] [581] [582] [583] [584] [585] [586] [587] [588] [589] [590] [591] [592] [593] [594] [595] [596] [597] [598] [599] [600] [601] [602] [603] [604] [605] [606] [607] [608] [609] [610] [611] [612] [613] [614] [615] [616] [617] [618] [619] [620] [621] [622] [623] [624] [625] [626] [627] [628] [629] [630] [631] [632] [633] [634] [635] [636] [637] [638] [639] [640] [641] [642] [643] [644] [645] [646] [647] [648] [649] [650] [651] [652] [653] [654] [655] [656] [657] [658] [659] [660] [661] [662] [663] [664] [665] [666] [667] [668] [669] [670] [671] [672] [673] [674] [675] [676] [677] [678] [679] [680] [681] [682] [683] [684] [685] [686] [687] [688] [689] [690] [691] [692] [693] [694] [695] [696] [697] [698] [699] [700] [701] [702] [703] [704] [705] [706] [707] [708] [709] [710] [711] [712] [713] [714] [715] [716] [717] [718] [719] [720] [721] [722] [723] [724] [725] [726] [727] [728] [729] [730] [731] [732] [733] [734] [735] [736] [737] [738] [739] [740] [741] [742] [743] [744] [745] [746] [747] [748] [749] [750] [751] [752] [753] [754] [755] [756] [757] [758] [759] [760] [761] [762] [763] [764] [765] [766] [767] [768] [769] [770] [771] [772] [773] [774] [775] [776] [777] [778] [779] [780] [781] [782] [783] [784] [785] [786] [787] [788] [789] [790] [791] [792] [793] [794] [795] [796] [797] [798] [799] [800] [801] [802] [803] [804] [805] [806] [807] [808] [809] [810] [811] [812] [813] [814] [815] [816] [817] [818] [819] [820] [821] [822] [823] [824] [825] [826] [827] [828] [829] [830] [831] [832] [833] [834] [835] [836] [837] [838] [839] [840] [841] [842] [843] [844] [845] [846] [847] [848] [849] [850] [851] [852] [853] [854] [855] [856] [857] [858] [859] [860] [861] [862] [863] [864] [865] [866] [867] [868] [869] [870] [871] [872] [873] [874] [875] [876] [877] [878] [879] [880] [881] [882] [883] [884] [885] [886] [887] [888] [889] [890] [891] [892] [893] [894] [895] [896] [897] [898] [899] [900] [901] [902] [903] [904] [905] [906] [907] [908] [909] [910] [911] [912] [913] [914] [915] [916] [917] [918] [919] [920] [921] [922] [923] [924] [925] [926] [927] [928] [929] [930] [931] [932] [933] [934] [935] [936] [937] [938] [939] [940] [941] [942] [943] [944] [945] [946] [947] [948] [949] [950] [951] [952] [953] [954] [955] [956] [957] [958] [959] [960] [961] [962] [963] [964] [965] [966] [967] [968] [969] [970] [971] [972] [973] [974] [975] [976] [977] [978] [979] [980] [981] [982] [983] [984] [985] [986] [987] [988] [989] [990] [991] [992] [993] [994] [995] [996] [997] [998] [999] [1000]

DEPT [3] 140  
PAYMENT VOUCHER NUMBER [8] V140 1238  
AMOUNT [13] 479.76  
INVOICE # [14] 146559  
TOTAL AMOUNT 479.76

GRANT [6] PPH [2] PROJECT [6] GPH [2] TASK [4] R [1]  
INVOICE DESCRIPTION [30] CHEK#312246 to 512214

SEP HDLGD IND CONTRACT AUTH. # 4158871  
DIRECT PAY AUTH. CODE

\*\*\* VENDOR DATA \*\*\*  
NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table) *PANASONIC Office Automation*  
NUMBER [10] 506514  
SFX [2] [3] [4]  
ADDRESS [40]  
CITY [29] STATE [2] ZIP [9]

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.  
*Madhu Raga*  
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:  
CALL WILLIAM 299-8302 AT X #2023  
I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: *[Signature]* DEPT: REGISTRAR OF VOTERS DATE ENTERED: 10/25/00  
CLAIMANT  
DEPUTY CONTROLLER  
FREQUENTLY USED TRANSACTION CODES  
230 - Record/increase accounts payable not previously encumbered - budgetary funds only  
231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only  
233 - Record/increase accounts payable previously encumbered  
234 - Record an accounts payable for a revenue refund - budgetary funds

033-3  
C:\D-DRIVESTAR\FRAMPV-green.123



# Panasonic

Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd.  
Hayward, Ca. 94545

(510) 670-9919  
SVS (888) 737-6393  
FAX (510) 670-9916

L  
O  
C  
A  
L  
S  
C  
C-REGISTRAR OF VOTERS  
A  
L 408/299-4008  
T  
I  
1555 BERGER DRIVE  
O  
S  
A  
N J  
O  
S  
E C  
A 95126  
N  
P  
O # RR1822 INDEXS05

INVOICE NO. 146559 1  
INVOICE DATE 10/18/00  
TERMS: NET 10 DAYS  
FROM INVOICE DATE

CUSTOMER NO. SF8066	MODEL AND SERIAL NO. ID# SB123 F7750 CHEKF312246	LEASE I.D. SF	REPRESENTATIVE	PROG. TYPE IDM DI
DATE 09/08/00	PREVIOUS METER 492449	DATE 10/13/00	CURRENT METER 512214	
INVOICE PERIOD 10/08/00		TO 11/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
19765	6CPEZZ	RENTAL EXCESS INCOME	177.89	
1	6CPBZZ	VENDOR # RENTAL EXCESS	301.87	
		VENDOR # RENTAL		
			TOTAL DUE	
			479.76	

B ACCOUNTS PAYABLE  
L SCC-REGISTRAR OF VOTERS  
L P O BOX 1147  
T SAN JOSE CA 95108  
O

R  
E  
M  
I  
T  
T  
O

PACC - HAYWARD, CA  
P.O. BOX 100044  
PASADENA CA 91189

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR  
PARTS & TONER, EXCLUDES PAPER  
PRICE/COPY .00900

PLEASE PAY FROM THIS INVOICE  
OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
ALLOWED BY LAW

DAF - POI

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

*Panasonic office Automation*

DOCUMENT DATE MM DD YY	EFFECTIVE DATE MM DD YY	DUE DATE MM DD YY
10/04/2000		

DEPT [3]	PAYMENT VOUCHER NUMBER [8]
140	V140 1198

SFX [2]	T/C [3]	INDEX [4]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [11]	MPC [10]	F/O [1]	DMI [1]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
01	230	5800	2457											4456871					235.60	
																			141805	

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
	4456871	235.60

... VENDOR DATA ...

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)	NUMBER [10]	SFX [2]
<i>Panasonic office Automation</i>	54053	
NAME 2 [40]		
ADDRESS [40]	CITY [29]	STATE [2]
		ZIP [9]

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

*Madhuri Kogale*  
APPROVAL FOR PAYMENTS

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

BY: *William* DEPT: REGISTRAR OF VOTERS DATE ENTERED: 10/05/00

DEPUTY CONTROLLER CLAIMANT

REFERENCE PAYMENT VOUCHER Number	Amount
----------------------------------	--------

FREQUENTLY USED TRANSACTION CODES

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered



# Panasonic

Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd. (510) 870-9919  
 Hayward, Ca. 94545 SVS (888) 737-8393  
 FAX (510) 870-9918

L  
O  
C  
A  
T  
I  
O  
N

AL 8AL02DD  
 SCC-REGISTRAR OF VOTERS  
 1555 BERBER DR  
 SAN JOSE CA 95108

INVOICE NO.

141305  
 INVOICE DATE

09/08/00  
 TERMS: NET 10 DAYS  
 FROM INVOICE DATE

CUSTOMER NO. SF8105	MODEL AND SERIAL NO. ID# 36195 F7750 HHEKF313188	PO LEASE 10823 - INDEX 10823	REPRESENTATIVE SF	PROG. TYPE IDM DI
DATE 09/08/00	PREVIOUS METER 17375A	DATE 09/09/00	CURRENT METER 17375B	
INVOICE PERIOD 09/08/00		TO 10/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	60PBZZ	VENDOR # RENTAL	225.60	
			<b>TOTAL DUE</b>	
			225.60	

B  
 I ACCOUNTS PAYABLE  
 L SCC-REGISTRAR OF VOTERS  
 P O BOX 1147  
 T SAN JOSE CA 95108  
 O

R  
E  
M  
I  
T  
T  
O

PACC - HAYWARD, CA  
 P.O. BOX 100044  
 PASADENA CA 91189

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR  
 PARTS & TONER. EXCLUDES PAPER

**PLEASE PAY FROM THIS INVOICE**  
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
 PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
 ALLOWED BY LAW

Vendor Name: PANASONIC OFFICE Automation  
 (Last Name, First, M.I., or Firm Name)

DOCUMENT DATE: 10/18/2000 EFFECTIVE DATE: \_\_\_\_\_ DUE DATE: \_\_\_\_\_  
 MM DD YY MM DD YY MM DD YY

DEPT [3] 140 PAYMENT VOUCHER NUMBER [8] V140 12-20

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	UB ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRCI [4]	CI [1]	MPC [10]	DMI [1]	FIO [1]	INVOICE DESCRIPTION [30]									
<u>01</u>	<u>230</u>	<u>5600</u>	<u>2457</u>								<u>HHEKF 313188 to 184596</u>								
																		<u>323.05</u>	
																		<u>145727</u>	

SEP HDLGS IND	CONTRACT AUTH. #	TOTAL AMOUNT
	<u>415 6871</u>	<u>323.05</u>

... VENDOR DATA ...

NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table) 54053

NAME 2 [40] Panasonic office Automation

ADDRESS [40]

CITY [29] \_\_\_\_\_ STATE [2] \_\_\_\_\_ ZIP [9] \_\_\_\_\_

SFX [2] \_\_\_\_\_

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Madhur Kage  
APPROVAL FOR PAYMENT

IF ANY QUESTIONS:  
CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: \_\_\_\_\_ DEPT: \_\_\_\_\_ DATE ENTERED: 10/18/00

REGISTRAR OF VOTERS

CLAIMANT \_\_\_\_\_

DEPUTY CONTROLLER \_\_\_\_\_

REFERENCE PAYMENT VOUCHER  
Number \_\_\_\_\_ Amount \_\_\_\_\_

FREQUENTLY USED TRANSACTION CODES  
 230 - Record/increase accounts payable not previously encumbered - budgetary funds only  
 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only  
 233 - Record/increase accounts payable previously encumbered  
 234 - Record an accounts payable for a revenue refund - budgetary funds

**Panasonic**  
Document Systems Company

Unit of Matsushita Electric Corporation of America

20980 Cabot Blvd. (510) 670-9919  
Hayward, Ca. 94545 SVS (888) 737-8393  
FAX (510) 670-9916

LOCAL SALES  
C SCC-REGISTRAR OF VOTERS  
LESS BERGER, OF  
SAN JOSE CA 95126

INVOICE NO.

INVOICE DATE

10/14/00  
TERMS: NET 10 DAYS  
FROM INVOICE DATE

CUSTOMER NO.	MODEL AND SERIAL NO.	PO #	REPRESENTATIVE	PROG. TYPE
SFB105	ID# 36195 E7750 HHEKE313188	11823 - INDX5	SE	IDM DI
DATE	PREVIOUS METER	DATE	CURRENT METER	
09/08/00	173758	10/06/00	194596	
INVOICE PERIOD		TO		
09/08/00		10/08/00		
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
1	60PBZZ	VENDOR # RENTAL	225.60	
10828	60PEZZ	RENTAL EXCESS INCOME	97.45	
		VENDOR # RENTAL EXCESS		
			<b>TOTAL DUE</b>	
			323.05	

B  
L ACCOUNTS PAYABLE  
L SCC-REGISTRAR OF VOTERS  
L P O BOX 1147  
T SAN JOSE CA 95108  
O

R  
E  
M  
I  
T  
T  
O

SACC - HAYWARD, CA  
P.O. BOX 100044  
PASADENA CA 91189

**PLEASE PAY FROM THIS INVOICE**  
OVERDUE ACCOUNTS WILL BE CHARGED A LATE  
PAYMENT FEE OF 2% PER MONTH OR TO THE EXTENT  
ALLOWED BY LAW

COMMENTS MONTHLY COPIER RENTAL, INCL LABOR  
PARTS & TONER, EXCLUDES PAPER  
PRICE/COPY 00900

COUNTY OF SANTA CLARA  
 REGISTRAR OF VOTERS  
 Absentee Ballots Claim  
 Schedule of Expenses  
 Fiscal Year 2001

EXTERNAL PRINTING  
 SAMPLE BALLOTS COSTING  
 NOVEMBER 7, 2000

Vendor	Voucher No.	Inv. No./Ref.	Quantity	Total Amount
Merrill Corp	V1401297	0528-193394		\$937,202.92
		page 2 of 7	17500	
		page 3 of 7	949300	
		page 4 of 7	23040	
		page 4 of 7	1300	
		page 4 of 7	35960	
		page 5 of 7	25400	
		page 6 of 7	1300	
		page 6 of 7	23800	
			1077600	\$937,202.92
Merrill Corp	V1401359	0528-226652	2700	\$21,431.68
Kopec, Robert - Span/Eng Trans	V1401222			\$13,428.20
<b>TOTAL COST OF SAMPLE BALLOTS</b>			1080300	\$972,062.80
Less: Typeset/layout & set-up costs for other language				-\$79,696.57
				-\$82,831.49
<b>NET CHARGEABLE COSTS</b>			1080300	\$809,534.73
<b>ABSENTEE VOTERS</b>	809534.73/1080300*141313			\$105,896.49



# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
1 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

TERMS: DUE UPON RECEIPT

## November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
<b>English/Spanish</b>				
<b>1. Typeset and format</b>				
<b>A. Sample ballot (voting) pages</b>				
English	91	U	50.00	4,550.00
Spanish	91	U	55.00	5,005.00
<b>B. Voter Information Pages</b>				
<b>Measures/Arguments</b>				
English	100	U	25.00	2,500.00
Spanish	106	U	30.00	3,180.00
<b>Candidate Statements</b>				
English	79	U	25.00	1,975.00
Spanish	79	U	25.00	1,975.00
<b>Filler pages</b>				
English	7	U	45.00	315.00
Spanish	7	U	50.00	350.00
<b>2. Layout (output assembly)</b>				
Output each unique page	560	U	4.00	2,240.00
Re-output corrected pages	357	U	4.50	1,606.50
Output each inside page	14,112	U	2.25	31,752.00
<b>3. Authors corrections/per line</b>				
	877	U	.85	745.45
<b>4. Processing/programming support, and write back files</b>				
	35	U	75.00	2,625.00

# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
2 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

TERMS: DUE UPON RECEIPT

## November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Print English/Spanish				
1.Typeset/Layout cover pages	4	U	50.00	200.00
2.Press set up and run				
A.Set up per ballot type				
72 page	5	U	420.00	2,100.00
80 page	26	U	420.00	10,920.00
88 page	37	U	500.00	18,500.00
96 page	18	U	500.00	9,000.00
104 page	16	U	580.00	9,280.00
112 page	14	U	580.00	8,120.00
120 page	18	U	660.00	11,880.00
128 page	29	U	660.00	19,140.00
136 page	12	U	740.00	8,880.00
B.Initial 100 run per ballot type				
72 page	500	C	97.79	488.95
80 page	2,600	C	104.81	2,725.06
88 page	3,700	C	117.16	4,334.92
96 page	1,800	C	120.16	2,162.88
104 page	1,600	C	123.01	1,968.16
112 page	1,400	C	125.60	1,758.40
120 page	1,800	C	128.90	2,320.20
128 page	2,900	C	130.40	3,781.60
136 page	1,200	C	136.75	1,641.00

# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
3 of 7

Any Inquiries, Call (213)765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508  
  
Attn: Ms. Leslie Smith

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

TERMS: DUE UPON RECEIPT

## November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
<b>C.Additional 100's per ballot type</b>				
72 page	4,200	C	29.13	1,223.46
80 page	64,000	C	31.49	20,153.60
88 page	136,400	C	34.74	47,385.36
96 page	128,800	C	38.70	49,845.60
104 page	104,200	C	42.03	43,795.26
112 page	131,400	C	46.23	60,746.22
120 page	173,800	C	49.93	86,778.34
128 page	169,700	C	51.20	86,886.40
136 page	36,800	C	53.73	19,772.64
<b>English/Vietnamese</b>				
A.Translation per word-all pages	64,579	U	.25	16,144.75
B.Proofread per word-all pages	64,579	U	.05	3,228.95
C.Typeset & format each unique page	287	U	15.00	4,305.00
D.Output each unique page	287	U	4.00	1,148.00
E.Re-output corrected pages	861	U	4.50	3,874.50
F.Output each inside page	13,904	U	2.25	31,284.00
G.Typeset/layout cover page	4	U	50.00	200.00
H.Programming/process support	19	Hr	75.00	1,425.00
<b>Print English/Vietnamese</b>				
Set up 72 page	3	U	25.00	75.00
Set up 80 page	15	U	25.00	375.00
Set up 88 page	24	U	25.00	600.00
Set up 96 page	13	U	32.50	422.50
Set up 104 page	8	U	32.50	260.00
Set up 112 page	10	U	32.50	325.00
Set up 120 page	17	U	32.50	552.50
Set up 128 page	18	U	32.50	585.00
Set up 136 page	9	U	32.50	292.50



# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
4 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

TERMS: DUE UPON RECEIPT

## November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Run 72 page + cover	300	C	133.60	400.80
Run 80 page + cover	2,000	C	144.80	2,896.00
Run 88 page + cover	3,900	C	156.00	6,084.00
Run 96 page + cover	3,100	C	167.20	5,183.20
Run 104 page + cover	1,600	C	178.40	2,854.40
Run 112 page + cover	1,600	C	189.60	3,033.60
Run 120 page + cover	5,800	C	208.80	12,110.40
Run 128 page + cover	2,140	C	212.00	4,536.80
Run 136 page + cover	2,600	C	223.20	5,803.20
Run's over 1,000				
A. Set up per ballot type				
104 page	2	U	580.00	1,160.00
112 page	1	U	580.00	580.00
120 page	1	U	660.00	660.00
128 page	7	U	660.00	4,620.00
136 page	2	U	740.00	1,480.00
B. Initial 100 run per ballot type				
104 page	200	C	123.01	246.02
112 page	100	C	125.60	125.60
120 page	100	C	128.90	128.90
128 page	700	C	130.40	912.80
136 page	200	C	136.75	273.50
C. Additional 100 per ballot type				
104 page	5,500	C	42.03	2,311.65
112 page	1,500	C	46.23	693.45
120 page	1,500	C	49.93	748.95
128 page	21,460	C	51.20	10,987.52
136 page	6,000	C	53.73	3,223.80

# ERRILL CORPORATION



LOCATION: Los Angeles (0528)  
5 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

MS: DUE UPON RECEIPT

## November 7, 2000 General Election

	Quantity	M/U	Unit Price	Amount
<b>English/Chinese</b>				
A. Translation per word-all pages	64,579	U	.25	16,144.75
B. Proofread per word-all pages	64,579	U	.05	3,228.95
C. Typeset & format each unique page	287	U	15.00	4,305.00
D. Output each unique page	287	U	4.00	1,148.00
E. Re-output corrected pages	1,033	U	4.50	4,648.50
F. Output each inside page	14,896	U	2.25	33,516.00
G. Typeset/layout cover page	4	U	50.00	200.00
H. Programming/process support	25	Hr	75.00	1,875.00
<b>Print English/Chinese</b>				
Set up 72 page	3	U	25.00	75.00
Set up 80 page	16	U	25.00	400.00
Set up 88 page	27	U	25.00	675.00
Set up 96 page	13	U	32.50	422.50
Set up 104 page	11	U	32.50	357.50
Set up 112 page	10	U	32.50	325.00
Set up 120 page	16	U	32.50	520.00
Set up 128 page	25	U	32.50	812.50
Set up 136 page	9	U	32.50	292.50
Run 72 page + cover	600	C	133.60	801.60
Run 80 page + cover	2,500	C	144.80	3,620.00
Run 88 page + cover	5,000	C	156.00	7,800.00
Run 96 page + cover	2,600	C	167.20	4,347.20
Run 104 page + cover	2,300	C	178.40	4,103.20
Run 112 page + cover	1,800	C	189.60	3,412.80
Run 120 page + cover	3,400	C	208.80	7,099.20
Run 128 page + cover	4,700	C	212.00	9,964.00
Run 136 page + cover	2,500	C	223.20	5,580.00

# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
6 of 7

Any Inquiries, Call (213) 755-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91503

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR-1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

IS: DUE UPON RECEIPT

## November 7, 2000 General Election

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
Runs over 1,000 per ballot type				
A. Set up per ballot type				
80 page	1	U	420.00	420.00
88 page	1	U	500.00	500.00
96 page	2	U	500.00	1,000.00
104 page	2	U	580.00	1,160.00
112 page	3	U	580.00	1,740.00
120 page	2	U	660.00	1,320.00
128 page	1	U	660.00	660.00
136 page	1	U	740.00	740.00
B. Initial 100 run per ballot type				
80 page	100	C	104.81	104.81
88 page	100	C	117.16	117.16
96 page	200	C	120.16	240.32
104 page	200	C	123.01	246.02
112 page	300	C	125.60	376.80
120 page	200	C	128.90	257.80
128 page	100	C	130.40	130.40
136 page	100	C	136.75	136.75
C. Additional 100's per ballot type				
80 page	4,500	C	31.49	1,417.05
88 page	900	C	34.74	312.66
96 page	3,500	C	38.70	1,354.50
104 page	3,100	C	42.03	1,302.93
112 page	5,100	C	46.23	2,357.73
120 page	3,200	C	49.93	1,597.76
128 page	1,200	C	51.20	614.40
136 page	2,300	C	53.73	1,235.79

# MERRILL CORPORATION



LOCATION: Los Angeles (0528)  
7 of 7

Any Inquiries, Call (213) 765-7000

County of Santa Clara  
Registrar of Voters  
P.O. Box 1147  
San Jose, CA 91508

Attn: Ms. Leslie Smith

INVOICE NO. 0528-193394  
DATE 11/1/00  
OUR ORDER NO. P10671cd00  
CUST. ORDER NO. LTR 1/8/98  
DATE RECEIVED n/a  
SALESPERSON Lynn Kienle  
CLASSIFICATION COM/BAL

AMS: DUE UPON RECEIPT

November 7, 2000 General Election

No compression/overtime charges for accelerated delivery date to Chinese and Vietnamese Sample Ballots

Invoice for freight, reprints (and credit for postage on Vietnamese Group 2) to follow

<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
-----------------	------------	-------------------	---------------

N/C

Subtotal: \$865,776.37  
8.25% Sales Tax: \$71,426.55

Invoice Total: \$937,202.92

*Okay to pay  
Madeline Lopez  
11/15/00*

0.\*

17,500.\*  
949,300.\*  
23,040.\*  
1,300.\*  
35,960.\*  
25,400.\*  
1,300.\*  
23,800.\*

008  
*try* 1,077,600.\*

115

REMIT TO: MERRILL CORPORATION

PLEASE PAY FROM THIS INVOICE  
11 5% SERVICE CHARGE PER MONTH ADDED TO PAST DUE ACCOUNT

DAF - POI

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

Vendor Name  
Merrill Corporation

DOCUMENT DATE	EFFECTIVE DATE	DUE DATE
12/06/2000		

SFX [2]	T/C [3]	INDEX [4]	RSFX [2]	MOD [1]	FAC [4]	ED [2]	ESRJ [4]	PCA [5]	FUND [4]	RD [2]	RSBJ [4]	GLA [4]	BACCT [6]	PROJECT [6]	FPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R. [1]	

REF DOC [8]	250	5805	2585																			
-------------	-----	------	------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VENDOR DATA [10]	44126
NAME 1 [40]	Merrill Corporation
NAME 2 [40]	
ADDRESS [40]	

CITY [29]	STATE [2]	ZIP [9]

SEP HDLG IND	CONTRACT AUTH. #	TOTAL AMOUNT
		21,431.68

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

APPROVAL FOR PAYMENT

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

DEPT [3]	140
PAYMENT VOUCHER NUMBER [8]	V140/359
INVOICE # [14]	21,431.68
INVOICE DESCRIPTION [30]	Sample Ballots Nov 7 <sup>th</sup> election 05-28-22 6652

DMT [1]	FO [11]	MPC [10]

MM DD YY	MM DD YY

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER

REGISTRAR OF VOTERS

BY: [Signature]

DATE ENTERED: 11/08/00

DEPT: [Blank]

CLAIMANT

057-10

FREQUENTLY USED TRANSACTION CODES

230 - Record/increase accounts payable not previously encumbered - budgetary funds only

231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only

232 - Record/increase accounts payable previously encumbered

233 - Record an account payable for a revenue refund - budgetary funds

# MERRILL CORPORATION



LOCATION: Los Angeles (0528)

Any Inquiries, Call (213) 765-7000

County of Santa Clara  
 Registrar of Voters  
 P.O. Box 1147  
 San Jose, CA 91508

INVOICE NO. 0528-226652  
 DATE 11/21/00  
 OUR ORDER NO. P10671cd00  
 CUST. ORDER NO. LTR 1/3/98  
 DATE RECEIVED n/a  
 SALESPERSON Kienle/Harwood  
 CLASSIFICATION COM/BAL

Attn: Ms. Leslie Smith

RMS: DUE UPON RECEIPT

	<u>Quantity</u>	<u>M/U</u>	<u>Unit Price</u>	<u>Amount</u>
November 7, 2000 General Election				
Supplemental invoice for freight and client requested reprints Under 1,000:				
Chinese:				
Group 018 128 pages	100	C	212.00	212.00
Spanish				
Group 076 88 pages	200	C	156.00	312.00
078 88 pages	300	C	156.00	468.00
082 96 pages	200	C	167.20	334.40
084 96 pages	200	C	167.20	334.40
100 88 pages	100	C	156.00	156.00
155 88 pages	300	C	156.00	468.00
Vietnamese				
115 88 pages	100	C	156.00	156.00
Set ups for above:				
5 set ups (88 pagers)	5	U	25.00	125.00
4 set ups (96 - 128 pagers)	4	U	32.50	130.00
Reprint over 1,000				
Spanish				
Group 136 112 pages	1	U	580.00	580.00
Set up	100	C	125.60	125.60
Initial 100	1,100	C	46.23	508.53
Additional 100's				

Credit for postage on Vietnamese Group #2

<52:44>  
 Subtotal: \$ 3,857.49  
 8.25% Sales Tax: 318.24  
 Freight: 17,255.95

INVOICE TOTAL: \$ 21,431.68

0\*\*  
 100\*\*  
 1,300\*\*  
 100\*\*  
 1,200\*\*

2,700\*\*

*Okay pay  
 Myrdun Bayla*

004  
 274

REFMIT TO: MERRILL CORPORATION

PLEASE PAY FROM THIS INVOICE  
 11.5% SERVICE CHARGE PER MONTH ADDED TO PAST DUE ACCOUNTS

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

Vendor Name: Kopez, Robert  
(Last Name, First, M.I., or Firm Name)

DOCUMENT DATE MM DD YY	EFFECTIVE DATE MM DD YY	DUE DATE MM DD YY
10/18/2000		

SFX [2]	T/C [3]	INDEX [4]	ESBJ [4]	ED [2]	FABC [3]	PCA [5]	FUND [4]	FD [2]	RSBJ [4]	RD [2]	GLA [4]	ACCT [6]	PROJECT [6]	PPH [2]	GRANT [6]	GPH [2]	TASK [4]	AMOUNT [13]	R [1]		
REF DOC [8]	RSFX [2]	MOD [1]	FAC [4]	LOC [6]	CRC [4]	CI [1]	MPC [10]	F/O [1]	DMI [1]	F/O [1]	INVOICE DESCRIPTION [30]									INVOICE # [14]	
01	230	5605	2585								Translat of Candidate Stat - Spanish Nov 00 Election									13 428.20	

DEPT [3]	PAYMENT VOUCHER NUMBER [8]																			
140	V140 / 2 2 2																			
TOTAL AMOUNT																				13,428.20

... VENDOR DATA ...

NUMBER [10]	32059	SFX [2]	
NAME 1 [40]	Kopez, Robert.		
NAME 2 [40]			
ADDRESS [40]			
CITY [29]	STATE [2]	ZIP [9]	

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

Robert Kopez  
APPROVAL FOR PAYMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

IF ANY QUESTIONS:

CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: \_\_\_\_\_ DEPT: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

William REGISTRAR OF VOTERS 10/18/00

REFERENCE PAYMENT VOUCHER Number	Amount

DEPUTY CONTROLLER

CLAIMANT

- FREQUENTLY USED TRANSACTION CODES
- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
  - 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
  - 233 - Record/increase accounts payable previously encumbered
  - 234 - Record an accounts payable for a revenue refund - budgetary funds

830-7

**Robert S. Kopec**  
Spanish-English Interpreter and Translator

2463 Delmer St.  
Oakland, CA 94602  
Telephone (510) 482-8642

Fax: (510) 482-8404  
Pager: (510) 264-3184  
E-Mail: rkopec@compuserve.com

**Invoice Date:** October 9, 2000  
**Billed To:** County of Santa Clara Registrar of Voters  
Attention: Leslie Smith  
P.O. Box 1147  
San Jose, CA 95108

Date	Description of Services	Hours	Words	Rate per word/hour	Amount
September, 2000	Translation of Candidate Statements and Measures for November, 2000 elections		61459	\$0.20	\$12,291.80
	Translation of Candidate occupations for voting pages, including State candidates (per hour)	4		\$40.00	\$ 160.00
	Proofreading pamphlet covers and camera-ready copy, (per hour).	24.41		\$40.00	\$ 976.40
<b>Total</b>					<b>13,428.20</b>

Details on next page →

*OK to pay  
RHS 10/14/00*



PRINTING SERVICES - 299-2701

PRINTING REQUISITION

DAF-P10

DEPARTMENT: Registrar of Voters  
PURPOSE: Call for pick up

FORM NUMBER: 2158  
DATE OF REQUISITION: 8/7/00  
DATE WANTED: 8/25/00

FORM NUMBER <b>2158</b>		VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) <b>X 093901</b>			
DATE OF REQUISITION <b>8/7/00</b>		SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <b>8/25/00</b>		DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
		<b>01</b>	<b>119</b>	<b>2346</b>	
		M M D D Y Y			
RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)	
<b>9901</b>	<b>14</b>		<b>0077</b>		

FORM TITLE OR DESCRIPTION OF PRINTING: Request For Permanent Absentee Voter Status

QUANTITY <b>2500</b>	ORIGINALS	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
<b>02</b>	<b>250</b>	<b>5605</b>	<b>2586</b>			<b>0001</b>					

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: cut in half

I certify that these articles are necessary for use by this department and that funds are available.

DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Madhur Ragle  
PHONE # 299-8646x2070

DO NOT WRITE BELOW THIS LINE

LABOR	1 SIDE ONLY	2ND SIDE HEAD-FOOT	2ND SIDE HEAD-HEAD	2ND SIDE HEAD-LEFT	2ND SIDE HEAD-RIGHT
PLATES	NUMBER UP: <b>2</b>	BACK: SAME AS FRONT	DIFFERENT		
PRESS	NEW PLATES: <b>1</b>	TYPE: <b>ALUM.</b>	OC MASTERS: <b>PHOTO DIRECT</b>	PROOF OUT: <b>IN</b>	
MATERIAL	OLD PLATES: <b>1</b>	SIZE: <b>COPIER</b>	HAMADA	11 x 18	DAVIDSON DG889
	DATE: <b>18-17</b>	INK: <b>Black</b>	NO. UP: <b>2</b>	IMP. PER SIDE: <b>1750<sup>st</sup></b>	2nd: <b>1750</b>
		PRESS NO: <b>D.7</b>	NO. UP:	IMP. PER SIDE: <b>1st</b>	2nd:
		DATE: <b>18-17</b>			
	PRESS SIZE: <b>8 1/2 x 11</b>	SIZE CUT FROM:	KIND USED:	QUANTITY USED:	
	PRESS STOCK: <b>Inches</b>	WEIGHT: <b>110</b>	COLOR: <b>Blue</b>	AMOUNT: <b>1750 sheets</b>	INVENTORY: <b>18-7-00</b>

WORK CLASSIFICATION	JOB TIME HRS. MN.	LABOR	MATERIAL
LINO			
LINO			
PASTE UP	<b>6</b>		
PROOF			
CONTACT PRINT			
NEGATIVES	<b>10 x 12</b>		
POSITIVE/PMT	<b>9 x 12</b>		
MASKING			
PLATE			
PLATEMAKER			
COPIER	<b>1750</b>	<b>10</b>	
PRESS			
STOCK - STOCK DIST.			<b>3750</b>
FOLD			
DRILL			
PAD	<b>TRIM</b>	<b>15</b>	
BOX	<b>10LD</b>	<b>05</b>	
TYPESETTING OUT			
PRESS OUT			
BINDERY OUT			
NEGS OUT			
SPECIAL HANDLING			
TOTAL BILLING		<b>102</b>	<b>14</b>

BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM <b>8 1/2 x 5/2</b>
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	NUMBER BEGINNING
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR				
BID NO.				
P.O. NO.				

DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
DATE FULL ORDER SENT	BY	DATE DEPT. NOTIFIED
<b>21811710076</b>		
DATE ACCEPTED BY STARS	<b>9/28</b>	<b>10/25/00</b>

DISTRIBUTION: 1. White - Audit Copy, 2. Canary - Dept. Billing Copy, 3. Pink - History File, 4. Goldend - Dept. Control

1400004

DEPARTMENT  
*Registrar of Voters*

CALL FOR PICKUP  
*11/7/00*

FORM TITLE OR DESCRIPTION OF PRINTING  
*Absentee App - 11/7/00*

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION <i>8/7/00</i>	<b>X 75195</b>			
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
			<i>01 119</i>	<i>2346</i>
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>HU</i>		<i>0077</i>

QUANTITY <i>3500</i>	ORIGINALS <i>1</i>	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
W	REVISION	RERUN	1 SIDE ONLY	2ND SIDE HEAD-HEAD
			2ND SIDE HEAD-FOOT	

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

PER TYPE <input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <i>20</i>	TYPE OF BINDING (FOR BOOKS)
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input checked="" type="checkbox"/> WHITE	
FINISHED PAPER SIZE <i>8 1/2 X 11</i>	<input type="checkbox"/> 4 1/4 X 5 1/2	<input checked="" type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAPER COLOR	<input type="checkbox"/> XEROX BIND
<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 11 X 17		<input type="checkbox"/> WHITE	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND
COLLATE <input type="checkbox"/> FOLD	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE
			<input type="checkbox"/> SIDE 3 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> 3/8" HOLES
			<input type="checkbox"/> PERFORATE	<input type="checkbox"/> ROUND CORNER	PAD <input type="checkbox"/> TOP
					<input type="checkbox"/> BOTTOM
					<input type="checkbox"/> RIGHT
					<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut in half*

CERTIFY THAT THESE ARTICLES ARE NECESSARY FOR USE BY THIS DEPARTMENT AND THAT FUNDS ARE AVAILABLE. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Madhur Bala*

PHONE # *X2070*  
*299-8640*

DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT			
PLATES	NUMBER UP <i>2</i>	BACK <input type="checkbox"/> SAME AS FRONT	<input type="checkbox"/> DIFFERENT	NEW PLATES <i>1</i>	TYPE <input checked="" type="checkbox"/> CO MASTERS	PROOF OUT <input type="checkbox"/> IN		
		<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON
		<input type="checkbox"/> DG950	<input type="checkbox"/> HEIDI	DATE <i>1-8-9</i>				
PRESSES	INK <i>Black</i>	NO. UP <i>2</i>	IMP. PER SIDE <i>1750</i>	1st	2nd	TOTAL PRESS RUN <i>1750</i>		
	PRESS NO. <i>D.T</i>	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN		
	DATE <i>1-8-17</i>							
MATERIAL	PRESS SIZE <i>8 1/2 x 11</i>	SIZE CUT FROM	KIND USED	QUANTITY USED				
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE/ORD.	DATE REC.	
	<i>Bond</i>	<i>20</i>	<i>White</i>	<i>4 Reams</i>		<i>7-8-00</i>		<i>892</i>
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input type="checkbox"/> TRIM	<i>8 1/2 x 5 1/2</i>		
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND			

WORK CENTER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
	TYPE				
	NEGATIVES				
	PRESS				
	BINDERY				
VENDOR	BID NO.	DEL.			
	P.O. NO.	TERMS	V.C.		
SPECIAL HANDLING					
TOTAL BILLING <i>69.94</i>					
DATE PARTIAL ORDER SENT		BY	DATE TO PURCH FOR BID		
FULL ORDER SENT			DATE DEPT NOTIFIED		
DATE ACCEPTED BY STARS <i>(945)</i>					

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

DEPARTMENT: Registrar of Voters  
 TO: [Blank]  
 FROM: Call for pickup

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
DATE OF REQUISITION	X 75196				
DATE WANTED	SELLER'S ACCOUNTING DISTRIBUTION:				
8/25/00	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
	M M D D Y Y	01	119	2346	
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)
<input type="checkbox"/> PROOF WANTED	9901	HA		0077	

FORM TITLE OR DESCRIPTION OF PRINTING: Absentee Ballot Application - 11/7/00 ELA 78

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING
2000	1			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW	REVISION	RERUN	1 SIDE ONLY	2ND SIDE HEAD-HEAD
			2ND SIDE HEAD-FOOT	

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

PER TYPE (REGULAR PAPER (BOND))	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT		
FINISHED PAPER SIZE	INK COLOR		PAPER WEIGHT
<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 4 1/4 X 5 1/2	<input checked="" type="checkbox"/> BLACK	<input checked="" type="checkbox"/> 20
<input type="checkbox"/> 8 1/2 X 17	<input type="checkbox"/> 8 1/2 X 5 1/2	<input type="checkbox"/>	PAPER COLOR
			<input type="checkbox"/> WHITE <input checked="" type="checkbox"/> PINK
COLLATE FOLD	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH
			<input type="checkbox"/> TOP <input type="checkbox"/> SIDE
			<input type="checkbox"/> 7 HOLE <input type="checkbox"/> 2 HOLE
			<input type="checkbox"/> 3 HOLE <input type="checkbox"/> 1/4" HOLES
			<input type="checkbox"/> 3/8" HOLES <input type="checkbox"/> PERFORATE
			<input type="checkbox"/> ROUND CORNER
			PAD <input type="checkbox"/> TOP <input type="checkbox"/> RIGHT
			<input type="checkbox"/> BOTTOM <input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: cut in half

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Madhur Bagle

L A Y O U T	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS.	LABOR	MATERIAL
	NUMBER UP	BACK SAME AS FRONT		DIFFERENT		LINO			
P L A T E S	NEW PLATES	TYPE	<input checked="" type="checkbox"/> QC MASTERS	PROOF OUT		LINO			
	OLD PLATES	SIZE	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	<input type="checkbox"/> IN	PASTE UP			
P R E S S	DATE	COPIER	HAMADA	11 x 18	DAVIDSON	DG360	HEIDI		
	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN			
M A T E R I A L	DATE	18-17							
	PRESS NO.	D.I.							
	PRESS SIZE	8 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED	PROOF			
	PRESS STOCK	20	Pink	2 Reams	8-700	CONTACT PRINT			
						NEGATIVES	10 x 12		
						POSITIVE/PMT	9 x 12		
						MASKING			
						PLATE			
						PLATEMAKER			
						COPIER	107	12	
						PRESS			
						STOCK - STOCK DIST.			
						FOLD			
						DRLL			
						PAD	721m	10	
						BOX	100W SN	03	
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			

W O R K O U T	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	TOTAL BILLING	50.42
	TYPE						
	NEGATIVES						
	PRESS						
B I N D E R Y	BINDERY						
	VENDOR		BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH. FOR BID
			P.O. NO.	TERMS	28/1700 JP		DATE DEPT. NOTIFIED
				V.C.			
DISTRIBUTION:						DATE ACCEPTED BY STARS	945
1. White - Audit Copy							
2. Canary - Dept. Billing Copy							
3. Pink - History File							
4. Goldenrod - Dept. Copy							

U-700000438

DEPARTMENT: Registration of Voters  
 DELIVER TO: Call For pickup

FORM NUMBER: N0#  
 DATE OF REQUISITION: 9/21/00  
 DATE WANTED: 10/2/00  
 TYPESET   
 PROOF WANTED

VOUCHER NUMBER: X 093913  
 CURRENT DOCUMENT NUMBER (8):  
 SELLER'S ACCOUNTING DISTRIBUTION:  
 DOCUMENT DATE: 01 119 2346  
 M M D D Y Y  
 RSBJ (4): 9901 RD (2): 114 PCA (5): 0077 FUND (4): 0077 FD (2):

FORM TITLE OR DESCRIPTION OF PRINTING: Absentee Mail Ballot Insta. Sheet English  
 QUANTITY: 10,000  
 ORIGINALS: 2  
 UNITS:   
 MULTI-PART SETS:   
 SHEETS PER SET:   
 NUMBER BEGINNING:

BUYER'S ACCOUNTING DISTRIBUTION:  
 SFX: 02 T/C (3): 250 INDEX (4): 5605 ESBJ (4): 2586 ED (2): 0001 FUND (4): 0001 FD (2):  
 NEW  REVISION  RERUN   
 1 SIDE ONLY  2ND SIDE HEAD-HEAD  2ND SIDE HEAD-FOOT

PAPER TYPE:  REGULAR PAPER (BOND)  LEDGER  CARBONLESS  RECYCLE  CARD STOCK  SNAPOUT   
 FINISHED PAPER SIZE:  8 1/2 X 11  8 1/2 X 14 11 X 17  4 1/4 X 5 1/2  8 1/2 X 5 1/2   
 INK COLOR:  BLACK   
 PAPER WEIGHT: 20  
 PAPER COLOR:  WHITE  Green  
 COLLATE  FOLD  STAPLE  2 ON SIDE CORNER  PUNCH  TOP  SIDE  7 HOLE  2 HOLE  3 HOLE  1/4" HOLES  3/8" HOLES  PERFORATE ROUND CORNER   
 PAD:  TOP  RIGHT  BOTTOM  LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS: Fold in half  
 Sue by phone 9/22 @ 3:00

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Sue  
 PHONE #: 299-8640 x2070

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS. MN	LABOR	MATERIAL
	NUMBER UP: <u>2</u>	BACK <input type="checkbox"/> SAME AS FRONT	<input checked="" type="checkbox"/> DIFFERENT			LINO			
PLATES	NEW PLATES: <u>2</u>	TYPE: <input type="checkbox"/> QC MASTERS <input type="checkbox"/> ALLUM. <input checked="" type="checkbox"/> PHOTO DIRECT	PROOF OUT: <u>IN</u>			PASTE UP			
	OLD PLATES	SIZE: <input type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI				PROOF			
PRESS	INK: <u>BLACK</u>	NO. UP: <u>2</u>	IMP. PER SIDE: <u>10M</u>	1st: <u>10M</u>	2nd: <u>10M</u>	CONTACT PRINT			
	PRESS NO: <u>2</u>	NO. UP:	IMP. PER SIDE:	1st:	2nd:	NEGATIVES: <u>10 x 12</u>			
MATERIAL	PRESS SIZE: <u>11 x 17</u>	SIZE CUT FROM: <u>11 x 17</u>	KIND USED:	QUANTITY USED:		POSITIVE/PMT: <u>9 x 12</u>			
	REF STOCK: <u>Bond</u>	WEIGHT: <u>20</u>	COLOR: <u>GREEN</u>	AMOUNT: <u>2000</u>	INVENTORY: <u>9-22</u>	MASKING			
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input checked="" type="checkbox"/> FOLD <input checked="" type="checkbox"/> TRIM	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE	<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND			PLATE			
						PLATEMAKER			

WORK ORDER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	LABOR	MATERIAL
	TYPE						
	NEGATIVES						
	PRESS						
PURCH ORDER	BINDERY						
	VENDOR		BID NO.	DEL.			
			P.O. NO.	TERMS	V.C.		

DISTRIBUTION: 1. White - Audit Copy 2. Green - Dept. Billing Copy 3. Pink - History File 4. Goldsmid's Dept Copy

DATE ACCEPTED BY STARS: 996 OCT 10 2000

SP 21 0100 1280

DEPARTMENT  
**Registrar of Voters**

VERTO  
**Call For pickup**

FORM NUMBER <b>NOE</b>	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) <b>X 093911</b>			
DATE OF REQUISITION <b>9/27/00</b>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <b>9/27/00</b>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	<b>01</b>	<b>119</b>	<b>2346</b>	
	M M D D Y Y	RSBJ (4)	RD (2)	PCA (5)
	<b>9901</b>	<b>84</b>		<b>0077</b>
<input type="checkbox"/> TYPESET				
<input type="checkbox"/> PROOF WANTED				

FORM TITLE OR DESCRIPTION OF PRINTING  
**Printer/Mail Ballot Instr. Sheet English Spanish**

QUANTITY  
**30,000**

ORIGINALS  
**2**

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<b>02</b>	<b>250</b>	<b>5605</b>	<b>2586</b>			<b>0001</b>					

PAPER TYPE REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT 20	TYPE OF BINDING (FOR BOOKS)
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	<input type="checkbox"/>	<input type="checkbox"/>	<b>24</b>	
FINISHED PAPER SIZE 8 1/2 X 11	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	<input type="checkbox"/> XEROX BIND
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> WRAP AROUND
<input type="checkbox"/> FOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VELOBIND
			<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> SADDLE STITCH
			<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> GBC/SPIRAL
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
**Fold in half - by phone on 9-23-00**  
**PARTIAL - OK w/ SUE on 9/27/00 - Sue**

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
**Elaine Davis 9-21-00** PHONE # **299-8640 x2070**

L A Y E R S	DO NOT WRITE BELOW THIS LINE				WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO		
NUMBER UP <b>1</b>	BACK SAME AS FRONT	<input checked="" type="checkbox"/> DIFFERENT			LINO			
NEW PLATES <b>2</b>	TYPE <input type="checkbox"/> OC MASTERS	<input checked="" type="checkbox"/> ALUM.	PROOF OUT <input type="checkbox"/> IN		PASTE UP	<b>6</b>		
OLD PLATES	SIZE <input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	PROOF			
DATE	<input type="checkbox"/> HEIDI				CONTACT PRINT			
INK <b>BLACK</b>	NO. UP <b>2</b>	IMP. PER SIDE	<b>130m</b>	<b>130m</b>	NEGATIVES <b>2</b> 10 x 12	<b>12</b>		
PRESS NO. <b>Wob. 12/3/00</b>	NO. UP	IMP. PER SIDE			POSITIVE/PMT 9 x 12			
DATE					MASKING	<b>36</b>		
PRESS SIZE <b>11x17</b>	SIZE CUT FROM	KIND USED <b>Roll</b>	QUANTITY USED		PLATE	<b>40</b>		
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	PLATEMAKER			
<b>504</b>	<b>504</b>	<b>WHT</b>	<b>130</b>	<b>130</b>	COPIER	<b>0M 2</b>		
<b>Dull</b>					PRESS <b>860</b> 7 -			
					STOCK - STOCK DIST.			<b>670</b>
					(Wrapping) folding	<b>26</b>	<b>30</b>	
					FOLD - <b>Curry</b>			
					DRLL			
					PAD			
					BOX <b>30m x 6</b>			
					TYPESETTING OUT			
					PRESS OUT			
					BINDERY OUT			
					NEGS OUT			

<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input checked="" type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM <b>8 1/2 x 11</b>
<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING
<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE		<b>300</b>		
NEGATIVES				
PRESS				
BINDERY				
VENDOR		BID NO.	DEL.	DATE PARTIAL ORDER SENT
				<b>09/27/00 0M</b>
		P.O. NO.	TERMS	DATE TO PURCH FOR BID
				<b>10/03/00</b>
				DATE DEPT. NOTIFIED
DISTRIBUTION:		DATE ACCEPTED		BY STARS PTE
1. White - Audit Copy		3. Pink - History File		<b>187</b>
2. Canary - Dept. Billing Copy		4. Goldenrod - Dept. Copy		<b>OCT 11 2000</b>

DEPARTMENT  
*Registrar of Voters*

DELIVER TO  
*Call For pickup*

FORM NUMBER <b>NO 4</b>	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) <b>X 093912</b>			
DATE OF REQUISITION <i>9/29/00</i>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
DATE WANTED <i>10/6/00</i>	SELLER'S ACCOUNTING DISTRIBUTION: M M D D Y Y <b>01 119 2346</b>			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	<b>9901</b>	<b>114</b>		<b>0077</b>

FORM TITLE OR DESCRIPTION OF PRINTING  
*Absentee-Mail Insta Sheet - Eng/Viet*

QUANTITY  
**10,000**

ORIGINALS  
**2**

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:

SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
<b>02</b>	<b>250</b>	<b>5605</b>	<b>2586</b>			<b>000</b>					

PAPER TYPE  
 REGULAR PAPER (BOND)  LEDGER  CARBONLESS  RECYCLE  
 CARD STOCK  SNAPOUT

PAPER WEIGHT  
**20**

TYPE OF BINDING (FOR BOOKS)  
 XEROX BIND  WRAP AROUND  VELOBIND  SADDLE STITCH  GBC/SPIRAL

FINISHED PAPER SIZE  
 8 1/2 X 11  8 1/2 X 14  4 1/4 X 5 1/2  8 1/2 X 5 1/2

INK COLOR  
 BLACK

PAPER COLOR  
 WHITE  blue

COLLATE  FOLD  STAPLE  2 ON SIDE CORNER  PUNCH TOP  SIDE 7 HOLE  2 HOLE  1/4" HOLES  PERFORATE ROUND CORNER  3 HOLE  3/8" HOLES

PAD  TOP  RIGHT  BOTTOM  LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*Fold in half*

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Sue*

PHONE #  
*299-8690 x 2070*

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input type="checkbox"/> 1 SIDE ONLY <input type="checkbox"/> 2ND SIDE HEAD-FOOT <input checked="" type="checkbox"/> 2ND SIDE HEAD-HEAD <input type="checkbox"/> 2ND SIDE HEAD-LEFT <input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
	NUMBER UP <b>1</b> <input type="checkbox"/> SAME AS FRONT <input checked="" type="checkbox"/> DIFFERENT	LINO			
PLATES	NEW PLATES <b>2</b> TYPE <input type="checkbox"/> CC MASTERS <input type="checkbox"/> ALUM. <input checked="" type="checkbox"/> PHOTO DIRECT	LINO			
	OLD PLATES SIZE <input type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG880 <input type="checkbox"/> HEIDI	PASTE UP	<b>6</b>		
PRESSES	DATE <b>1/9/98</b>	PROOF			
	INK <b>BLACK</b> NO. UP <b>1</b> IMP. PER SIDE <b>10m</b> 1st <b>10m</b> 2nd <b>20m</b> TOTAL PRESS RUN	CONTACT PRINT			
MATERIAL	PRESS NO. <b>2</b> NO. UP IMP. PER SIDE	NEGATIVES <b>10 x 12</b>			
	DATE <b>10/5/00</b>	POSITIVE/PMT <b>9 x 12</b>			
BINDER	PRESS SIZE <b>8 1/2 x 11</b> SIZE CUT FROM KIND USED QUANTITY USED	MASKING			
	PRESS STOCK WEIGHT <b>20</b> COLOR <b>BLUE</b> AMOUNT <b>20reams</b> INVENTORY <b>AM</b> DATE ORD. <b>9-27</b>	PLATE			
		PLATEMAKER			
		COPIER			
		PRESS <b>#2</b>	<b>4</b>	<b>45</b>	
		STOCK - STOCK DIST.	<b>12</b>		<b>68.00</b>
		FOLD <b>-</b>	<b>2</b>		
		DRILL			
		PAD			
		BOX <b>2 NEW</b>			
		TYPESETTING OUT			
		PRESS OUT			
		BINDERY OUT			
		NEGS. OUT			
		SPECIAL HANDLING			
		TOTAL BILLING			<b>607.17</b>

WORK ORDER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
	TYPE				
CHECK	NEGATIVES				
	PRESS				
	BINDERY				
	VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY
		P.O. NO.	TERMS	DATE TO PURCH FOR BID	
			V.C.	DATE DEPT. NOTIFIED	
				DATE ACCEPTED BY STARS	<b>996 OCT 18 2000</b>

DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File  
2. Canary - Dept. Billing Copy 4. Goldenrod - Dept. Copy

SP 25 0100 1320

DEPARTMENT **REG. OF VOTERS**  
ORDER TO **ALL AL SALCEDO**  
**299-4008**

#140

FORM TITLE OR DESCRIPTION OF PRINTING  
**AVB INSTRUCTIONS - 1/2 SHEET**

FORM NUMBER <b>NDA</b>	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) <b>X 75296</b>			
DATE OF REQUISITION <b>10-20</b>	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED <b>ASAP 10/20</b>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	<b>MMDDYY</b>	<b>Q1</b>	<b>119</b>	<b>2346</b>
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<b>9901</b>	<b>H4</b>		<b>0077</b>

QUANTITY <b>25,000</b>	ORIGINALS	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
<b>1</b>				

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<b>02</b>	<b>250</b>	<b>5609</b>	<b>2586</b>			<b>0001</b>					

FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11 <input type="checkbox"/> 8 1/2 X 14 <input type="checkbox"/> 11 X 17 <input checked="" type="checkbox"/> 1 1/4 X 5 1/2 <input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK <input type="checkbox"/>	PAPER WEIGHT <input checked="" type="checkbox"/> 20 <input type="checkbox"/>	PAPER COLOR <input checked="" type="checkbox"/> WHITE <input type="checkbox"/>	TYPE OF BINDING (FOR BOOKS) <input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL
COLLATE <input type="checkbox"/> FOLD	<input type="checkbox"/> STAPLE <input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP <input type="checkbox"/> SIDE <input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 2 HOLE <input type="checkbox"/> 3 HOLE <input type="checkbox"/> 1/4" HOLES <input type="checkbox"/> 3/8" HOLES	PERFORATE <input type="checkbox"/> ROUND CORNER
PAD <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM		RIGHT <input type="checkbox"/> LEFT		

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
**PRINT PER ATTACHED SAMPLE**

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
**Elaine Jones 10-20-00**

PLATES	DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS.	LABOR	MATERIAL
	<input checked="" type="checkbox"/> SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
NUMBER UP	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT					PASTE UP			
NEW PLATES	TYPE <input checked="" type="checkbox"/> CC MASTERS <input type="checkbox"/> ALUM. <input type="checkbox"/> DIRECT		PROOF OUT IN			PROOF			
OLD PLATES	SIZE <input checked="" type="checkbox"/> COPIER <input type="checkbox"/> HAMADA		<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DG880	<input type="checkbox"/> HEIDI			
DATE						CONTACT PRINT			
INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES			
PRESS NO. <b>2-1</b>	<b>2</b>	<b>12,500</b>			<b>12,500</b>	<b>10 x 12</b>			
DATE <b>10.20.00</b>						POSITIVE/PMT	<b>9 x 12</b>		
PRESS SIZE <b>5 1/2 x 11</b>	SIZE CUT FROM	KIND USED			QUANTITY USED	MASKING			
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PLATE		
<b>BOND</b>	<b>20</b>	<b>WHITE</b>	<b>25 Rms</b>	<b>OK</b>	<b>10-20</b>		PLATEMAKER		
BINDERY						COPIER	<b>12,500</b>		
<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD <input checked="" type="checkbox"/> TRIM <b>8 1/2 x 5 1/2</b>									
<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE <input type="checkbox"/> NUMBER BEGINNING									
<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND									

WORK OUT	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	SPECIAL HANDLING
	TYPE					
PURCH	NEGATIVES					TOTAL BILLING
	PRESS					<b>339.30</b>
	BINDERY					DATE PARTIAL ORDER SENT
	VENDOR		BID NO.	DEL.		BY
			P.O. NO.	TERMS		DATE TO PURCH FOR BID
				V.C.		DATE DEPT NOTIFIED

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy

119 OCT 27 2000

ARTMENT  
 Registrar of Votes  
 ORDER TO

FORM NUMBER	VOUCHER NUMBER		
DATE OF REQUISITION	CURRENT DOCUMENT NUMBER (8)		
DATE WANTED	<b>X 093903</b>		
SELLER'S ACCOUNTING DISTRIBUTION:			
DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
		01 119	2346
M M D D Y Y			
RSBJ (4)	RD (2)	PCA (5)	FUND (4) FD (2)
9901	H4		0077
<input type="checkbox"/> TYPESET			
<input type="checkbox"/> PROOF WANTED			

CALL FOR PICKUP  
 SIGN YOUR NAME - RETURN ENV. 11/7/00

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING
00	1			
			SHEETS PER SET	

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2584			0001					

PER TYPE	REGULAR PAPER (BOND)	LEDGER	CARD STOCK	CARBONLESS	RECYCLE	PAPER WEIGHT	20
				SNAPOUT			

WISHED PAPER SIZE	8 1/2 X 11	8 1/2 X 14	11 X 17	4 1/4 X 5 1/2	8 1/2 X 5 1/2	INK COLOR	BLACK
						PAPER COLOR	WHITE

COLLATE	FOLD	STAPLE	2 ON SIDE CORNER	PUNCH	TOP	SIDE	7 HOLE	2 HOLE	3 HOLE	1/4" HOLES	3/8" HOLES	PERFORATE	ROUND CORNER
---------	------	--------	------------------	-------	-----	------	--------	--------	--------	------------	------------	-----------	--------------

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
 cut in half

Verify that these articles are necessary for use by this department and that funds are available.

DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
 PHONE # X2070  
 299-8670

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT
NUMBER UP	2	BACK	SAME AS FRONT	DIFFERENT	
NEW PLATES	1	TYPE	OC MASTERS	PHOTO	PROOF OUT
OLD PLATES		SIZE	COPIER	HAMADA	11 x 18

PRESS	INK	Black	NO. UP	2	IMP. PER SIDE	250	1st	2nd	TOTAL PRESS RUN	250
	PRESS NO.	D.T.	NO. UP		IMP. PER SIDE		1st	2nd	TOTAL PRESS RUN	
	DATE	18-16								

MATERIAL	PRESS SIZE	8 1/2 x 11	SIZE CUT FROM		KIND USED		QUANTITY USED	
	PRESS STOCK	150ml	WEIGHT	2.0	COLOR	White	AMOUNT	INVENTORY
							DATE ORD.	DATE REC.

BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	8 1/2 x 5 1/2
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING	
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	

WORK CLASSIFICATION	JOB TIME HRS	MIN	LABOR	MATERIAL
LINO				
LINO				
PASTE UP				
PROOF				
CONTACT PRINT				
NEGATIVES	10 x 12			
POSITIVE/PMT	9 x 12			
MASKING				
PLATE				
PLATEMAKER				
COPIER	250		6	
PRESS				
STOCK - STOCK DIST.				223
FOLD				
DRILL				
PAD				
BOX				
TYPESETTING OUT				
PRESS OUT				
BINDERY OUT				
NEGS OUT				
SPECIAL HANDLING				

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				

VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
	P.O. NO.	TERMS	FULL ORDER SENT	BY	DATE DEPT. NOTIFIED
		V.C.			

DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File  
 2. Canary - Dept. Billing Copy 4. Goldenrod - Dept. Copy

TOTAL BILLING 9.23

DATE ACCEPTED BY STARS (931) AUG 23



DEPARTMENT: Registrar of Voters  
 DELIVER TO: Call For pickup

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION	<b>X</b> <b>75194</b>			
DATE WANTED	SELLER'S ACCOUNTING DISTRIBUTION:			
<u>8/7/00</u>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
<u>8/25/00</u>				
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED				FD (2)
	9901	<u>14</u>		0077

FORM TITLE OR DESCRIPTION OF PRINTING: AU Batch Header 11/7/00 EL#78

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING
<u>2000</u>	<u>1</u>		<input type="checkbox"/> SHEETS PER SET	

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<u>02</u>	<u>250</u>	<u>5605</u>	<u>2584</u>			<u>0001</u>					

PAPER TYPE	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT	TYPE OF BINDING (FOR BOOKS)	
<input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	<input type="checkbox"/>	<input checked="" type="checkbox"/> 20	<input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL	
FINISHED PAPER SIZE	INK COLOR			PAPER COLOR		
<input checked="" type="checkbox"/> 8 1/2 X 11	<input checked="" type="checkbox"/> BLACK			<input type="checkbox"/> WHITE <input checked="" type="checkbox"/> Blue		
<input type="checkbox"/> 8 1/2 X 14						
<input type="checkbox"/> 11 X 17						
<input type="checkbox"/> 4 1/4 X 5 1/2						
<input type="checkbox"/> 8 1/2 X 5 1/2						
<input type="checkbox"/> COLLATE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE ROUND CORNER
<input type="checkbox"/> FOLD	<input type="checkbox"/> STAPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAD				<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT	<input type="checkbox"/>
				<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT	<input type="checkbox"/>

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE: Madhuc Eagle PHONE # 299-399

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT		LINO			
NUMBER UP/	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT					PASTE UP			
NEW PLATES	TYPE	<input checked="" type="checkbox"/> QC MASTERS	PROOF OUT			PROOF			
<u>1</u>	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	IN			CONTACT PRINT			
OLD PLATES	SIZE	<input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	NEGATIVES <u>10 x 12</u>			
DATE	<u>1899</u>	<input type="checkbox"/> DG850	<input type="checkbox"/> HEIDI	POSITIVE/PMT <u>9 x 12</u>					
INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	MASKING			
<u>Black</u>	<u>1</u>	<u>2</u>			<u>2</u>	PLATE			
PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	PLATEMAKER			
<u>D.J.</u>						COPIER <u>201</u>			
DATE	<u>10-17-00</u>								
PRESS SIZE	SIZE CUT FROM	KIND USED		QUANTITY USED		COPIER			
<u>8 1/2 x 11</u>									
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS		
<u>Bond</u>	<u>20</u>	<u>Blue</u>	<u>4 Reams</u>		<u>10-7-00</u>				<u>1360</u>
<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD <input type="checkbox"/> TRIM <input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE <input type="checkbox"/> NUMBER BEGINNING						PLATE			
<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND						PLATEMAKER			

WORK ORDER	WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT			
	TYPE					SPECIAL HANDLING			
	NEGATIVES					TOTAL BILLING	<u>71</u>	<u>33</u>	
	PRESS								
SEARCH	BINDERY					DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID	
	VENDOR	BID NO.	DEL.			FULL ORDER SENT	BY	DATE DEL NOTIFIED	
		P.O. NO.	TERMS	V.C.		<u>08/17/00</u>	<u>PPIC</u>		
DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File 4. Goldenrod - Dept. Copy						DATE ACCEPTED BY STARS	<u>945</u>	<u>SEP 5 - 2000</u>	

AU-700000436

DEPARTMENT  
*Registrar of Voters*  
 LIVER TO  
*Call for pickup*

FORM NUMBER	VOUCHER NUMBER		
DATE OF REQUISITION	CURRENT DOCUMENT NUMBER (8)		
DATE WANTED	<b>X 75197</b>		
SELLER'S ACCOUNTING DISTRIBUTION:			
DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
M M D D Y Y	01	119	2346
RSBJ (4)	RD (2)	PCA (5)	FUND (4) FD (2)
9901	1/4		0077
<input type="checkbox"/> TYPESET			
<input type="checkbox"/> PROOF WANTED			

FORM TITLE OR DESCRIPTION OF PRINTING  
*Your official Ballot is enclosed - (Mail BH Ltr) 1/7/00*

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
12,000	1			

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	2586			0001					

APER TYPE	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE
<input checked="" type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	
FINISHED PAPER SIZE	INK COLOR		
<input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> BLACK
<input type="checkbox"/> 11 X 17	<input type="checkbox"/> 8 1/2 X 5 1/2		
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP
<input checked="" type="checkbox"/> FOLD			<input type="checkbox"/> SIDE 7 HOLE
			<input type="checkbox"/> 2 HOLE
			<input type="checkbox"/> 1/4" HOLES
			<input type="checkbox"/> 3/8" HOLES
			<input type="checkbox"/> PERFORATE ROUND CORNER

PAPER WEIGHT	<input checked="" type="checkbox"/> 20	<input type="checkbox"/>
PAPER COLOR	<input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> Green
PAD	<input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT
	<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*Fold in half per Kay*

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Sue*  
 PHONE # *X2070*  
*299-8640*

DO NOT WRITE BELOW THIS LINE					WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	LINO			
	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	NUMBER UP /			LINO			
	BACK SAME AS FRONT		<input type="checkbox"/> DIFFERENT		PASTE UP			
PLATES	NEW PLATES /	TYPE	<input type="checkbox"/> OC MASTERS	PROOF OUT	PROOF			
	OLD PLATES /	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	IN	CONTACT PRINT			
	DATE /	SIZE	<input checked="" type="checkbox"/> COPIER	HAMADA	NEGATIVES 10 x 12			
			11 x 18	DAVIDSON	POSITIVE/PMT 9 x 12			
PRESS	INK <i>Black</i>	NO. UP /	IMP PER SIDE	1st 12 7/8	TOTAL PRESS RUN			
	PRESS NO. <i>P.J.</i>	NO. UP /	IMP PER SIDE	1st	12 7/8			
	DATE <i>7-8-17-00</i>			2nd				
MATERIAL	PRESS SIZE <i>8 1/2 x 11</i>	SIZE CUT FROM	KIND USED	QUANTITY USED	PLATEMAKER			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	COPIER / 2M			
	<i>Bond</i>	<i>20</i>	<i>Green</i>	<i>24 Remms</i>				
				DATE ORD. <i>7-8-7-00</i>	DATE REC.			
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> TRIM	STOCK - STOCK DIST.			<i>8/160</i>
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	FOLD			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	DRILL			
				<input type="checkbox"/> XEROX BIND	PAD			
					BOX			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY
	P.O. NO.	TERMS	DATE TO PURCH. FOR BID	
		V.C.	FULL ORDER SENT	DATE DEPT. NOTIFIED
			<i>08-1-21-00</i>	<i>PAIA</i>
			DATE ACCEPTED BY STARS	<i>(945)</i>

1. White - Audit Copy  
 3. Pink - History File

DEPARTMENT  
REGISTRAR OF VOTERS  
OFFICE

FORM NUMBER 107	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8) 77998			
DATE OF REQUISITION 10/11	SELLER'S ACCOUNTING DISTRIBUTION:			
DATE WANTED ASAP	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
	M M D D Y Y	01	119	2346
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	9901			0077

FORM TITLE OR DESCRIPTION OF PRINTING All ballot instruction	QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS	NUMBER BEGINNING
	35,000	1	2 up		

BUYER'S ACCOUNTING DISTRIBUTION:										
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	FABC (3)
02	250	5609	2586			0001				

ER TYPE REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT 20	TYPE OF BINDING (FOR BOOKS)
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input checked="" type="checkbox"/> XEROX BIND	
FINISHED PAPER SIZE 8 1/2 X 11	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 3 1/2 X 5 1/2	<input checked="" type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR BLACK	<input type="checkbox"/> WRAP AROUND
<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 11 X 17			<input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> VELOBIND
<input type="checkbox"/> 11 X 17				<input checked="" type="checkbox"/> 366 ATTACHMENT	<input type="checkbox"/> SADDLE STITCH
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> PERFORATE	<input type="checkbox"/> GBC/SPIRAL
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> ROUND CORNER	
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> PAD	
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> TOP	
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> BOTTOM	
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> RIGHT	
<input type="checkbox"/> 11 X 17				<input type="checkbox"/> LEFT	

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
PLEASE CUT SHEETS IN HALF = TO TOTAL 110,000  
Miketong - #2040  
8 1/2 X 5 1/2  
PHONE # 299-2694

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*[Signature]*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS MIN	LABOR	MATERIAL
<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	Don't	TRIM	4		
NUMBER UP 2	BACK SAME AS FRONT	<input type="checkbox"/> DIFFERENT				PASTE UP			
NEW PLATES 1	TYPE	<input type="checkbox"/> GCM MASTERS	<input type="checkbox"/> PHOTO	<input type="checkbox"/> DIRECT	10, 11, 12 IN PROGRESS	PROOF	10		
OLD PLATES	SIZE	<input checked="" type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18		CONTACT PRINT			
DATE	10-2	sub/dec.				NEGATIVES	10 x 12		
INK	NO. UP	IMP PER SIDE	1st	2nd	TOTAL PRESS RUN	POSITIVE/PMT	9 x 12		
PRESS NO.	D.T	2	55,000		55 M	MASKING			
DATE	1					PLATE			
PRESS SIZE	8 1/2 x 11	SIZE CUT FROM	KIND USED	QUANTITY USED		PLATEMAKER			
PRESS STOCK	60ND	20	WHT	110 leaves	10-2	COPIER	55M	9-	
						PRESS			243 10
						STOCK - STOCK DIST.			
						FOLD	TRIM	4-	
						DRILL			
						PAD			
						BOX	12 NOV		
						TYPESETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	SPECIAL HANDLING
TYPE					
NEGATIVES					
PRESS					
BINDERY					
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR
	P.O. NO.	TERMS	10-23-00	OP	
		V.C.	DATE ACCEPTED	993	OCT 18 2000
			BY STARS		
TOTAL BILLING 1,792 95					

DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File  
2. Canary - Dept. Billing Copy 4. Goldenrod - Dept. Copy

DEPARTMENT  
*Registrar of Voters*

DELIVER TO  
*Call for pick up*

FORM NUMBER

VOUCHER NUMBER  
CURRENT DOCUMENT NUMBER (8)  
**X 75198**

DATE OF REQUISITION  
*8/7/00*

DATE WANTED  
*8/25/00*

SELLER'S ACCOUNTING DISTRIBUTION:  
DOCUMENT DATE | SFX | T/C (3) | INDEX (4)  
*01 119 2346*

M M D D Y Y

RSBJ (4) | RD (2) | PCA (5) | FUND (4) | FD (2)  
*9901 44 0077*

TYPESET  
 PROOF WANTED

FORM TITLE OR DESCRIPTION OF PRINTING  
*Mailing address Letter 11/7/00*

QUANTITY  
*2000*

ORIGINALS  
*1*

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:

SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

PAPER TYPE  
 REGULAR PAPER (BOND)  
 LEDGER  
 CARD STOCK  
 CARBONLESS  
 SNAPOUT  
 RECYCLE

PAPER WEIGHT  
 20

FINISHED PAPER SIZE  
 8 1/2 X 11  
 8 1/2 X 14  
 11 X 17  
 4 1/4 X 5 1/2  
 8 1/2 X 5 1/2

INK COLOR  
 BLACK  
 *see per Sue 018-8-00*

PAPER COLOR  
 WHITE

COLLATE  
 FOLD  
 STAPLE  
 2 ON SIDE CORNER  
 PUNCH TOP  
 SIDE 7 HOLE  
 2 HOLE  
 3 HOLE  
 1/4" HOLES  
 3/8" HOLES  
 PERFORATE  
 ROUND CORNER

PAD  
 TOP  
 BOTTOM  
 RIGHT  
 LEFT

TYPE OF BINDING (FOR BOOKS)  
 XEROX BIND  
 WRAP AROUND  
 VELOBIND  
 SADDLE STITCH  
 GBC/SPIRAL

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*FOLD in half*

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*X Moshier Kapla*

PHONE # *X2076*  
*299-8680*

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY <input type="checkbox"/> 2ND SIDE HEAD-FOOT <input type="checkbox"/> 2ND SIDE HEAD-HEAD <input type="checkbox"/> 2ND SIDE HEAD-LEFT <input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	LINO	JOB TIME HRS. MIN		LABOR		MATERIAL	
	NUMBER UP <i>1</i> <input type="checkbox"/> BACK SAME AS FRONT <input type="checkbox"/> DIFFERENT		LINO						
PLATES	NEW PLATES <i>1</i> TYPE <input type="checkbox"/> QC MASTERS <input type="checkbox"/> ALUM. <input checked="" type="checkbox"/> PHOTO DIRECT PROOF OUT <i>IN</i>	PROOF							
	OLD PLATES SIZE <input checked="" type="checkbox"/> COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI	CONTACT PRINT							
PRESSES	INK <i>Black</i> NO. UP <i>1</i> IMP. PER SIDE <i>27</i>	NEGATIVES <i>10 x 12</i>							
	PRESS NO. <i>D-1</i> NO. UP IMP. PER SIDE	POSITIVE/PMT <i>9 x 12</i>							
MATERIAL	DATE <i>8-17-00</i>	MASKING PLATE							
	PRESS SIZE <i>8 1/2 x 11</i> SIZE CUT FROM KIND USED	PLATEMAKER							
PRESS STOCK <i>Bond</i>	WEIGHT <i>20</i> COLOR <i>White</i> AMOUNT <i>4 Reams</i> INVENTORY <i>18-7-00</i>	COPIER <i>27</i>		<i>30</i>					
DATE ORD. DATE REC.	QUANTITY USED	PRESS							
		STOCK - STOCK DIST.						<i>892</i>	
		FOLD <i>-</i>		<i>30</i>					
		DRILL							
		PAD							
		BOX <i>1000</i>		<i>05</i>					
		TYPESETTING OUT							
		PRESS OUT							
		BINDERY OUT							
		NEGS OUT							
		SPECIAL HANDLING							
		TOTAL BILLING						<i>842</i>	
		DATE PARTIAL ORDER SENT							
		BY							
		DATE TO PURCH FOR BID							
		DATE DEPT NOTIFIED							
		DATE ACCEPTED							
		BY STARS							

WORK ORDER

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR		BID NO.	DEL.	
		P.O. NO.	TERMS	
			V.C.	

DATE ACCEPTED BY STARS *(initials)*

DATE DEPT NOTIFIED *SEP 5 - 2000*

DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept Billing Copy 3. Pink - History File 4. Goldenrod - Dept Copy

DEPARTMENT  
**Registrar of Voters**

OFFICE TO  
**Call For Pickup**

FORM NUMBER	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8)		
DATE OF REQUISITION <b>8/7/00</b>	<b>X 093902</b>		
DATE WANTED <b>8/25/00</b>	SELLER'S ACCOUNTING DISTRIBUTION:		
	DOCUMENT DATE	SFX	T/C (3) INDEX (4)
			<b>01 119 2346</b>
	M M D D Y Y		
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5) FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	<b>9901</b>	<b>44</b>	<b>0077</b>

ITEM TITLE OR DESCRIPTION OF PRINTING  
**Returned Absentee Ballot Headers 11/7/00**

QUANTITY ORIGINALS UNITS MULTI-PART SETS  
**500 1**

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
<b>02</b>	<b>250</b>	<b>5605</b>	<b>2586</b>			<b>0001</b>					

INK TYPE REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input checked="" type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)
<input type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> XEROX BIND	
FINISHED PAPER SIZE <input checked="" type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	INK COLOR <input checked="" type="checkbox"/> BLACK	PAPER COLOR <input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> WRAP AROUND
<input type="checkbox"/> 11 X 17					<input type="checkbox"/> VELOBIND
<input type="checkbox"/> COLLATE FOLD	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE
			<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE
				<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> ROUND CORNER
				PAD <input type="checkbox"/> TOP	<input type="checkbox"/> RIGHT
				<input type="checkbox"/> BOTTOM	<input type="checkbox"/> LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS

DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
**Madhur Kagra**

PHONE #  
**299-8646 x2070**

LABOR	MATERIAL	WORK CLASSIFICATION		JOB TIME HRS. MIN.	LABOR	MATERIAL
		LINE	LINE			
		PASTE UP				
		PROOF				
		CONTACT PRINT				
		NEGATIVES 10 x 12				
		POSITIVE/PMT 9 x 12				
		MASKING				
		PLATE				
		PLATEMAKER				
		COPIER 1500		18		
		STOCK - STOCK/DIST.				669
		FOLD				
		DRILL				
		PAD				
		BOX 8/1/00		05		
		TYPESETTING OUT				
		PRESS OUT				
		BINDERY OUT				
		NEGS OUT				
		SPECIAL HANDLING				
		TOTAL BILLING				46.31

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR		BID NO.	DEL.	
		P.O. NO.	TERMS	
			V.C.	
DISTRIBUTION:		DATE PARTIAL ORDER SENT		BY
1. White - Audit Copy		8/21/00		
2. Canary - Dept. Billing Copy		DATE TO PURCH. FOR B/D		
3. Pink - History File		DATE DEPT. NOTIFIED		
4. Goldenrod - Dept. Copy		9/5/00		
DATE ACCEPTED BY STARS		945		

AU-70000442

SEP 5 2000

DEPARTMENT  
*Registrar of Voters*

DELIVER TO  
*Call for pickup*

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
	<b>X 093910</b>				
DATE OF REQUISITION <i>8/17/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:				
DATE WANTED <i>8/25/00</i>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
	M M D D Y Y			01	119 2346
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)
<input type="checkbox"/> PROOF WANTED	9901	<i>HY</i>		0077	

FORM TITLE OR DESCRIPTION OF PRINTING  
*Overprinting on Envelopes (ABS Processing)*

QUANTITY  
*1400*

ORIGINALS  
*1*

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
02	250	5605	286			0001					

PAPER TYPE  
 REGULAR PAPER (BOND)  LEDGER  CARBONLESS  RECYCLE *6x9*  
 CARD STOCK  SNAPOUT  ENVELOPES

FINISHED PAPER SIZE  
 8 1/2 X 11  8 1/2 X 14 11 X 17  4 1/4 X 5 1/2 8 1/2 X 5 1/2

INK COLOR  
 BLACK

PAPER WEIGHT  
 20

PAPER COLOR  
 WHITE

TYPE OF BINDING (FOR BOOKS)  
 XEROX BIND  WRAP AROUND  VELOBIND  SADDLE STITCH  GBC/SPIRAL

COLLATE FOLD  
 STAPLE  2 ON SIDE CORNER  PUNCH TOP  SIDE 7 HOLE  2 HOLE  3 HOLE  1/4" HOLES  3/8" HOLES  PERFORATE ROUND CORNER

PAD  
 TOP  RIGHT  BOTTOM  LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*offset - printing - supplied original onto*

*supplied envelopes - center left to right / vertical position 1/2" from bottom. See*

CERTIFY THAT THESE ARTICLES ARE NECESSARY FOR USE BY THIS DEPARTMENT AND THAT FUNDS ARE AVAILABLE. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*X Nathan Rabe*

PHONE # x2076  
*299-8640*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input checked="" type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO	<i>00</i>		
PLATES	NUMBER UP	BACK SAME AS FRONT	<input type="checkbox"/> DIFFERENT			LINO			
	NEW PLATES	TYPE	<input type="checkbox"/> OC MASTERS	PROOF OUT		PASTE UP			
		<input type="checkbox"/> ALUM. <input checked="" type="checkbox"/> PHOTO DIRECT	IN			PROOF			
	OLD PLATES	SIZE	<input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	<input type="checkbox"/> 11 x 18	<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> D6860	<input type="checkbox"/> HEIDI	
	DATE	<i>8-14</i>				CONTACT PRINT			
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES	10 x 12	
	PRESS NO.	<i>66</i>		1st	2nd	TOTAL PRESS BIN	POSITIVE/PMT	9 x 12	
	DATE	<i>8/28</i>				1400	MASKING		
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED		PLATE			
	<i>1</i>		<i>12</i>			PLATEMAKER			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS	<i>6 2</i>
	<i>Supplied 6x9 ENV.</i>						COPIER		
							STOCK - STOCK DIST.		
							FOLD		
							DRILL		
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input type="checkbox"/> TRIM	PAD			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING	BOX			
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	TYPESETTING OUT			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE					
NEGATIVES					
PRESS					
BINDERY					
TOTAL BILLING					<i>180 73</i>
VENDOR	BID NO.	DEL	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
	P.O. NO.	TERMS	DATE DEPT. NOTIFIED		
DISTRIBUTION: 1. White - Audit Copy 2. Canary - Dept. Billing Copy 3. Pink - History File Copy 4. Goldenrod - Dept. Copy					DATE ACCEPTED BY STARS
					<i>SEP 11 2000</i>

DEPARTMENT  
*Registrar of Voters*

DELIVER TO  
*Call For pickup*

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION <i>8/7/00</i>	<b>X 093904</b>			
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
			<i>01</i>	<i>119</i>
	M M D D Y Y			<i>2346</i>
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>H4</i>		<i>0077</i>

TITLE OR DESCRIPTION OF PRINTING  
*Blank cards - white*

QUANTITY... ORIGINALS UNITS MULTI-PART SETS SHEETS PER SET NUMBER BEGINNING

*100*

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2584</i>			<i>0001</i>					

PER TYPE	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE
<input type="checkbox"/> REGULAR PAPER (BOND)	<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	
FINISHED PAPER SIZE	INK COLOR		TYPE OF BINDING (FOR BOOKS)
<i>8 1/2 X 11</i>	<input type="checkbox"/> BLACK	<input type="checkbox"/> WHITE	<input type="checkbox"/> XEROX BIND
<i>3 2/3 x 8 1/2</i>	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> WRAP AROUND
	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> VELOBIND
			<input type="checkbox"/> SADDLE STITCH
			<input type="checkbox"/> GBC/SPIRAL

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut 1 Ream of paper into thirds*

DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Madhu Bahl*

PHONE # *299-8640*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN	LABOR	MATERIAL
<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT		LINO			
NUMBER UP	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT		PROOF OUT			PASTE UP			
NEW PLATES	TYPE <input type="checkbox"/> ALUM. <input type="checkbox"/> COPIER	<input type="checkbox"/> QC MASTERS <input type="checkbox"/> PHOTO DIRECT	DATE			PROOF			
OLD PLATES	SIZE	<input type="checkbox"/> HAMADA <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DGB50 <input type="checkbox"/> HEIDI	DATE			CONTACT PRINT			
INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES <i>10 x 12</i>			
PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	POSITIVE/PMT <i>9 x 12</i>			
PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED			MASKING			
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS		
<i>Trides</i>	<i>110</i>	<i>White</i>	<i>5000</i>	<i>66</i>	<i>8-7-00</i>		STOCK - STOCK DIST. <i>3P</i>	<i>06</i>	<i>10 75</i>
<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM <i>3 2/3 x 8 1/2</i>	FOLD				
<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	NUMBER BEGINNING	DRILL				
<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLE STITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND	PAD <i>TRIM</i>				
						BOX <i>INTW SM</i>			
						TYPESSETTING OUT			
						PRESS OUT			
						BINDERY OUT			
						NEGS OUT			
						SPECIAL HANDLING			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN
TYPE				
NEGATIVES				
PRESS				
BINDERY				
VENDOR	BID NO.	DEL.	TOTAL BILLING <i>29.63</i>	
	P.O. NO.	TERMS	DATE PARTIAL ORDER SENT	DATE TO PUNCH FOR BID
		V.C.	<i>08/29/00</i>	<i>09/11/00</i>
DISTRIBUTION: 1. White - Audit Copy 3. Pink - History File			DATE ACCEPTED BY STARS <i>09/11/00</i>	

DEPARTMENT  
*Registrar of Voters*

DELIVER TO  
*Call for pickup*

FORM NUMBER	VOUCHER NUMBER CURRENT DOCUMENT NUMBER (8)	
DATE OF REQUISITION <i>8/27/00</i>	<b>X 093906</b>	
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:	
	DOCUMENT DATE	SFX T/C (3) INDEX (4)
	M M D D Y Y	<i>01 119 2346</i>
<input type="checkbox"/> TYPESET	RSBJ (4) RD (2) PCA (5)	FUND (4) FD (2)
<input type="checkbox"/> PROOF WANTED	<i>9901 H4</i>	<i>0077</i>

FORM TITLE OR DESCRIPTION OF PRINTING  
*Blank cards - Green*

QUANTITY  
*1500*

ORIGINALS UNITS MULTI-PART SETS SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

PAPER TYPE <input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS)	
<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> XEROX BRND	<input type="checkbox"/> WRAP AROUND	<input type="checkbox"/> VELOBIND
FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14	<input type="checkbox"/> 4 1/4 X 5 1/2	<input type="checkbox"/> 8 1/2 X 5 1/2	<input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> <i>Green</i>	<input type="checkbox"/> SADDLE STITCH
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> PUNCH TOP	<input type="checkbox"/> BLACK		<input type="checkbox"/> GBC/SPIRAL
<input type="checkbox"/> FOLD	<input type="checkbox"/> 2 ON SIDE CORNER	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 2 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> ROUND CORNER
	<input type="checkbox"/> SIDE 7 HOLE	<input type="checkbox"/> 3 HOLE	<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> PAD TOP	<input type="checkbox"/> RIGHT	<input type="checkbox"/> BOTTOM LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut 1 rem into thirds*

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*X Madhu Raye*

PHONE # *2070*  
*299-8640*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
PLATES	NUMBER UP	BACK SAME AS FRONT	<input type="checkbox"/> DIFFERENT	NEW PLATES	TYPE	PROOF			
		<input type="checkbox"/> ALUM	<input type="checkbox"/> DIRECT	OLD PLATES	SIZE	CONTACT PRINT			
		<input type="checkbox"/> COPIER	<input type="checkbox"/> HAMADA	DATE		NEGATIVES 10 x 12			
PRESS	INK	NO. UP	IMP PER SIDE	1st	2nd	TOTAL PRESS RUN			
	PRESS NO.	NO. UP	IMP PER SIDE	1st	2nd	TOTAL PRESS RUN			
	DATE								
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED		PLATEMAKER			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.		
	<i>Index</i>	<i>110</i>	<i>Green</i>	<i>soakits</i>	<i>#27-00</i>				<i>102</i>
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 1/2 x 8 1/2</i>			
	<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	<input type="checkbox"/> NUMBER BEGINNING				
	<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND				

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	SPECIAL HANDLING
TYPE					
NEGATIVES					
PRESS					
BINDERY					
VENDOR	BID NO.	DEL. EL.	TOTAL BILLING <i>29.00</i>		
	P.O. NO.	TERMS V.G.	DATE PARTIAL ORDER SENT BY DATE TO PURCH FOR BU		
			DATE DEPT. NOTIFIED BY DATE DEPT. NOTIFIED		
			DATE ACCEPTED BY STARS <i>049</i>		

DISTRIBUTION: 11. White - Audit Copy 3. Pink - History File 4. Goldenrod - Dept. Copy



DEPARTMENT  
*Registrar of Voters*

FOR  
*Call For pickup*

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
	<b>X 093905</b>				
DATE OF REQUISITION <i>8/7/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:				
DATE WANTED <i>8/25/00</i>	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
	M M D D Y Y				
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>44</i>		<i>0077</i>	

TITLE OR DESCRIPTION OF PRINTING  
*Blank cards - Blue*

QUANTITY	ORIGINALS	UNITS	MULTI-PART SETS SHEETS PER SET	NUMBER BEGINNING
<i>500</i>				

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2506</i>			<i>0001</i>					

REGULAR PAPER (BOND)	LEDGER	CARBONLESS	RECYCLE	PAPER WEIGHT	TYPE OF BINDING (FOR BOOKS)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT	<input type="checkbox"/>	<input type="checkbox"/> 20	<input type="checkbox"/> XEROX BIND	<input type="checkbox"/> WRAP AROUND
FINISHED PAPER SIZE	INK COLOR		PAPER COLOR		<input type="checkbox"/> VELOBIND	<input type="checkbox"/> SADDLE STITCH
<i>8 1/2 X 11</i>	<i>3 3/4 X 8 1/2</i>	<input type="checkbox"/> BLACK	<input checked="" type="checkbox"/> blue	<input type="checkbox"/> WHITE	<input type="checkbox"/> GBC/SPIRAL	
COLLATE FOLD	STAPLE	2 ON SIDE CORNER	PUNCH TOP	SIDE 7 HOLE	2 HOLE 3 HOLE	1/4" HOLES 3/8" HOLES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut 1 exam of paper into thirds*

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Madhuri Raghoe*

PHONE # X 2070  
*299-8640*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT		LINO			
NUMBER UP	BACK SAME AS FRONT		DIFFERENT			LINO			
NEW PLATES	TYPE	QC MASTERS	PROOF OUT			PASTE UP			
	<input type="checkbox"/> ALUM.	<input type="checkbox"/> PHOTO DIRECT	<i>IN</i>			PROOF			
OLD PLATES	SIZE	COPIER	HAMADA	11 x 18	DAVIDSON	D3850	HEIDI		
DATE						CONTACT PRINT			
INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES	10 x 12		
PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	POSITIVE/PMT	9 x 12		
DATE						MASKING			
PRESS SIZE	SIZE CUT FROM	KIND USED	QUANTITY USED			PLATE			
PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PRESS		
<i>Index</i>	<i>110</i>	<i>Blue</i>	<i>500</i>	<i>5/16</i>	<i>7-8-7-00</i>		STOCK - STOCK DIST.	<i>JP</i>	<i>06</i>
BINDERY						FOLD			
<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 3/4 x 8 1/2</i>	DRILL			
<input type="checkbox"/> PUNCH	<input type="checkbox"/> STAPLE	<input type="checkbox"/> ROUND CORNER	<input type="checkbox"/> SCORE	NUMBER BEGINNING		PAD TRIM		<i>10</i>	
<input type="checkbox"/> MINABINDA	<input type="checkbox"/> SADDLESTITCH	<input type="checkbox"/> GBC/SPIRAL	<input type="checkbox"/> VELOBIND	<input type="checkbox"/> XEROX BIND		BOX TULWSEN		<i>05</i>	

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE					SPECIAL HANDLING
NEGATIVES					TOTAL BILLING
PRESS					<i>29.68</i>
BINDERY					DATE PARTIAL ORDER SENT
VENDOR	BID NO.	DEL.	BY	DATE TO PURCH FOR BID	
	P.O. NO.	TERMS	<i>JP</i>	DATE DEPT. NOTIFIED	
		V.G.			
DISTRIBUTION:					DATE ACCEPTED BY STARS
1. White - Audit Copy					<i>9/4</i>
2. Canary - Dept. Billing Copy					SEP 11 2000
3. Pink - History File					
4. Goldenrod - Dept. Copy					

AU-7000004

DEPARTMENT  
*Registration of Voters*

LIVER-TO  
*Call For pickup*

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
DATE OF REQUISITION <i>8/7/00</i>	<b>X-093907</b>				
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:				
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
			<i>01</i>	<i>119</i>	<i>2346</i>
	M M D D Y Y			FUND (4)	FD (2)
	RSBJ (4)	RD (2)	PCA (5)	<i>9901</i>	<i>1/4</i>
<input type="checkbox"/> TYPESET					<i>0077</i>
<input type="checkbox"/> PROOF WANTED					

FORM TITLE OR DESCRIPTION OF PRINTING  
*Blank Cards - Pink*

QUANTITY  
*1500*

ORIGINALS

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (8)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>					

PAPER TYPE  
 REGULAR PAPER (BOND)  LEDGER  CARBONLESS  RECYCLE  
 CARD STOCK  SNAPOUT

FINISHED PAPER SIZE  
 8 1/2 X 11  8 1/2 X 14  8 1/2 X 17  4 1/4 X 5 1/2  4 1/2 X 5 1/2  *3 2/3 X 8 1/2*

INK COLOR  
 BLACK

PAPER WEIGHT  
 20  *Cherry*

PAPER COLOR  
 WHITE  *PINK*

TYPE OF BINDING (FOR BOOKS)  
 XEROX BND  WRAP AROUND  VELOBIND  SADDLE STITCH  GBC/SPIRAL

COLLATE  FOLD  STAPLE  2 ON SIDE CORNER  PUNCH TOP  SIDE 7 HOLE  2 HOLE  3 HOLE  1/4" HOLES  3/8" HOLES  PERFORATE ROUND CORNER

PAD  TOP  RIGHT  BOTTOM  LEFT

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut 1 rem of paper into thirds*

certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*[Signature]*

PHONE # *X2070*  
*299-8698*

DO NOT WRITE BELOW THIS LINE

LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	WORK CLASSIFICATION	JOB TIME HRS.	MIN.	LABOR	MATERIAL
	NUMBER UP	BACK SAME AS FRONT <input checked="" type="checkbox"/> DIFFERENT <input type="checkbox"/>				LINO				
PLATES	NEW PLATES	TYPE <input type="checkbox"/> OC MASTERS <input type="checkbox"/> PHOTO DIRECT <input type="checkbox"/> LUM. <input type="checkbox"/>		PROOF OUT <input type="checkbox"/>		PASTE UP				
	OLD PLATES	SIZE <i>3 2/3 X 8 1/2</i>		COPIER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 X 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI <input type="checkbox"/>		PROOF				
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	CONTACT PRINT			
	PRESS NO.	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN	NEGATIVES <i>10 x 12</i>			
MATERIAL	PRESS SIZE	SIZE CUT FROM	KIND USED		QUANTITY USED	POSITIVE/PMT <i>9 x 12</i>	MASKING			
	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.	PLATE		
BINDERY	<input type="checkbox"/> PAD <input type="checkbox"/> COLLATE <input type="checkbox"/> PERFORATE <input type="checkbox"/> FOLD <input checked="" type="checkbox"/> TRIM <i>3 2/3 X 8 1/2</i>	<input type="checkbox"/> PUNCH <input type="checkbox"/> STAPLE <input type="checkbox"/> ROUND CORNER <input type="checkbox"/> SCORE		NUMBER BEGINNING		PLATEMAKER				
	<input type="checkbox"/> MINABINDA <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> GBC/SPIRAL <input type="checkbox"/> VELOBIND <input type="checkbox"/> XEROX BIND					COPIER				
						STOCK - STOCK DIST. <i>JP</i>				<i>10 30</i>
						FOLD				
						DRILL				
						PAD <i>TRIM</i>		<i>10</i>		
						BOX <i>1 New SM</i>		<i>05</i>		
						TYPESETTING OUT				
						PRESS OUT				
						BINDERY OUT				
						NEGS OUT				
						SPECIAL HANDLING				
						TOTAL BILLING			<i>29</i>	<i>66</i>
						DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID		
						DATE ORDER SENT	BY	DATE DEPT. NOTIFIED		
						FULL ORDER SENT	BY			
									<i>08 29 00 JP</i>	
						DATE ACCEPTED			<i>ALM</i>	<i>SEP 11</i>
						BY STARS				

WORK ORDER

WORK NEEDED

VENDOR

ORDER NO.

DATE OUT

DATE IN

TYPE

NEGATIVES

PRESS

BINDERY

VENDOR

BID NO.

DEL

P.O. NO.

TERMS

V.G.

DISTRIBUTION:

1. Whitey Audit Copy

2. CARAV - DATA Billing Copy

3. Pink's History File

4. GTRAINED - Lab Copy

DEPARTMENT  
*Registrar of Voters*

FOR TO  
*Call for pickup*

FORM NUMBER	VOUCHER NUMBER			
	CURRENT DOCUMENT NUMBER (8)			
DATE OF REQUISITION <i>8/7/00</i>	<b>X 093908</b>			
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:			
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)
		<i>01</i>	<i>119</i>	<i>2346</i>
	M M D D Y Y			
<input type="checkbox"/> TYPESET	RSBJ (4)	RD (2)	PCA (5)	FUND (4) / FD (2)
<input type="checkbox"/> PROOF WANTED	<i>9901</i>	<i>1/4</i>	<i>1/1</i>	<i>0077</i>

ITEM TITLE OR DESCRIPTION OF PRINTING  
*Blank cards - Gold Buff*

QUANTITY  
*500*

ORIGINALS

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

<input type="checkbox"/> REVISION	<input type="checkbox"/> RERUN	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	BUYER'S ACCOUNTING DISTRIBUTION:					<input type="checkbox"/> PROJECT (8)	<input type="checkbox"/> PPH (2)	<input type="checkbox"/> TASK (4)	<input type="checkbox"/> FABC (3)
					SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	
					<i>02</i>	<i>250</i>	<i>5605</i>	<i>2586</i>			<i>0001</i>		

FINISHED PAPER SIZE  
 11 X 17  
 8 1/2 X 14  
 11 X 17  
 4 1/4 X 5 1/2  
 8 1/2 X 5 1/2  
 *3 3/8 X 8 1/2*

INK COLOR  
 BLACK

PAPER WEIGHT  
 20  
 *Buff*

PAPER COLOR  
 WHITE  
 *Gold*

TYPE OF BINDING (FOR BOOKS)  
 XEROX BIND  
 WRAP AROUND  
 VELOBIND  
 SADDLE STITCH  
 GBC/SPIRAL

DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS  
*cut 1 ream into thirds ok per Sue*

certify that these articles are necessary for use by this department and that funds are available.

DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*Madhu Baple*

PHONE # *22070*  
*299-8640*

DO NOT WRITE BELOW THIS LINE										WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	NUMBER UP	BACK <input type="checkbox"/> SAME AS FRONT <input type="checkbox"/> DIFFERENT	NEW PLATES TYPE <input type="checkbox"/> QC MASTERS <input type="checkbox"/> PHOTO ALUM. <input type="checkbox"/> DIRECT	PROOF CUT	OLD PLATES SIZE <input type="checkbox"/> CORNER <input type="checkbox"/> HAMADA <input type="checkbox"/> 11 x 18 <input type="checkbox"/> DAVIDSON <input type="checkbox"/> DG860 <input type="checkbox"/> HEIDI	PASTE UP			
										PROOF			
										CONTACT PRINT			
										NEGATIVES 10 x 12			
										POSITIVE/PMT 9 x 12			
										MASKING			
										PLATE			
										PLATEMAKER			
										COPIER			
										PRESS			
										STOCK - STOCK DIST. <i>38</i>	<i>00</i>	<i>11/15</i>	
										FOLD			
										DRILL			
										PAD <i>TRIM</i>	<i>10</i>		
										BOX <i>Intw sm</i>	<i>05</i>		
										TYPESETTING OUT			
										PRESS OUT			
										BINDERY OUT			
										NEGS OUT			
										SPECIAL HANDLING			
										TOTAL BILLING	<i>30.</i>	<i>03</i>	

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BD
TYPE							
NEGATIVES							
PRESS							
BINDERY							
VENDOR	BID NO.	DEL.	TERMS	V.C.	DATE ORDER SENT	BY	DATE DEPT. NOTIFIED
	P.O. NO.				<i>08 29 00</i>	<i>JP</i>	
DISTRIBUTION:				DATE ACCEPTED BY STAFFS		SEP 11 2000	
1. White - Audit Copy		2. Canary - Dept. Billing Copy		3. Pink - History File		4. Goldenrod - Dept. Copy	

AU-70000114

DEPARTMENT  
*Register of Voters*

DELIVER TO  
*Call For pickup*

FORM NUMBER	VOUCHER NUMBER				
	CURRENT DOCUMENT NUMBER (8)				
DATE OF REQUISITION <i>8/27/00</i>	<b>X 093909</b>				
DATE WANTED <i>8/25/00</i>	SELLER'S ACCOUNTING DISTRIBUTION:				
	DOCUMENT DATE	SFX	T/C (3)	INDEX (4)	
	M M D D Y Y				
	RSBJ (4)	RD (2)	PCA (5)	FUND (4)	FD (2)
<input type="checkbox"/> TYPESET	9901	<i>44</i>		0077	
<input type="checkbox"/> PROOF WANTED					

FORM TITLE OR DESCRIPTION OF PRINTING  
*Blank cards - Canary*

QUANTITY  
*1500*

ORIGINALS

UNITS

MULTI-PART SETS  
SHEETS PER SET

NUMBER BEGINNING

BUYER'S ACCOUNTING DISTRIBUTION:											
SFX	T/C (3)	INDEX (4)	ESBJ (4)	ED (2)	PCA (5)	FUND (4)	FD (2)	PROJECT (6)	PPH (2)	TASK (4)	FABC (3)
<i>02</i>	<i>250</i>	<i>5605</i>	<i>2886</i>			<i>0001</i>					

PAPER TYPE <input type="checkbox"/> REGULAR PAPER (BOND)	<input type="checkbox"/> LEDGER	<input type="checkbox"/> CARBONLESS	<input type="checkbox"/> RECYCLE	PAPER WEIGHT <input type="checkbox"/> 20	TYPE OF BINDING (FOR BOOKS) <input type="checkbox"/> XEROX BIND <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> VELOBIND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> GBC/SPIRAL
<input checked="" type="checkbox"/> CARD STOCK	<input type="checkbox"/> SNAPOUT			<input type="checkbox"/> 20	
FINISHED PAPER SIZE <input type="checkbox"/> 8 1/2 X 11	<input type="checkbox"/> 8 1/2 X 14 11 X 17	<input type="checkbox"/> 4 1/4 X 5 1/2 8 1/2 X 5 1/2	<input checked="" type="checkbox"/> <i>3 2/3 X 8 1/2</i>	PAPER COLOR <input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> <i>Canary</i>
<input type="checkbox"/> COLLATE	<input type="checkbox"/> STAPLE	<input type="checkbox"/> 2 ON SIDE CORNER	PUNCH <input type="checkbox"/> TOP	<input type="checkbox"/> SIDE	<input type="checkbox"/> 2 HOLE
<input type="checkbox"/> FOLD			<input type="checkbox"/> 7 HOLE	<input type="checkbox"/> 1/4" HOLES	<input type="checkbox"/> PERFORATE
DEPARTMENT REMARKS/SPECIAL INSTRUCTIONS <i>Cut 1 ream into thirds</i>			<input type="checkbox"/> 3/8" HOLES	<input type="checkbox"/> ROUND CORNER	

I certify that these articles are necessary for use by this department and that funds are available. DEPT. FORMS ADMINISTRATOR'S SIGNATURE  
*X Madhu Raje*

PHONE # *82070*  
*299-8640*

DO NOT WRITE BELOW THIS LINE						WORK CLASSIFICATION	JOB TIME HRS. MIN.	LABOR	MATERIAL
LAYOUT	<input type="checkbox"/> 1 SIDE ONLY	<input type="checkbox"/> 2ND SIDE HEAD-FOOT	<input type="checkbox"/> 2ND SIDE HEAD-HEAD	<input type="checkbox"/> 2ND SIDE HEAD-LEFT	<input type="checkbox"/> 2ND SIDE HEAD-RIGHT	LINO			
PLATES	NUMBER UP	BACK SAME AS FRONT	<input type="checkbox"/> DIFFERENT	NEW PLATES	TYPE	PROOF OUT			
PRESS	INK	NO. UP	IMP. PER SIDE	1st	2nd	TOTAL PRESS RUN			
MATERIAL	PRESS STOCK	WEIGHT	COLOR	AMOUNT	INVENTORY	DATE ORD.	DATE REC.		
BINDERY	<input type="checkbox"/> PAD	<input type="checkbox"/> COLLATE	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> FOLD	<input checked="" type="checkbox"/> TRIM	<i>3 2/3 x 8 1/2</i>			

WORK NEEDED	VENDOR	ORDER NO.	DATE OUT	DATE IN	NEGS OUT
TYPE					
NEGATIVES					
PRESS					
BINDERY					
VENDOR	BID NO.	DEL.	DATE PARTIAL ORDER SENT	BY	DATE TO PURCH FOR BID
	P.O. NO.	TERMS	<i>08/24/00</i>	<i>JP</i>	
	V.C.		FULL ORDER SENT	BY	DATE DEPT. NOTIFIED
DISTRIBUTION:					DATE ACCEPTED BY STARS
1. White - Audit Copy					<i>9401</i>
2. Canary - Dept. Billing Copy					<b>SEP 11 2000</b>
3. Pink - History File					
4. Goldenrod - Dept. Copy					

**SUPPLIES USED**  
Absentee Voters Division

General Election      November 7, 2000      Election #78

DESCRIPTION	USAGE	TOTAL AMOUNT
ENV. AV1-3, WHITE/BLK (12/99) SML OUTSIDE	12,800	512.00
ENV. AV1-SV, WHITE/RED (8/98) SML OUTSIDE	0	
ENV. WHITE (9/00) SML OUTSIDE - SPECTRUM	126,600	Included in contract
ENV. AV2, WHITE/BLK, (2/99) INSIDE/RETURN	6,600	396.00
ENV. AV2, BLUE, (12/99) INSIDE/RETURN	12,200	610.00
ENV. Courtesy Reply - blue - spectrum	120,000	Included in contract
ENV. AV2SV, WHITE/RED (12/99) INSIDE/RETURN	1300	78.00
ENV. Business Reply - green - Spectrum	9,600	Included in contract
ENV. AV3, YELLOW/BLK (12/99) LG OUTSIDE	6,000	780.00
ENV. AV3SV YELLOW/RED (12/99) LG OUTSIDE	1300	143.00
STYLUS, AVB (Q-PUNCH)	200,000	2,706.00
LABEL, 1-UP, #4011, EA (1M/bx)	20 boxes	Old stock
TONER, HP LASER JET 5SI (C3909A) ENV. PRINTER	2	220.66
Inkjet Cartridge for Bryce 94 K Inkjet Printer #6195 Fast Dry Black	2	63.54
INK, METER MACHINE, OZ (100 GMS = 3.53 OZ)	4 oz.	6.24
INK, METER MACHINE, ROLL	1	21.38
STRIP LABEL, POSTAL TAPE (1000EA/PK) 10 PK/BOX	12,500	32.13
ENV. #9 RETRN W/O POSTAGE, W/ROV ret add Incomplete Ltr 875 & Mailing Address Ltr 765	1640	65.60
ENV. #10 Window, w/ROV print (Too Late Ltrs)	1565	31.30
ENV. RV1-W, 5 3/4 X 9 Window, w/ROV ret add	Not Registered - 740	59.20
	Perm requests - 2,640	211.20
ENV., A-W, (12/99) 5 3/4 x 9 no window (Mailing Add. Ltr) & no Sig	1075	43.00
ENV., RVRP (12/99) RET ADDR 5 3/4 x 8 3/4 (Perm App)	2,640	132.00
ENV., 6 X 9 KRAFT, clasp, plain	2250 1,350	116.91
Mail Ballot Letter Election Specific EL #78	Printing Services 8/7/00 - Req # 75197	12,000
AV/MB INST SHEET, ENG/SPAN	Printing Services 9/21/00 - Req # 93911	130,000
AV/MB INST SHEET, ENG/VIET	Printing Services 9/21/00 - Req # 93912	10,000
AV/MB INST SHEET, ENG/CHIN	Printing Services 9/21/00 - Req # 93913	10,000
OVERPRINTING ONTO 6 X 9 AV Processing Envelope	Printing Service 8/7/00 - Req # 93910	1,400
READ & MARK, ENG/SPAN		200,000 Included in contract

DESCRIPTION		USAGE	TOTAL AMOUNT
(Election Specific) EL #78	Spectrum		
READ & MARK, ENG/VIET (Election Specific) EL #78	Spectrum	10,000	Included in contract
READ & MARK, ENG/CHIN (Election Specific) EL #78	Spectrum	10,000	Included in contract
Instruction sheet	Printing Services - Req # 77998	55,000	
ENV., WRITE-IN/DUP #10		150	15.00
APPLICATION, PERMANENT (blue)	Printing Services 8/7/00 - Req # 93901	2,640	
APPLICATION, AV Ballot (white) (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75195	3,500	
APPLICATION, AV Ballot (pink) (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75196	2,000	
AV BATCH HEADER (Election Specific) EL #78	Printing Services 8/7/00 - Req # 75194	2,000	
RETURNED AV BALLOT HEADER (Election Specific) EL #78	Printing Services 8/7/00 - Req # 93902	1,500	
ABSENTEE -- NO SIG ENV LTR (Election Specific) EL #78	Printing Services 1/16/00 - Req # 75142	500	
MAILING ADDRESS LTR-AV (Election Specific) EL # 76	Printing Services 8/25/00 - Req # 75198	2,000	
AV OUTGOING MAIL LOG	- Req # IN HOUSE	75	
EMERGENCY ABSENTEE BALLOT APP	Printing Services 1/16/00 - Req # 75145	1,800	
BLANK CARDS (green)	Printing Services 8/7/00 - Req # 93906	1,500	
BLANK CARDS (white)	Printing Services 8/7/00 - Req # 93904	1,500	
BLANK CARDS (blue)	Printing Services 8/7/00 - Req # 93905	1,500	
BLANK CARDS (pink)	Printing Services 8/7/00 - Req # 93907	1,500	
BLANK CARDS (gold)	Printing Services 8/7/00 - Req # 93908	1,500	
BLANK CARDS (canary)	Printing Services 8/7/00 - Req # 93909	1,500	
BLANK POSTCARDS (Permanent AV prenotice)	3 x 5 continuous double card	8,800	176.00
POSTCARDS (Mail Ballot prenotice)	3 x 5 continuous double card	9,000	180.00
STORAGE BOX, 10 X 12 X 15 1/4		30	501.00
FILE BOX, OXFORD (Stock # 13)		85	1,357.45
MISC. LETTERS (Not reg, Incomplete, Name Change, Not in district, Address Different, App too late)		3,200	

COUNTY OF SANTA CLARA  
PAYMENT VOUCHER TRANSMITTAL

Vendor Name  
**Vanguard Printing**  
(Last Name, First, M.I., or Firm Name)

DOCUMENT DATE EFFECTIVE DATE DUE DATE  
MM DD YY MM DD YY MM DD YY  
11/01/2000

SFX T/C INDEX ESBU ED FABC PCA FUND FD RSBU RD GLA UB ACCT PROJECT PPH GRANT GPH TASK R  
[2] [3] [4] [4] [2] [3] [5] [4] [2] [4] [6] [6] [2] [2] [4] [1] [1] [30] [4] [1]

REF DOC RSFX MOD FAC LOC [6] CRC CI [4] [1] MPC [10] FIO [1] INVOICE DESCRIPTION  
[8] [2] [1] [4] [6] [4] [1]

01 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~  
02 230-5605-2952 Envelope #6

03 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~  
04 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~

05 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~  
06 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~

07 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~  
08 ~~230-5605-295~~ ~~246.81~~ ~~202.73~~

... VENDOR DATA ... NUMBER [10] 19503 SFX [2]  
NAME 1 [40] (Last Name, First, M.I., or Firm Name - Must Match With Vendor Table)

NAME 2 [40] Vanguard Printing

ADDRESS [40]

CITY [29] STATE [2] ZIP [9]

SEP HDLG IND CONTRACT AUTH. # TOTAL AMOUNT  
DIRECT PAY AUTH. CODE BZ 1,734.90

THE ABOVE CLAIM IS APPROVED FOR PAYMENT SUBJECT TO THE AVAILABILITY OF FUNDS.

DEPUTY CONTROLLER REFERENCE PAYMENT VOUCHER Number Amount

- 230 - Record/increase accounts payable not previously encumbered - budgetary funds only
- 231 - Record/increase accounts payable not previously encumbered - non-budgetary GLA only
- 233 - Record/increase accounts payable previously encumbered
- 234 - Record an accounts payable for a revenue refund - budgetary funds

DEPT [3] 140 PAYMENT VOUCHER NUMBER [8] V140/261

AMOUNT [13] INVOICE # [14]

APPROVED BY: *[Signature]* DATE: 11/01/00

246.81 202.73

~~246.81~~ ~~202.73~~

~~246.81~~ ~~202.73~~

~~246.81~~ ~~202.73~~

APPROVAL FOR PAYMENT: *[Signature]*

I HEREBY CERTIFY THAT THESE MATERIALS OR SERVICES HAVE BEEN RECEIVED AND ARE NECESSARY FOR USE IN THIS ORGANIZATION.

IF ANY QUESTIONS: CALL WILLIAM 299-8302 AT X #2023

I HEREBY CERTIFY THAT THE TOTAL AMOUNT SHOWN ABOVE HAS BEEN ENTERED INTO STARS AS AN EXPENDITURE AGAINST THE NAMED ACCOUNTING CODES.

BY: *[Signature]* DATE ENTERED: 11/01/00

REGISTRAR OF VOTERS

C:\D-DRIVE\STARS\FRMPV-green.123

036-45,697

# Vanguard Printing

OF NORTHERN CALIFORNIA  
 26010 EDEN LANDING RD., SUITE 10  
 HAYWARD, CA 94545  
 (510) 670-0170  
 Email: vanguardprinting.com  
 FAX (510) 670-0172

# INVOICE

Date: 10/25/00 Inv. No.: 20273  
 Due Date: 11/24/00 Page No.: 1

40399  
 SANTA CLARA COUNTY  
 P.O. BOX 1147 ACCOUNTS PAYABLE  
 REGISTRAR OF VOTERS  
 SAN JOSE CA 95108

Ship To/Remarks  
 SANTA CLARA COUNTY  
 1553 BERGER DR  
 REGISTRAR OF VOTERS-ATTN: AL S.  
 SAN JOSE CA 95108

REFERENCE: WILL CAEL/PAT PLANT TERMS: 2/ 10/ N30 YOUR #: AL S. OUR #: 14570 & 78 SALES REP: 1

DESCRIPTION ITEM NUMBER	ORDERED UNIT MEASURE	SHIPPED BACK ORDERED	UNIT PRICE ITEM DISCOUNT	EXTENDED PRICE
ENVELOPE 6 1/2X9 1/2 REWORK Item #: ENV. 1 CTN @1500	1.5	1.5	72.0000 8.28% STX	108.00 8.91 <u>116.91</u>
ENVELOPE SURRENDERED ABSENTEE Item #: ENV. 1 CTN @1500 SHIPPED 10-17-00	1.5	1.5	80.0000 8.28% STX	120.00 9.98 <u>129.98</u>

Approved for Payment  
 By A. J. [Signature]  
 Date 11/26/00

SUB TOTAL	228.00
TAX	18.81
TOTAL	246.81
NET TO PAY	246.81





Madrigal Printing  
 Products and Services Company  
 1429 Alabama Street  
 San Francisco, CA 94110

002141

Telephone 415 241/7270 · Fax 415 241/7272

County of Santa Clara  
 General Services Agency  
 Registrar of Voters  
 1555 Berkey Dr  
 San Jose California

Attn: Exonne Zamora  
 Assistant Registrar of Voters

SALESPERSON		YOUR ORDER NO.	SHIP VIA	COL	PPD	SHIP DATE	TERMS	DATE	PAGE
RAMON								10/17/00	
QUANTITY	ITEM NO.	DESCRIPTION			PRICE	UNIT	DISC %	EXTENDED PRICE	TX
1500		Absentee Ballot Boxes Printed black ink 6 3/4" x 12 3/8" x 10 3/4"						\$5,706.00	
Approved for Payment By: <u>[Signature]</u> Date: <u>11/22/00</u>									
							SALE AMOUNT	\$5,706.00	
							FREIGHT		
							SALES TAX	485.05	
							TOTAL AMOUNT		
							PAID TODAY		
							BALANCE DUE	\$6,191.05	

**Madrigal Printing  
Products and Services Company**

1429 Alabama Street  
San Francisco, CA 94110

Telephone 415 241/7270 • Fax 415 241/7272

002150

County of Santa Clara  
General Services Agency  
Registrar of Voters  
1555 Burger Dr.  
San Jose, California

Attn: Erome Tamora  
Assistant Registrar of  
Voters

SALESPERSON	YOUR ORDER NO.	SHIP VIA	COL	PPD	SHIP DATE	TERMS	DATE	PAGE
							10/24/08	
QUANTITY	ITEM NO.	DESCRIPTION	PRICE	UNIT	DISC %	EXTENDED PRICE	TX	
1,500		<p>4 1/2" x 14" white offset labels Printed black ink</p> <p>Received 10/21/08 C. [Signature]</p> <p>Approved for Payment By: [Signature] Date: 11/22/08</p>				\$672.00		
<p>[Signature]</p>						SALE AMOUNT	\$672.00	
						FREIGHT	57.12	
						TOTAL AMOUNT		
						PAID TODAY		
						BALANCE DUE	\$729.12	

COUNTY OF SANTA CLARA  
REGISTRAR OF VOTERS  
Absentee Ballots Claim  
Schedule of Postage Used  
FY 2001

Date	Qty	Unit Cost	Total Cost
10-Oct	308	\$2.09	\$643.72
	143	\$2.31	\$330.33
	1	\$2.53	\$2.53
	1	\$2.75	\$2.75
	30	\$0.99	\$29.70
	14	\$1.21	\$16.94
	1	\$2.09	\$2.09
	1	\$2.31	\$2.31
	1	\$2.09	\$2.09
	1	\$2.31	\$2.31
	1	\$2.31	\$2.31
	1	\$2.31	\$2.31
	3	\$2.75	\$8.25
	3	\$2.31	\$6.93
	3	\$2.75	\$8.25
	1	\$1.65	\$1.65
	1	\$1.43	\$1.43
	54	\$1.21	\$65.34
	7	\$0.99	\$6.93
11-Oct	6	\$0.99	\$5.94
	1	\$1.43	\$1.43
	1	\$1.21	\$1.21
	47	\$1.21	\$56.87
	3	\$1.43	\$4.29
	42	\$0.00	\$0.00
	71	\$0.00	\$0.00
	1	\$1.87	\$1.87
	39	\$1.21	\$47.19
	4	\$0.99	\$3.96
	2	\$0.00	\$0.00
	1	\$1.21	\$1.21
	9	\$0.99	\$8.91
	1	\$1.21	\$1.21
	1	\$1.43	\$1.43
	2	\$0.99	\$1.98
	1	\$0.77	\$0.77
	18	\$1.87	\$33.66
	2	\$2.53	\$5.06
	1	\$2.75	\$2.75
	57	\$2.31	\$131.67
	511	\$2.09	\$1,067.99
	33	\$1.21	\$39.93
	18	\$0.99	\$17.82
	18	\$2.31	\$41.58
	6	\$2.09	\$12.54
	39	\$2.09	\$81.51
	1	\$0.99	\$0.99
Sub-tota	1511		\$2,711.94

Date	Qty	Unit Cost	Total Cost
14-Oct	70	\$0.00	\$0.00
	3	\$2.09	\$6.27
	1	\$2.43	\$2.43
	4	\$2.31	\$9.24
17-Oct	1	\$0.77	\$0.77
	4	\$0.99	\$3.96
	9	\$1.21	\$10.89
	12	\$2.09	\$25.08
	29	\$0.00	\$0.00
	1	\$0.00	\$0.00
	2	\$2.09	\$4.18
	10	\$0.00	\$0.00
	12	\$0.00	\$0.00
	24	\$0.00	\$0.00
18-Oct	23	\$0.00	\$0.00
	24	\$2.09	\$50.16
	9	\$2.09	\$18.81
	24	\$2.31	\$55.44
	2	\$2.75	\$5.50
	18	\$2.09	\$37.62
	64	\$2.09	\$133.76
	15	\$2.31	\$34.65
	10	\$2.31	\$23.10
	53	\$2.09	\$110.77
	57	\$2.09	\$119.13
	89	\$2.09	\$186.01
	2	\$2.31	\$4.62
	37	\$2.09	\$77.33
	6	\$2.09	\$12.54
	1	\$1.21	\$1.21
	1	\$0.99	\$0.99
	1	\$1.21	\$1.21
	1	\$0.99	\$0.99
	2	\$0.77	\$1.54
	40	\$1.21	\$48.40
	15	\$0.99	\$14.85
	31	\$1.21	\$37.51
	28	\$1.21	\$33.88
	43	\$1.21	\$52.03
	32	\$0.99	\$31.68
	3	\$1.43	\$4.29
	2	\$1.65	\$3.30
	35	\$1.21	\$42.35
	19	\$1.21	\$22.99
	11	\$1.21	\$13.31
	8	\$1.21	\$9.68
	8	\$0.99	\$7.92
Sub-tot	896		\$1,260.39

Date	Qty	Unit Cost	Total Cost
18-Oct	20	\$1.21	\$24.20
	8	\$2.31	\$18.48
	3	\$2.75	\$8.25
	2	\$2.09	\$4.18
	4	\$2.53	\$10.12
19-Oct	31	\$2.09	\$64.79
	27	\$2.09	\$56.43
	7	\$2.09	\$14.63
	15	\$2.31	\$34.65
	10	\$2.09	\$20.90
	8	\$1.87	\$14.96
	74	\$2.31	\$170.94
	69	\$2.31	\$138.29
	24	\$2.09	\$50.16
	141	\$2.31	\$325.71
	3	\$1.21	\$3.63
	3	\$0.99	\$2.97
	1	\$1.65	\$1.65
	3	\$1.01	\$3.03
	1	\$0.99	\$0.99
	1	\$1.01	\$1.01
	3	\$1.65	\$4.95
	30	\$1.21	\$36.30
	4	\$1.43	\$5.72
	35	\$1.21	\$42.35
	1	\$1.65	\$1.65
	14	\$0.99	\$13.86
	2	\$1.21	\$2.42
	1	\$2.75	\$2.75
	370	\$2.09	\$773.30
	48	\$0.00	\$0.00
	143	\$2.09	\$298.87
	65	\$2.09	\$135.85
	127	\$2.31	\$293.37
	9	\$2.31	\$20.79
	46	\$2.09	\$96.14
	4	\$1.87	\$7.48
	1	\$0.99	\$0.99
	61	\$2.09	\$127.49
	21	\$2.31	\$48.51
	2	\$2.53	\$5.06
	1	\$2.75	\$2.75
	1	\$1.89	\$1.89
	17	\$2.31	\$39.27
	45	\$2.09	\$94.05
	3	\$2.31	\$6.93
	1	\$2.09	\$2.09
Sub-Tot	1500		\$3,032.80

Date	Qty	Unit Cost	Total Cost
19-Oct	1	\$1.87	\$1.87
	1	\$1.21	\$1.21
	5	\$1.43	\$7.15
	21	\$0.99	\$20.79
	165	\$2.09	\$344.85
	187	\$2.09	\$390.83
	57	\$1.21	\$68.97
	1	\$1.21	\$1.21
	4	\$0.99	\$3.96
	3	\$1.21	\$3.63
	19	\$2.09	\$39.71
	14	\$2.31	\$32.34
	1	\$1.87	\$1.87
	16	\$2.09	\$33.44
	25	\$2.31	\$57.75
	46	\$2.09	\$96.14
	3	\$2.31	\$6.93
	23	\$2.09	\$48.07
	8	\$0.00	\$0.00
20-Oct	11	\$1.21	\$13.31
	8	\$0.00	\$0.00
	1	\$0.00	\$0.00
	9	\$1.21	\$10.89
	2	\$1.43	\$2.86
	4	\$0.00	\$0.00
21-Oct	11	\$0.00	\$0.00
	2	\$2.09	\$4.18
	22	\$2.09	\$45.98
	13	\$2.09	\$27.17
	1	\$2.53	\$2.53
	26	\$2.09	\$54.34
	19	\$2.31	\$43.89
	1	\$1.21	\$1.21
	2	\$0.99	\$1.98
	23	\$0.00	\$0.00
	57	\$2.09	\$119.13
	21	\$2.09	\$43.89
	30	\$2.09	\$62.70
	30	\$2.09	\$62.70
	20	\$2.09	\$41.80
	20	\$2.09	\$41.80
	20	\$2.09	\$41.80
	16	\$2.09	\$33.44
	29	\$2.31	\$66.99
	42	\$2.09	\$87.78
	9	\$0.99	\$8.91
	25	\$0.99	\$24.75
	5	\$0.99	\$4.95
	2	\$1.21	\$2.42
	2	\$0.55	\$1.10
Sub-tota	1,083		\$2,013.22

Date	Qty	Unit Cost	Total Cost
21-Oct	1	\$0.55	\$0.55
23-Oct	14	\$1.21	\$16.94
	5	\$0.99	\$4.95
	4	\$1.43	\$5.72
	1	\$1.65	\$1.65
	3	\$1.43	\$4.29
	2	\$1.21	\$2.42
	1	\$1.65	\$1.65
	2	\$0.99	\$1.98
	2	\$1.21	\$2.42
	5	\$1.21	\$6.05
	2	\$1.43	\$2.86
	1	\$2.31	\$2.31
	45	\$2.09	\$94.05
	3	\$0.00	\$0.00
	4	\$1.43	\$5.72
	1	\$1.21	\$1.21
	2	\$0.99	\$1.98
	4	\$0.33	\$1.32
	31	\$2.09	\$64.79
	5	\$1.21	\$6.05
	3	\$0.99	\$2.97
	2	\$1.43	\$2.86
	32	\$2.09	\$66.88
	2	\$0.99	\$1.98
	3	\$1.21	\$3.63
	1	\$2.53	\$2.53
	1	\$1.65	\$1.65
	3	\$1.43	\$4.29
	8	\$1.21	\$9.68
	22	\$0.99	\$21.78
	12	\$1.21	\$14.52
	1	\$1.87	\$1.87
	5	\$1.43	\$7.15
	12	\$0.99	\$11.88
	8	\$1.21	\$9.68
	29	\$2.09	\$60.61
	10	\$2.31	\$23.10
	4	\$1.21	\$4.84
	24	\$0.99	\$23.76
	20	\$0.99	\$19.80
	20	\$1.21	\$24.20
	4	\$1.43	\$5.72
	1	\$1.87	\$1.87
	1	\$1.65	\$1.65
	2	\$0.99	\$1.98
	2	\$1.87	\$3.74
	2	\$0.99	\$1.98
	5	\$1.43	\$7.15
	26	\$1.21	\$31.46
Sub-tot	403		\$604.12

Date	Qty	Unit Cost	Total Cost
24-Oct	23	\$0.00	\$0.00
	26	\$2.09	\$54.34
	31	\$2.31	\$71.61
	2	\$2.53	\$5.06
	54	\$2.09	\$112.86
	10	\$1.87	\$18.70
	6	\$0.00	\$0.00
	1	\$2.09	\$2.09
	90	\$2.09	\$188.10
	9	\$2.31	\$20.79
	21	\$1.87	\$39.27
	26	\$2.31	\$60.06
	53	\$2.09	\$110.77
	23	\$2.09	\$48.07
	24	\$2.31	\$55.44
	31	\$2.09	\$64.79
	8	\$0.00	\$0.00
	11	\$1.21	\$13.31
	2	\$0.99	\$1.98
	6	\$1.43	\$7.15
	2	\$1.85	\$3.70
	12	\$2.31	\$27.72
25-Oct	10	\$0.00	\$0.00
	1	\$2.53	\$2.53
	3	\$1.87	\$5.61
	12	\$2.31	\$27.72
	17	\$2.09	\$35.53
	1	\$0.99	\$0.99
	4	\$1.21	\$4.84
	78	\$2.09	\$163.02
	15	\$1.87	\$28.05
	12	\$2.09	\$25.08
	6	\$0.00	\$0.00
	11	\$2.09	\$22.99
	7	\$2.31	\$16.17
	2	\$2.53	\$5.06
	18	\$2.09	\$37.62
	5	\$1.87	\$9.35
	33	\$2.31	\$76.23
	1	\$2.53	\$2.53
	2	\$2.31	\$4.62
	12	\$2.31	\$27.72
	28	\$2.09	\$58.52
	60	\$2.09	\$125.40
	5	\$1.87	\$9.35
	3	\$0.99	\$2.97
	8	\$1.43	\$11.44
	2	\$1.65	\$3.30
	2	\$1.65	\$3.30
	1	\$1.87	\$1.87
Sub-tota	829		\$1,617.62

Date	Qty	Unit Cost	Total Cost
25-Oct	28	\$1.21	\$33.88
	7	\$0.99	\$6.93
	7	\$1.21	\$8.47
	3	\$1.43	\$4.29
	10	\$0.99	\$9.90
	23	\$1.21	\$27.83
	1	\$1.65	\$1.65
	16	\$2.31	\$36.96
	1	\$2.75	\$2.75
	23	\$2.31	\$53.13
	2	\$3.80	\$7.60
	1	\$0.77	\$0.77
	1	\$0.99	\$0.99
	1	\$0.33	\$0.33
27-Oct	27	\$2.09	\$56.43
	4	\$2.31	\$9.24
	1	\$1.87	\$1.87
	22	\$0.00	\$0.00
	44	\$1.21	\$53.24
	229	\$0.99	\$226.71
	32	\$1.21	\$38.72
	12	\$1.65	\$19.80
	9	\$1.43	\$12.87
	30	\$2.09	\$62.70
	1	\$2.53	\$2.53
	1	\$2.31	\$2.31
	4	\$1.87	\$7.48
	3	\$0.00	\$0.00
	2	\$0.99	\$1.98
	4	\$1.21	\$4.84
	4	\$0.77	\$3.08
	14	\$0.00	\$0.00
	66	\$1.21	\$79.86
	12	\$0.99	\$11.88
	20	\$0.99	\$19.80
	2	\$1.21	\$2.42
	5	\$0.00	\$0.00
	127	\$1.21	\$153.67
	8	\$0.99	\$7.92
	2	\$1.65	\$3.30
	13	\$1.21	\$15.73
	44	\$1.21	\$53.24
	53	\$0.99	\$52.47
	57	\$1.21	\$68.97
	67	\$0.99	\$66.33
	220	\$1.21	\$266.20
	311	\$0.99	\$307.89
	4	\$1.43	\$5.72
	1	\$1.87	\$1.87
	7	\$1.87	\$13.09
Sub-tota	1586		\$1,829.64

Date	Qty	Unit Cost	Total Cost
27-Oct	5	\$0.99	\$4.95
	34	\$1.21	\$41.14
	23	\$0.99	\$22.77
	29	\$1.21	\$35.09
	298	\$0.99	\$295.02
	8	\$1.21	\$9.68
28-Oct	18	\$1.65	\$29.70
	10	\$0.99	\$9.90
	16	\$1.65	\$26.40
	2	\$1.87	\$3.74
	4	\$1.85	\$6.60
	3	\$0.00	\$0.00
	9	\$0.99	\$8.91
	25	\$1.21	\$30.25
	4	\$1.43	\$5.72
	88	\$1.21	\$106.48
	39	\$1.65	\$64.35
	28	\$0.99	\$27.72
	10	\$1.65	\$16.50
	103	\$1.21	\$124.63
	12	\$1.43	\$17.16
	4	\$0.00	\$0.00
	4	\$0.00	\$0.00
	2	\$2.31	\$4.62
	11	\$2.09	\$22.99
	5	\$1.21	\$6.05
	1	\$1.65	\$1.65
	2	\$1.21	\$2.42
	6	\$1.43	\$8.58
	1	\$1.65	\$1.65
	1	\$0.00	\$0.00
	1	\$0.99	\$0.99
	18	\$2.09	\$37.62
	2	\$2.31	\$4.62
	2	\$2.31	\$4.62
	1	\$2.75	\$2.75
	8	\$2.09	\$16.72
	6	\$2.31	\$13.86
	9	\$2.09	\$18.81
	2	\$2.09	\$4.18
	1	\$0.33	\$0.33
	15	\$0.55	\$8.25
	26	\$1.21	\$31.46
	79	\$0.99	\$78.21
	34	\$1.21	\$41.14
	19	\$1.21	\$22.99
	17	\$0.99	\$16.83
	3	\$1.21	\$3.63
	1	\$1.43	\$1.43
	5	\$0.99	\$4.95
Sub-tota	1054		\$1,248.06

Date	Qty	Unit Cost	Total Cost
28-Oct	2	\$1.65	\$3.30
	3	\$1.43	\$4.29
	6	\$1.21	\$7.26
	2	\$1.65	\$3.30
	1	\$1.87	\$1.87
	2	\$1.65	\$3.30
	55	\$1.21	\$66.55
30-Oct	41	\$0.99	\$40.59
	2	\$1.65	\$3.30
	600	\$0.99	\$594.00
	1	\$1.43	\$1.43
	1	\$1.65	\$1.65
	68	\$0.99	\$67.32
	238	\$1.21	\$287.98
	16	\$0.99	\$15.84
	300	\$1.21	\$363.00
31-Oct	200	\$1.21	\$242.00
	9	\$0.00	\$0.00
	3	\$1.65	\$4.95
	39	\$1.21	\$47.19
	300	\$1.21	\$363.00
	3	\$0.00	\$0.00
	201	\$1.21	\$243.21
	50	\$0.99	\$49.50
	44	\$1.21	\$53.24
	26	\$0.99	\$25.74
	51	\$1.21	\$61.71
	40	\$1.21	\$48.40
	75	\$1.21	\$90.75
	6	\$1.65	\$9.90
	12	\$1.21	\$14.52
	15	\$0.99	\$14.85
	19	\$1.21	\$22.99
	28	\$0.99	\$27.72
	2	\$1.21	\$2.42
	26	\$1.21	\$31.46
	8	\$1.21	\$9.68
	17	\$0.99	\$16.83
	14	\$1.21	\$16.94
	26	\$1.65	\$42.90
	117	\$1.21	\$141.57
	17	\$1.21	\$20.57
	137	\$0.99	\$135.63
	30	\$1.65	\$49.50
	26	\$0.99	\$25.74
	12	\$0.99	\$11.88
	9	\$1.65	\$14.85
	7	\$0.99	\$6.93
	22	\$1.21	\$26.62
	8	\$1.43	\$11.44
Sub-tota	2937		\$3,349.61

Date	Qty	Unit Cost	Total Cost
31-Oct	9	\$1.21	\$10.89
	4	\$0.99	\$3.96
	8	\$0.99	\$7.92
31-Oct	2	\$2.31	\$4.62
	60	\$0.99	\$59.40
	3	\$2.31	\$6.93
	83	\$0.00	\$0.00
	36	\$0.99	\$35.64
	115	\$0.99	\$113.85
	22	\$1.21	\$26.62
	159	\$0.99	\$157.41
	121	\$0.99	\$119.79
01-Nov	110	\$0.99	\$108.90
	75	\$0.99	\$74.25
	136	\$0.99	\$134.64
	125	\$0.99	\$123.75
	239	\$0.99	\$238.61
	14	\$1.65	\$23.10
	147	\$0.99	\$145.53
	8	\$0.00	\$0.00
	35	\$1.21	\$42.35
	134	\$1.21	\$162.14
	117	\$1.21	\$141.57
	57	\$1.56	\$88.92
	33	\$1.43	\$47.19
	1172	\$ 1.10	1289.2
Sub-tota	3024		\$3,165.18

SUMMARY OF TOTALS					
Page No.	Column No.	Qty	Amount		
1	1	1511	\$ 2,711.94		
	2	898	\$ 1,260.39		
	3	1500	\$ 3,032.80		
2	1	1083	\$ 2,013.22		
	2	403	\$ 604.12		
	3	829	\$ 1,617.62		
3	1	1586	\$ 1,829.64		
	2	1054	\$ 1,248.06		
	3	2937	\$ 3,349.61		
4	1	3024	\$ 3,165.18		
		14823	\$ 20,832.58		

**COUNTY OF SANTA CLARA**  
**REGISTRAR OF VOTERS**  
**Absentee Ballots Claim**  
**Schedule of Postage Meter Log/Permit Usage**  
**Fiscal Year 2001**

	PAGE NO.	QTY	UNIT COST	TOTAL AMOUNT
	28	18	0.48 \$	13.48
	29	32	0.61 \$	17.70
	30	21	0.30 \$	9.14
	31	72	1.95 \$	60.49
	32	71	1.21 \$	38.82
	33	870	11.72 \$	386.92
	34	246	2.86 \$	97.13
	35	206	2.09 \$	73.04
	36	38	0.66 \$	23.78
	37	57	1.04 \$	38.39
	38	169	3.27 \$	124.19
	39	91	1.44 \$	56.32
	40	107	2.07 \$	82.89
	41	3010	82.89 \$	3,398.34
	42	222	4.43 \$	185.90
	43	285	4.54 \$	195.25
	44	433	11.36 \$	499.82
	45	1573	34.40 \$	1,548.22
	46	5	0.20 \$	9.35
	48	1224	11.81 \$	566.89
	49	4	0.25 \$	12.30
<b>AVS DAILY LOG TOTAL USAGE</b>		<u>8754</u>	<u>\$</u>	<u>7,438.36</u>
<b>WAREHOUSE DAILY LOG USAGE</b>		<u>678</u>	<u>0.33</u>	<u>223.74</u>
<b>Permit Mailing - Volume Presorted</b>		<u>85226</u>	<u>1.07</u>	<u>90800.44</u>
<b>Permit Mailing - Volume Unsorted</b>		<u>30238</u>	<u>1.17</u>	<u>35297.68</u>
<b>PSI Metered @full rate - Overflow Mail</b>		<u>1604</u>	<u>1.02</u>	<u>1638.45</u>



**COUNTY OF SANTA CLARA  
PERMIT MAILING**

DATE	VOLUME PRESORTED	POSTAGE USED
10/10/2000	750	\$ 1,184.25
10/10/2000	7,350	\$ 6,754.65
10/11/2000	6,050	\$ 6,890.95
10/11/2000	3,566	\$ 3,277.15
10/12/2000	5,590	\$ 6,367.01
10/12/2000	990	\$ 1,345.41
10/13/2000	7,800	\$ 7,168.20
10/13/2000	1,160	\$ 1,321.24
10/13/2000	930	\$ 1,263.87
10/13/2000	640	\$ 1,010.56
10/13/2000	260	\$ 467.74
10/14/2000	9,600	\$ 8,822.40
10/17/2000	6,850	\$ 7,802.15
10/18/2000	5,150	\$ 5,865.85
10/19/2000	5,250	\$ 5,979.75
10/20/2000	7,150	\$ 6,570.85
10/23/2000	2,000	\$ 2,278.00
10/23/2000	1,500	\$ 2,475.00
10/24/2000	2,470	\$ 2,813.33
10/24/2000	1,470	\$ 1,350.93
10/25/2000	2,110	\$ 2,403.29
10/26/2000	1,940	\$ 2,209.66
10/26/2000	1,340	\$ 1,231.46
10/26/2000	510	\$ 805.29
10/26/2000	350	\$ 500.50
10/27/2000	1,770	\$ 2,016.03
10/27/2000	680	\$ 624.92
<b>GRAND TOTAL</b>	<b>85,226</b>	<b>\$ 90,800.44</b>

COUNTY OF SANTA CLARA						
PERMIT MAILING						
DATE	VOLUME UNSORTED			POSTAGE USED:		
10/23/2000		16,020				\$ 19,384.20
10/23/2000		6,240				\$ 6,177.60
10/23/2000		2,140				\$ 3,060.20
10/23/2000		1,380				\$ 1,366.20
10/24/2000		1,646				\$ 1,991.66
10/24/2000		96				\$ 137.28
10/24/2000		180				\$ 297.00
10/24/2000		1,080				\$ 1,069.20
10/26/2000		392				\$ 388.08
10/26/2000		339				\$ 410.19
10/26/2000		74				\$ 105.82
10/26/2000		150				\$ 181.50
10/26/2000		60				\$ 59.40
10/26/2000		20				\$ 33.00
10/26/2000		84				\$ 138.60
10/27/2000		30				\$ 36.30
10/27/2000		37				\$ 36.63
10/27/2000		176				\$ 290.40
10/27/2000		94				\$ 134.42
GRAND TOTAL		30,238				\$ 35,297.68

**COUNTY OF SANTA CLARA  
OVERFLOW MAIL (PSI METERED @ FULL RATE)**

10/10/2000		274			\$	312.62
10/23/2000		499			\$	657.14
10/24/2000		168			\$	174.46
10/25/2000		118			\$	161.92
10/26/2000		79			\$	98.89
10/27/2000		432			\$	207.68
10/28/2000		14			\$	15.62
10/31/2000		20			\$	10.12
<b>GRAND TOTAL</b>		<b>1,604</b>			<b>\$</b>	<b>1,638.45</b>

# EXHIBIT F

**CLAIM FOR PAYMENT**  
**Pursuant to Government Code Section 17561**  
**ABSENTEE BALLOTS (LOCAL AGENCIES)**

**For State Controller Use Only**  
 (19) Program Number 00002  
 (20) Date Filed \_\_\_/\_\_\_/\_\_\_  
 (21) LRS Input \_\_\_/\_\_\_/\_\_\_

Program  
**002**

(01) Claimant Identification Number <b>9943</b>		<b>Reimbursement Claim Data</b>	
(02) Claimant Name <b>County of Santa Clara</b>		(22) <b>AB-1 (05)</b>	<b>95</b>
County of Location <b>Santa Clara</b>		(23) <b>AB-1 (08)</b>	<b>25</b>
Street Address or P.O. Box <b>70 West Hedding Street</b>		(24)	
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95110</b>	(25)
Type of Claim	Estimated Claim	Reimbursement Claim	(26)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost of Cost	(06) <b>2002-2003</b>	(12) <b>2001-2002</b>	(30)
Total Claimed Amount	(07) <b>\$500,000</b>	(13) <b>\$866,544</b>	(31)
LESS: 10% Late Penalty, not to exceed \$1,000		(14)	(32)
LESS: Prior Claim Payment Received		(15) <b>341,580</b>	(33)
Net Claimed Amount		(16) <b>\$524,964</b>	(34)
Due from State	(08) <b>\$500,000</b>	(17) <b>\$524,964</b>	(35)
Due to State		(18)	(36)

**(37) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 77, Statutes of 1978 and certify under the penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 77, Statutes of 1978.

The amounts for Estimated and/or Reimbursement Claims are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 77, Statutes of 1978 set forth on the attached statements.

**Signature of Authorized Officer**

**Date**

*Ram Venkatesan*

*01/07/03*

**Ram Venkatesan**

**SB 90 Coordinator**

Print or type name

Title

(38) Name of Contact Person for Claim

Telephone Number

**(916) 485-8102**

**Patrick J. Dyer (MAXIMUS, Inc.)**

E-mail Address

<b>Program 002</b>	<b>MANDATED COSTS ABSENTEE BALLOTS (LOCAL AGENCIES) CLAIM SUMMARY</b>	<b>FORM AB-1.3</b>
------------------------	---	------------------------

(01) Claimant: <b>County of Santa Clara</b>	(02) Fiscal year costs were incurred: <b>2001-2002</b>
---	--

<b>Claim Statistics</b>
-------------------------

(03)	a. Number of ballots cast from 1/1/75 - 12/30/78	2,056,005
	b. Number of absentee ballots cast from 1/1/75 - 12/30/78	75,307
	c. Number of ballots cast in fiscal year of claim	250,303
	d. Number of absentee ballots cast in fiscal year of claim	44,057

<b>Direct Costs</b>
---------------------

(04)	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Total Direct Costs
Total Cost of Absentee Ballots in Fiscal Year of Claim	\$139,575	\$19,533	\$784,722	\$943,830

<b>Indirect Costs</b>
-----------------------

(05) Indirect Cost Rate (From ICRP)	Salary and Benefits	94.54%
(06) Indirect Costs	[Line (04)(a)*line (05)] or [(line(05)*(line(04)(a)+line(04)(b)))]	\$150,421
(07) Total Costs of Absentee Ballots in fiscal year of claim	[Line (04) (d) + line (06)]	\$1,094,251
(08) Cost per Absentee Ballot in fiscal year of claim:	[Line (07)/ line (03) (4)]	\$24.84
(09) Number of additional Absentee Ballot Filing	Line (03)(4) - [(line (03)(2)*line(03)(3))/ line (03)(1)]	34,889
(10) Total Cost of Additional Absentee Ballot Filing	[line (08) x line (09)]	\$866,544

<b>Cost Reduction</b>
-----------------------

(11) Less : Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Claimed Amount:	{Line(10)- [Line (11) + line(12)]} <b>\$866,544</b>

**MANDATED COSTS**  
**ABSENTEE BALLOTS**  
**COMPONENT/ACTIVITY COST DETAIL**

Form  
AB-2

(01) Claimant (02) Fiscal Year Costs Were Incurred  
**COUNTY OF SANTA CLARA** 2001-2002

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f) Object Accounts

(a) Employee Names, Job classifications, Functions Performed, and Description of Services and Supplies	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
<b>PERMANENT EMPLOYEES</b>					
DEBOK, D ACT Regular	\$20.40	12.0	\$ 245	\$ 97	s e e  a t t a c h m e n t
Overtime	\$30.60	-	\$ -	\$ -	
GOMEZ, C ACCTNT III Regular	\$36.79	17.5	\$ 644	\$ 224	
Overtime	\$55.18	-	\$ -	\$ -	
JOHNSON, L CT Regular	\$19.86	-	\$ -	\$ -	
Overtime	\$29.78	6.0	\$ 179	\$ 18	
PARMANAND, L CT Regular	\$20.79	12.0	\$ 250	\$ 138	
Overtime	\$31.19	-	\$ -	\$ -	
TEFFT, S. EDC Regular	\$40.94	336.0	\$ 13,757	\$ 4,110	
Overtime	\$61.42	-	\$ -	\$ -	
WONG, W. FC Regular	\$23.16	258.8	\$ 5,993	\$ 2,942	
Overtime	\$34.74	81.0	\$ 2,814	\$ 285	
<b>Total Regular Employees</b>		<b>723.3</b>	<b>\$ 23,881</b>	<b>\$ 7,814</b>	
<b>EXTRA HELP</b>					
ADAMS, M ICT Regular	\$14.09	288.5	\$ 4,065	\$ 412	
Overtime	\$21.14	86.0	\$ 1,818	\$ 184	
CARABAJAL, J IOC Regular	\$12.79	269.5	\$ 3,448	\$ 349	
Overtime	\$19.19	64.3	\$ 1,233	\$ 125	
CHANG, G IOC Regular	\$13.39	266.0	\$ 3,563	\$ 361	
Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
CHOMICZ, A OC Regular	\$12.79	276.0	\$ 3,531	\$ 358	
Overtime	\$19.19	73.5	\$ 1,410	\$ 143	
CUELLAR, N IOC Regular	\$13.39	269.0	\$ 3,603	\$ 365	
Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
DEBRA, C OC Regular	\$12.79	181.5	\$ 2,322	\$ 235	
Overtime	\$19.19	40.3	\$ 772	\$ 78	
GONZALES, A ICT Regular	\$13.46	217.3	\$ 2,923	\$ 296	
Overtime	\$20.18	73.0	\$ 1,473	\$ 149	
HICKEY, L ICT Regular	\$14.09	323.5	\$ 4,558	\$ 462	
Overtime	\$21.14	59.8	\$ 1,263	\$ 128	
JOHNSON, R OC Regular	\$12.79	275.5	\$ 3,524	\$ 357	
Overtime	\$19.19	68.0	\$ 1,305	\$ 132	
KAUR, R OC Regular	\$12.79	157.3	\$ 2,012	\$ 204	
Overtime	\$19.19	44.4	\$ 852	\$ 86	
KENT, S ACT Regular	\$15.16	268.0	\$ 4,063	\$ 412	
Overtime	\$22.74	73.0	\$ 1,660	\$ 168	
<b>Sub-total Extra Help</b>		<b>3,520.2</b>	<b>\$ 52,333</b>	<b>\$ 5,301</b>	
(05) Total ( ) Sub-total ( X )					

(a) Employee Names, Job classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
KNIGHT B	OC	Regular	\$12.79	281.5	\$ 3,601	\$ 365	
		Overtime	\$19.19	70.0	\$ 1,343	\$ 136	
LE, J	OC	Regular	\$12.79	239.0	\$ 3,058	\$ 310	
		Overtime	\$19.19	85.5	\$ 1,641	\$ 166	
LELAND, B	ICT	Regular	\$14.09	357.0	\$ 5,030	\$ 510	
		Overtime	\$21.14	76.0	\$ 1,606	\$ 163	
MANJARREZ, A	CT	Regular	\$13.46	149.0	\$ 2,005	\$ 203	
		Overtime	\$20.18	27.8	\$ 560	\$ 57	
MANNING, P	OC	Regular	\$12.79	267.0	\$ 3,416	\$ 346	
		Overtime	\$19.19	73.0	\$ 1,401	\$ 142	
MOGLIOLO, S	IOC	Regular	\$12.79	238.0	\$ 3,045	\$ 308	
		Overtime	\$19.19	75.3	\$ 1,444	\$ 146	
MURPHY, S	OC	Regular	\$12.79	228.0	\$ 2,917	\$ 295	
		Overtime	\$19.19	43.0	\$ 825	\$ 84	
NAKAGAMI, S	IOC	Regular	\$12.79	287.0	\$ 3,672	\$ 372	
		Overtime	\$19.19	67.8	\$ 1,300	\$ 132	
OCAMPO, J	OC	Regular	\$12.79	233.0	\$ 2,981	\$ 302	
		Overtime	\$19.19	66.0	\$ 1,267	\$ 128	
RABE, G	IOC	Regular	\$13.39	287.0	\$ 3,844	\$ 389	
		Overtime	\$20.09	97.0	\$ 1,949	\$ 197	
REGALA, P	IOC	Regular	\$12.79	152.8	\$ 1,954	\$ 198	
		Overtime	\$19.19	32.5	\$ 624	\$ 63	
RHINE, V	CT	Regular	\$13.46	272.0	\$ 3,660	\$ 371	
		Overtime	\$20.18	62.8	\$ 1,267	\$ 128	
SANTOS, D	ICT	Regular	\$14.09	7.0	\$ 99	\$ 10	
		Overtime	\$21.14	-	\$ -	\$ -	
STITES, B	IOC	Regular	\$12.79	284.5	\$ 3,640	\$ 369	
		Overtime	\$19.19	54.5	\$ 1,046	\$ 106	
TAMEZ, M	CT	Regular	\$13.46	195.0	\$ 2,624	\$ 266	
		Overtime	\$20.18	46.0	\$ 928	\$ 94	
VERA, B	OC	Regular	\$12.79	37.0	\$ 473	\$ 48	
		Overtime	\$19.19	7.5	\$ 144	\$ 15	
Total Extra Help				7,919.4	\$ 115,694	\$ 11,720	
Supplies & Services (see attached schedule)							\$ 784,722
(05) Total [x]				8,642.7	\$ 139,575	\$ 19,533	\$ 784,722



Mandated Cost Manual

State Controller's Office

**MANDATED COSTS**

**ABSENTEE BALLOTS**

**COMPONENT/ACTIVITY COST DETAIL**

Form  
AB-2

(01) Claimant: COUNTY OF SANTA CLARA

(02) Fiscal Year Costs Were Incurred: 2001-2002

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
<b>PERMANENT EMPLOYEES</b>							
DEBOK, D	ACT	Regular	\$20.40	12.0	\$ 245	\$ 97	s e e  a t t a c h m e n t
		Overtime	\$30.60	-	\$ -	\$ -	
GOMEZ, C	ACCTNT III	Regular	\$36.79	17.5	\$ 644	\$ 224	
		Overtime	\$55.18	-	\$ -	\$ -	
JOHNSON, L	CT	Regular	\$19.86	-	\$ -	\$ -	
		Overtime	\$29.78	6.0	\$ 179	\$ 18	
PARMANAND, L	CT	Regular	\$20.79	12.0	\$ 250	\$ 138	
		Overtime	\$31.19	-	\$ -	\$ -	
TEFFT, S.	EDC	Regular	\$40.94	336.0	\$ 13,757	\$ 4,110	
		Overtime	\$61.42	-	\$ -	\$ -	
WONG, W.	FC	Regular	\$23.16	258.8	\$ 5,993	\$ 2,942	
		Overtime	\$34.74	81.0	\$ 2,814	\$ 285	
<b>Total Regular Employees</b>				<b>723.3</b>	<b>\$ 23,881</b>	<b>\$ 7,814</b>	
<b>EXTRA HELP</b>							
ADAMS, M	ICT	Regular	\$14.09	288.5	\$ 4,065	\$ 412	
		Overtime	\$21.14	86.0	\$ 1,818	\$ 184	
CARABAJAL, J	IOC	Regular	\$12.79	269.5	\$ 3,448	\$ 349	
		Overtime	\$19.19	64.3	\$ 1,233	\$ 125	
CHANG, G	IOC	Regular	\$13.39	266.0	\$ 3,563	\$ 361	
		Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
CHOMICZ, A	OC	Regular	\$12.79	276.0	\$ 3,531	\$ 358	
		Overtime	\$19.19	73.5	\$ 1,410	\$ 143	
CUELLAR, N	IOC	Regular	\$13.39	269.0	\$ 3,603	\$ 365	
		Overtime	\$20.09	73.0	\$ 1,467	\$ 149	
DEBRA, C	OC	Regular	\$12.79	181.5	\$ 2,322	\$ 235	
		Overtime	\$19.19	40.3	\$ 772	\$ 78	
GONZALES, A	ICT	Regular	\$13.46	217.3	\$ 2,923	\$ 296	
		Overtime	\$20.18	73.0	\$ 1,473	\$ 149	
HICKEY, L	ICT	Regular	\$14.09	323.5	\$ 4,558	\$ 462	
		Overtime	\$21.14	59.8	\$ 1,263	\$ 128	
JOHNSON, R	OC	Regular	\$12.79	275.5	\$ 3,524	\$ 357	
		Overtime	\$19.19	68.0	\$ 1,305	\$ 132	
KAUR, R	OC	Regular	\$12.79	157.3	\$ 2,012	\$ 204	
		Overtime	\$19.19	44.4	\$ 852	\$ 86	
KENT, S	ACT	Regular	\$15.16	268.0	\$ 4,063	\$ 412	
		Overtime	\$22.74	73.0	\$ 1,660	\$ 168	
<b>Sub-total Extra Help</b>				<b>3,520.2</b>	<b>\$ 52,333</b>	<b>\$ 5,301</b>	
(05) Total ( ) Sub-total ( X )							

(a) Employee Names, Job classifications Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies
KNIGHT B	OC	Regular	\$12.79	281.5	\$ 3,601	\$ 365	
		Overtime	\$19.19	70.0	\$ 1,343	\$ 136	
LE, J	OC	Regular	\$12.79	239.0	\$ 3,058	\$ 310	
		Overtime	\$19.19	85.5	\$ 1,641	\$ 166	
LELAND, B	ICT	Regular	\$14.09	357.0	\$ 5,030	\$ 510	
		Overtime	\$21.14	76.0	\$ 1,606	\$ 163	
MANJARREZ, A	CT	Regular	\$13.46	149.0	\$ 2,005	\$ 203	
		Overtime	\$20.18	27.8	\$ 560	\$ 57	
MANNING, P	OC	Regular	\$12.79	267.0	\$ 3,416	\$ 346	
		Overtime	\$19.19	73.0	\$ 1,401	\$ 142	
MOGLIOLO, S	IOC	Regular	\$12.79	238.0	\$ 3,045	\$ 308	
		Overtime	\$19.19	75.3	\$ 1,444	\$ 146	
MURPHY, S	OC	Regular	\$12.79	228.0	\$ 2,917	\$ 295	
		Overtime	\$19.19	43.0	\$ 825	\$ 84	
NAKAGAMI, S	IOC	Regular	\$12.79	287.0	\$ 3,672	\$ 372	
		Overtime	\$19.19	67.8	\$ 1,300	\$ 132	
OCAMPO, J	OC	Regular	\$12.79	233.0	\$ 2,981	\$ 302	
		Overtime	\$19.19	66.0	\$ 1,267	\$ 128	
RABE, G	IOC	Regular	\$13.39	287.0	\$ 3,844	\$ 389	
		Overtime	\$20.09	97.0	\$ 1,949	\$ 197	
REGALA, P	IOC	Regular	\$12.79	152.8	\$ 1,954	\$ 198	
		Overtime	\$19.19	32.5	\$ 624	\$ 63	
RHINE, V	CT	Regular	\$13.46	272.0	\$ 3,660	\$ 371	
		Overtime	\$20.18	62.8	\$ 1,267	\$ 128	
SANTOS, D	ICT	Regular	\$14.09	7.0	\$ 99	\$ 10	
		Overtime	\$21.14	-	\$ -	\$ -	
STITES, B	IOC	Regular	\$12.79	284.5	\$ 3,640	\$ 369	
		Overtime	\$19.19	54.5	\$ 1,046	\$ 106	
TAMEZ, M	CT	Regular	\$13.46	195.0	\$ 2,624	\$ 266	
		Overtime	\$20.18	46.0	\$ 928	\$ 94	
VERA, B	OC	Regular	\$12.79	37.0	\$ 473	\$ 48	
		Overtime	\$19.19	7.5	\$ 144	\$ 15	
Total Extra Help				7,919.4	\$ 115,694	\$ 11,720	
Supplies & Services (see attached schedule)							\$ 784,722
(05) Total [x]				8,642.7	\$ 139,575	\$ 19,533	\$ 784,722

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
SUPPLIES & SERVICES - ABSENTEE VOTERS  
FISCAL YEAR 2002**

DESCRIPTION	PRICE	QTY	COST	SOURCE
<b>REPAIR &amp; MAINTENANCE EXPENSE</b>				
Mailing equip. maint-7/1/01-6/30/02	\$ 730.00	1	\$ 730.00	V1402005
Repair Addressing system/cartridges	\$ 303.79	1	\$ 303.79	V1402415
Service postage machine	\$ 125.00	1	\$ 125.00	V1402417
Repair HP Laser-S/N uscco14032	\$ 83.82	1	\$ 83.82	V1402418
Repair HP Laser-S/N uscco15168	\$ 60.00	1	\$ 60.00	V1402418
Reset machines Feb 20, 23, 26 & Mar 20'02	\$ 8.50	4	\$ 34.00	V1402533
Rate change on meter s/n H0306723	\$ 276.96	1	\$ 276.96	V1402623
			\$ 1,614	
<b>SUPPLIES</b>				
Pad finger	\$ 2.05	12	\$ 24.55	V1402397
Absentee bit boxes 10 1/2 x 6 1/2 x 12	\$ 0.69	2000	\$ 1,380.00	V1402419
Ballot boxes 15 3/4 x 12 1/8 x 10 1/2	\$ 1.30	2000	\$ 2,600.00	V1402419
Versatile Ink Cartridges	\$ 42.76	24	\$ 513.10	V1402434/2647
Long half tapes metering mach,2000/box	\$ 23.75	5 bxs	\$ 128.55	V1402478
Molded rubber plates for bit & abs box	\$ 245.00	1	\$ 265.21	V1402485
			\$ 4,911	
<b>RENTAL</b>				
Postage meter machine 7/1/01-6/30/02	\$ 65.50	12 mos	\$ 786.00	V1402001
Copy machine rental - Feb '02	\$ 454.00	1 mo	\$ 992.66	V1402483
Copy machine rental - Mar '02	\$ 454.00	1 mo	\$ 922.52	V1402540
			\$ 2,701	
<b>SMALL TOOLS &amp; EQUIPM.</b>				
Portable tricoder & wand	\$ 6,105.94	10	\$ 6,105.94	V1402694
AH30 mailing scale	\$ 1,064.44	1	\$ 1,064.44	V1402025
			\$ 7,170	
<b>EXTERNAL PRINTING</b>				
Merrill Corporation - sample ballot printing			\$ 672,577.31	PV1402444
Kopec, Robert - Span/Eng transl of ballots			\$ 3,058.53	PV1402406
E S & S - official ballot cards			\$ 36,756.20	PV1402536
Courtesy/Military/Bus Reply Envelopes	\$ 0.04069	86,000	\$ 3,499.44	PV1402352
Benton Co. - header & end cards	\$ 0.26347	11,918	\$ 3,140.01	PV1402470
Courtesy Reply Envelopes	\$ 0.04069	64,500	\$ 2,624.59	PV1402369
			\$ 721,656	
<b>INTERNAL PRINTING</b>				
Tamper Proof Seal for Absentee Bit Box	\$ 0.32	7,500	\$ 2,371.36	PR#094440
			\$ 2,371	
<b>PROFESSIONAL SERVICES</b>				
Working Partnership -temp agency services			\$ 3,429.78	PV1402431
Nat'l Mailing - process and mail AVS ballots	\$ 0.31	21,476	\$ 6,671.03	PV1402461
			\$ 10,101	
<b>PC HARDWARE</b>				
HP Laser Printer	\$ 2,038.35	1	\$ 2,038.35	V1402729
			\$ 2,038	
<b>EXTERNAL POSTAGE</b>				
UPS charges for AVS mailings	\$ 9.55	4	\$ 38.19	PV1402407
UPS charges for AVS mailings	\$ 43.80	3	\$ 131.39	PV1402445
UPS charges for AVS mailings	\$ 10.56	46	\$ 485.88	PV1402452
UPS charges for AVS mailings	\$ 27.79	1	\$ 27.79	PV1402459
Postage per attached listings	\$ 0.46	68,124	\$ 31,475.34	see list
		68,178	\$ 32,159	
			\$ 784,722	
<b>TOTAL SUPPLIES &amp; SERVICES</b>				

SANTA CLARA COUNTY REGISTRAR OF VOTERS  
POSTAGE USED - ABSENTEE VOTERS  
FISCAL YEAR 2002

ABSSENTEE BALLOTS MAILED FROM ROY

TYPE	PG	QTY	DATE	POSTAGE	TYPE	PG	QTY	DATE	POSTAGE	PG NO.	DATE	QTY	AMOUNT
AV/MB	1	305	2/8/2002	\$185.81	AV/MB	47	183	2/20/2002	\$117.98	2	2/5/2002	7	\$ 3.30
AV/MB	2	575	2/8/2002	\$333.04	AV/MB	48	183	2/20/2002	\$113.97	3	2/7/2002	3	\$ 1.02
AV/MB	3	1145	2/9/2002	\$767.19	AV/MB	49	281	2/20/2002	\$163.08	4	2/11/2002	11	\$ 3.74
AV/MB	4	528	2/9/2002	\$333.97	AV/MB	50	149	2/20/2002	\$88.76	5	2/13/2002	13	\$ 4.42
AV/MB	5	321	2/9/2002	\$208.96	AV/MB	51	99	2/20/2002	\$60.34	6	2/14/2002	4	\$ 1.36
AV/MB	6	712	2/11/2002	\$452.01	AV/MB	52	178	2/20/2002	\$105.37	7	2/15/2002	3	\$ 0.80
AV/MB	7	1547	2/11/2002	\$1,061.10	AV/MB	53	559	2/21/2002	\$364.55	8	2/20/2002	1	\$ 0.34
AV/MB	8	955	2/11/2002	\$673.60	AV/MB	54	467	2/21/2002	\$314.11	9	2/21/2002	1	\$ 0.34
AV/MB	9	835	2/12/2002	\$476.12	AV/MB	55	200	2/21/2002	\$146.06	10	2/25/2002	1	\$ 0.57
AV/MB	10	720	2/13/2002	\$487.81	AV/MB	56	199	2/21/2002	\$144.53	11	2/22/2002	2	\$ 0.66
AV/MB	11	708	2/13/2002	\$531.40	AV/MB	57	579	2/22/2002	\$336.61	12	2/19/2002	1	\$ 0.80
AV/MB	12	611	2/13/2002	\$408.53	AV/MB	58	705	2/22/2002	\$404.09	13	2/20/2002	1	\$ 0.34
AV/MB	13	139	2/14/2002	\$102.00	AV/MB	59	166	2/22/2002	\$104.28	14	2/21/2002	1	\$ 0.34
AV/MB	14	306	2/14/2002	\$215.36	AV/MB	60	202	2/22/2002	\$121.12	15	2/19/2002	7	\$ 16.66
AV/MB	15	115	2/14/2002	\$86.02	AV/MB	61	158	2/22/2002	\$4.00	16	2/19/2002	3	\$ 9.27
AV/MB	16	551	2/14/2002	\$365.13	AV/MB	62	181	2/23/2002	\$104.32	17	2/19/2002	3	\$ 7.20
AV/MB	17	3	2/14/2002	\$2.40	AV/MB	63	78	2/23/2002	\$47.91	18	2/19/2002	4	\$ 1.36
AV/MB	18	216	2/15/2002	\$151.87	AV/MB	64	310	2/25/2002	\$177.44	19	2/19/2002	1	\$ 0.57
AV/MB	19	264	2/15/2002	\$179.01	AV/MB	65	790	2/25/2002	\$450.30	20	2/19/2002	1	\$ 0.80
AV/MB	20	300	2/15/2002	\$193.00	AV/MB	66	980	2/25/2002	\$557.00	21	2/19/2002	1	\$ 0.57
AV/MB	21	392	2/15/2002	\$272.66	AV/MB	67	974	2/25/2002	\$544.68	22	2/19/2002	1	\$ 0.34
AV/MB	22	104	2/15/2002	\$82.93	AV/MB	68	665	2/25/2002	\$373.82	23	2/20/2002	1	\$ 0.34
AV/MB	23	142	2/15/2002	\$111.99	AV/MB	69	737	2/25/2002	\$419.52	24	2/21/2002	1	\$ 0.34
AV/MB	24	182	2/15/2002	\$114.32	AV/MB	70	794	2/25/2002	\$450.01	25	2/21/2002	1	\$ 0.57
AV/MB	25	517	2/16/2002	\$336.32	AV/MB	71	445	2/25/2002	\$233.70	26	2/25/2002	1	\$ 0.34
AV/MB	26	286	2/16/2002	\$178.89	AV/MB	72	941	2/25/2002	\$535.03	27	2/25/2002	1	\$ 1.71
AV/MB	27	263	2/17/2002	\$147.51	AV/MB	73	345	2/25/2002	\$196.65	28	2/25/2002	2	\$ 1.60
AV/MB	28	49	2/17/2002	\$27.93	AV/MB	74	346	2/25/2002	\$197.21	29	2/22/2002	84	\$ 47.88
AV/MB	29	436	2/19/2002	\$288.57	AV/MB	75	194	2/25/2002	\$110.58	30	2/28/2002	27	\$ 21.60
AV/MB	30	176	2/19/2002	\$121.94	AV/MB	76	650	2/25/2002	\$369.90	31	2/28/2002	4	\$ 3.20
AV/MB	31	311	2/19/2002	\$198.54	AV/MB	77	396	2/25/2002	\$226.36	32	2/28/2002	6	\$ 3.42
AV/MB	32	203	2/19/2002	\$134.57	AV/MB	78	326	2/25/2002	\$185.82	33	2/28/2002	2	\$ 2.06
AV/MB	33	161	2/19/2002	\$106.49	AV/MB	79	484	2/26/2002	\$275.88	34	2/28/2002	1	\$ 0.34
AV/MB	34	141	2/19/2002	\$91.72	AV/MB	80	298	2/26/2002	\$174.28	35	2/28/2002	1	\$ 1.95
AV/MB	35	251	2/19/2002	\$177.21	AV/MB	81	513	2/26/2002	\$292.41	36	2/28/2002	1	\$ 1.72
AV/MB	36	226	2/19/2002	\$148.14	AV/MB	82	197	2/26/2002	\$112.29	37	Others	357	\$ 249.90
AV/MB	37	213	2/19/2002	\$136.67	AV/MB	83	3020	2/26/2002	\$1,610.30	38	TOTAL	572	\$ 399.84
AV/MB	38	194	2/19/2002	\$129.90	AV/MB	84	2883	2/26/2002	\$1,662.65	39	Sub-totals		
AV/MB	39	155	2/19/2002	\$88.35	AV/MB	85	114	2/27/2002	\$64.98	40	GRAND TO	46076	\$27,682.30
AV/MB	40	206	2/19/2002	\$119.72	AV/MB	86	180	2/27/2002	\$104.88	41			
AV/MB	41	306	2/19/2002	\$178.10	AV/MB	87	3005	2/27/2002	\$1,718.99	42			
AV/MB	42	520	2/19/2002	\$303.28	AV/MB	88	4197	2/28/2002	\$2,299.79	43			
AV/MB	43	667	2/19/2002	\$409.51	AV/MB	89	167	3/1/2002	\$94.71	44			
AV/MB	44	250	2/19/2002	\$158.13	Sub-totals	28518			\$16,180.26	45			
AV/MB	45	127	2/20/2002	\$80.44						46			
AV/MB	46	224	2/20/2002	\$163.88						Sub-totals	17558		
AV/MB	47	17558		\$11,502.04						GRAND TO	46076		

AVS DAILY MAIL PROCESSED LOG

DROP#	DATE	QTY	AMOUNT
1	Feb. 5	2100	\$ 331.80
2	Feb. 7	2866	\$ 452.83
3	Feb. 8	1309	\$ 206.82
4	Feb. 12	1944	\$ 307.15
5-W	Feb. 13	800	\$ 126.40
5-G	Feb. 13	1266	\$ 200.03
6	Feb. 14	2188	\$ 345.70
7	Feb. 15	4059	\$ 641.32
8	Feb. 20	3706	\$ 585.55
9	Feb. 21	1238	\$ 195.60
		21476	\$3,393.20

SUMMARY - POSTAGE EXPENSES - EXTERNAL

ABSENTEE BALLOTS	QTY	AMOUNT
AVS MAIL LOG	46,076	\$27,682.30
AVS METER LOG	572	\$ 399.84
NATL MAILING SVS	21,476	\$ 3,393.20
TOTAL AVS POSTAGE	68,124	\$31,475.34

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
INDIVIDUAL PRODUCTIVE HOURLY RATE - ABSENTEE VOTERS  
FISCAL YEAR 2002**

Source: Position Status Report 6/30/02

Empl. Class	Employee Name	Job Class	Annual Salary	Productive Hours	Prod Hrly Rate
D36	DEBOK, D	ACT	\$31,536.96	1,546	\$ 20.40
B77	GOMEZ, C	ACCTNT III	\$56,863.04	1,546	\$ 36.79
D39	JOHNSON, L	CT	\$30,692.48	1,546	\$ 19.86
D39	PARMANAND, L	CT	\$32,142.24	1,546	\$ 20.79
G90	TEFFT, S.	EDC	\$63,292.32	1,546	\$ 40.94
D20	WONG, W.	FC	\$35,803.04	1,546	\$ 23.16

EXTRA HELP RATE Job Code	Job Class	SALARY AS OF 6/30/02				
		STEP1	STEP2	STEP3	STEP4	STEP 5
D40	OFFICE CLERK	\$ 12.79	\$ 13.39	\$ 14.03	\$ 14.69	\$ 15.38
D39	CLERK TYPIST	\$ 13.46	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17
D36	ADV CLERK TYPIST	\$ 15.16	\$ 15.88	\$ 16.65	\$ 17.45	\$ 18.28
G77	WAREHOUSE MATERIAL HANDLER	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17	\$ 16.96
G76	SR W/H MATERIAL HANDLER	\$ 16.34	\$ 17.13	\$ 17.95	\$ 18.81	\$ 19.73
G97	ELECTION SPECIALIST	\$ 21.21				
G96	PRECINCT TECHNICIAN	\$ 14.97	\$ 157.29	\$ 16.42	\$ 17.21	\$ 18.04
B2F	ASSO TRNG & STAFF DEV SPEC II	\$ 22.92				
X97	INTERMITTENT CLERK TYPIST	\$ 13.46	\$ 14.09	\$ 14.76	\$ 15.45	\$ 16.17
X98	INTERMITTEN OFFICE CLERK	\$ 12.79	\$ 13.39	\$ 14.03	\$ 14.69	\$ 15.38

**BILINGUAI \$0.577/HR WORKED (REG & OT COMBINED)  
MEAL ALL 9 AFTER 10 HRS OF WORK  
MILEAGE 0.365/MILE**

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
SALARIES AND BENEFITS - ABSENTEE VOTERS  
FISCAL YEAR 2002

SCHEDULE B1

NAME	POSITION	STEP	Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
<b>ABSENTEE BALLOTS</b>							
<b>PERMANENT EMPLOYEES</b>							
DEBOK, D	ACT	2 Regular	\$20.40	12.0	\$244.82	\$ 96.66	\$ 341.48
		Overtime	\$30.60	0.0	\$0.00	\$ -	\$ -
GOMEZ, C	ACCTNT	2 Regular	\$36.79	17.5	\$643.74	\$ 223.76	\$ 867.50
		Overtime	\$55.18	0.0	\$0.00	\$ -	\$ -
JOHNSON, L	CT	3 Regular	\$19.86	0.0	\$0.00	\$ -	\$ -
		Overtime	\$29.78	6.0	\$178.70	\$ 18.10	\$ 196.80
PARMANAND, L	CT	4 Regular	\$20.79	12.0	\$249.52	\$ 137.94	\$ 387.46
		Overtime	\$31.19	0.0	\$0.00	\$ -	\$ -
TEFFT, S.	EDC	2 Regular	\$40.94	336.0	\$13,757.36	\$ 4,110.28	\$ 17,867.64
		Overtime	\$61.42	0.0	\$0.00	\$ -	\$ -
WONG, W.	FC	2 Regular	\$23.16	258.8	\$5,993.01	\$ 2,941.71	\$ 8,934.72
		Overtime	\$34.74	81.0	\$2,814.11	\$ 285.07	\$ 3,099.18
Sub - total Regular Empls				636.3	20888.5	\$ 7,510.36	\$ 28,398.81
				87.0	2992.8	\$ 303.17	\$ 3,295.98
					\$23,881.26	\$ 7,813.53	\$ 31,694.79
<b>EXTRA HELP</b>							
ADAMS, M	ICT	2 Regular	\$14.09	288.5	\$4,065.25	\$ 411.81	\$ 4,477.06
		Overtime	\$21.14	86.0	\$1,817.74	\$ 184.14	\$ 2,001.88
CARABAJAL, J	IOC	1 Regular	\$12.79	269.5	\$3,447.71	\$ 349.25	\$ 3,796.97
		Overtime	\$19.19	64.3	\$1,232.93	\$ 124.90	\$ 1,357.82
CHANG, G	IOC	2 Regular	\$13.39	266.0	\$3,562.54	\$ 360.89	\$ 3,923.42
		Overtime	\$20.09	73.0	\$1,466.53	\$ 148.56	\$ 1,615.09
CHOMICZ, A	OC	Regular	\$12.79	276.0	\$3,530.87	\$ 357.68	\$ 3,888.54
		Overtime	\$19.19	73.5	\$1,410.43	\$ 142.88	\$ 1,553.30
CUELLAR, N	IOC	2 Regular	\$13.39	269.0	\$3,602.72	\$ 364.96	\$ 3,967.67
		Overtime	\$20.09	73.0	\$1,466.53	\$ 148.56	\$ 1,615.09
DEBRA, C	OC	Regular	\$12.79	181.5	\$2,321.93	\$ 235.21	\$ 2,557.14
		Overtime	\$19.19	40.3	\$772.38	\$ 78.24	\$ 850.62
GONZALES, A	ICT	1 Regular	\$13.46	217.3	\$2,923.32	\$ 296.13	\$ 3,219.45
		Overtime	\$20.18	73.0	\$1,473.43	\$ 149.26	\$ 1,622.69
HICKEY, L	ICT	2 Regular	\$14.09	323.5	\$4,558.44	\$ 461.77	\$ 5,020.21
		Overtime	\$21.14	59.8	\$1,262.91	\$ 127.93	\$ 1,390.84
JOHNSON, R	OC	Regular	\$12.79	275.5	\$3,524.47	\$ 357.03	\$ 3,881.50
		Overtime	\$19.19	68.0	\$1,304.89	\$ 132.18	\$ 1,437.07
KAUR, R	OC	Regular	\$12.79	157.3	\$2,011.70	\$ 203.79	\$ 2,215.48
		Overtime	\$19.19	44.4	\$852.21	\$ 86.33	\$ 938.53
KENT, S	ACT	Regular	\$15.16	268.0	\$4,063.42	\$ 411.62	\$ 4,475.04
		Overtime	\$22.74	73.0	\$1,660.24	\$ 168.18	\$ 1,828.42
KNIGHT B	OC	Regular	\$12.79	281.5	\$3,601.23	\$ 364.80	\$ 3,966.03
		Overtime	\$19.19	70.0	\$1,343.27	\$ 136.07	\$ 1,479.34
LE, J	OC	Regular	\$12.79	239.0	\$3,057.53	\$ 309.73	\$ 3,367.25
		Overtime	\$19.19	85.5	\$1,640.70	\$ 166.20	\$ 1,806.91
LELAND, B	ICT	2 Regular	\$14.09	357.0	\$5,030.13	\$ 509.55	\$ 5,539.68
		Overtime	\$21.14	76.0	\$1,606.26	\$ 162.71	\$ 1,768.97
MANJARREZ, A	CT	Regular	\$13.46	149.0	\$2,004.94	\$ 203.10	\$ 2,208.04
		Overtime	\$20.18	27.8	\$560.11	\$ 56.74	\$ 616.84
MANNING, P	OC	Regular	\$12.79	267.0	\$3,415.73	\$ 346.01	\$ 3,761.74
		Overtime	\$19.19	73.0	\$1,400.83	\$ 141.90	\$ 1,542.74

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
 SALARIES AND BENEFITS - ABSENTEE VOTERS  
 FISCAL YEAR 2002

SCHEDULE B1

NAME	POSITION	STEP	Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
ABSENTEE	BALLOTS						
MOGLIOLO, S	IOC	1 Regular	\$12.79	238.0	\$3,044.73	\$ 308.43	\$ 3,353.17
		Overtime	\$19.19	75.3	\$1,444.01	\$ 146.28	\$ 1,590.29
MURPHY, S	OC	Regular	\$12.79	228.0	\$2,916.80	\$ 295.47	\$ 3,212.28
		Overtime	\$19.19	43.0	\$825.15	\$ 83.59	\$ 908.74
NAKAGAMI, S	IOC	1 Regular	\$12.79	287.0	\$3,670.73	\$ 371.84	\$ 4,042.57
		Overtime	\$19.19	67.8	\$1,299.78	\$ 131.67	\$ 1,431.45
OCAMPO, J	OC	Regular	\$12.79	233.0	\$2,980.77	\$ 301.95	\$ 3,282.72
		Overtime	\$19.19	66.0	\$1,266.51	\$ 128.30	\$ 1,394.80
RABE, G	IOC	2 Regular	\$13.39	287.0	\$3,843.79	\$ 389.38	\$ 4,233.17
		Overtime	\$20.09	97.0	\$1,948.68	\$ 197.40	\$ 2,146.08
REGALA, P	IOC	1 Regular	\$12.79	152.8	\$1,954.13	\$ 197.95	\$ 2,152.08
		Overtime	\$19.19	32.5	\$623.66	\$ 63.18	\$ 686.84
RHINE, V	CT	Regular	\$13.46	272.0	\$3,660.03	\$ 370.76	\$ 4,030.79
		Overtime	\$20.18	62.8	\$1,266.55	\$ 128.30	\$ 1,394.85
SANTOS, D	ICT	2 Regular	\$14.09	7.0	\$98.64	\$ 9.99	\$ 108.63
		Overtime	\$21.14	0.0	\$0.00	\$ -	\$ -
STITES, B	IOC	1 Regular	\$12.79	284.5	\$3,639.61	\$ 368.69	\$ 4,008.30
		Overtime	\$19.19	54.5	\$1,045.83	\$ 105.94	\$ 1,151.77
TAMEZ, M	CT	Regular	\$13.46	195.0	\$2,623.92	\$ 265.80	\$ 2,889.72
		Overtime	\$20.18	46.0	\$928.46	\$ 94.05	\$ 1,022.52
VERA, B	OC	Regular	\$12.79	37.0	\$473.34	\$ 47.95	\$ 521.29
		Overtime	\$19.19	7.5	\$143.92	\$ 14.58	\$ 158.50
Sub-total Temp Employees		Regular		6306.8	83628.4	\$ 8,471.56	\$ 92,099.98
		Overtime		1612.7	32063.9	\$ 3,248.08	\$ 35,312.00
GRAND TOTAL HRS		Regular		6943.0	104516.9	\$ 15,981.91	\$ 120,498.79
		Overtime		1699.7	35056.7	\$ 3,551.25	\$ 38,607.98
TOTAL SALARIES & BENEFITS				8642.7	139573.6	\$ 19,533.16	\$ 159,106.76
I.C.R.P		94.54%					\$ 150,420.33

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
INDIVIDUAL BENEFIT RATE - ABSENTEE VOTERS  
FISCAL YEAR 2002**

Source: Payroll Interface Report 3/31/02

Position Code	Employee/Title	Biweekly Reg Pay	Total Biweekly Compensation	(Total Biweekly Compensation Less Biweekly Salary)	Biweekly Benefits	Benefit Rate (Biweekly Benefits / Biweekly Reg Pay)
D36	DEBOK, D	\$ 1,212.96	\$ 1,691.88	\$	478.92	39.48%
B77	GOMEZ, C	\$ 2,187.04	\$ 2,947.24	\$	760.20	34.76%
D39	JOHNSON, L	\$ 1,180.48	\$ 1,769.77	\$	589.29	49.92%
D39	PARMANAND, L	\$ 1,236.24	\$ 1,919.67	\$	683.43	55.28%
G90	TEFFT, S.	\$ 2,434.32	\$ 3,161.62	\$	727.30	29.88%
D20	WONG, W.	\$ 1,377.04	\$ 2,052.97	\$	675.93	49.09%

10.13%

10.13%

Extra Help Benefit Rate

Overtime Benefit Rate



1 (FDI) S1 (ALL) 0001  
 REGISTRAR OF VOTERS (140)  
 REVENUES AND EXPENDITURES BY FUND  
 REPORT PERIOD= FISCAL YEAR 02

BUDGET UNIT	FUND	PERCENT OF YEAR ELAPSED	ESTIMATED REVENUE/ALLOTMENT	REVENUE/EXPENDITURES CURRENT PERIOD	YEAR TO DATE	ENCUMBRANCES	PERCENT REALIZED/UTILIZED	UNREALIZED REVENUE/AVAILABLE BALANCE
0140	0001	100.00%						
REGISTRAR OF VOTERS	GENERAL FUND							
REV REV								
EXP EXP								
OBJ SOBJ								
-022 9221					4,426.00	.00	.00%	4,426.00-
FINES AND FORFE					4,426.00	.00	.00%	4,426.00-
0*TOTAL 022					858,020.73	.00	94.38%	51,104.27
OTHER FINES, F					858,020.73	.00	94.38%	51,104.27
0062 9403			909,125.00					
STATE-MANDATED			909,125.00					
0*TOTAL 062					1,542,539.14	.00	108.10%	115,539.14-
STAFF-OTHER GR					1,542,539.14	.00	108.10%	115,539.14-
0084 9604			1,427,000.00					
ELECTION SERVIC			1,427,000.00					
0*TOTAL 084					25.00	.00	.00%	25.00-
ELECTION SERVI					25.00	.00	.00%	25.00-
0094 9670					82.50	.00	.00%	82.50-
DUI ARREST FEES					82.50	.00	.00%	82.50-
0*TOTAL 094								
LAW ENFORCEMEN								
0109 9833			30,000.00					
STALE WARRANTS			30,000.00					
0109 9835			10,000.00					
OTHER SALES			10,000.00					
0109 9899					15,257.85	.00	.00%	15,257.85-
MISCELLANEOUS I					15,257.85	.00	.00%	15,257.85-
0109 9921					3,471.86	.00	.00%	3,471.86-
MISC INCOME-CHA					3,471.86	.00	.00%	3,471.86-
0109 9923					18,812.21	.00	47.03%	21,187.79
MISC INCOME-OTH					18,812.21	.00	47.03%	21,187.79
0*TOTAL 109					2,423,823.08	.00	102.01%	70,013.00
OTHER CHARGES					2,423,823.08	.00	102.01%	70,013.00
0*TOTAL REVENUE								
01 1100			70,013.00					
MISCELLANEOUS S			70,013.00					
01 1183			89,241.00					
RETIREE MEDICAL			89,241.00					
01 1184			72,099.00					
SALARY SAVINGS			72,099.00					
01 1185			1,879,353.00					
PERMANENT EMPLO			1,879,353.00					
01 1187			639,657.00					
TEMPORARY EMPLO			639,657.00					
01 1191			72,408.00					
OVERTIME			72,408.00					
01 1191					85,835.06	.00	96.18%	3,405.94
OVERTIME					85,835.06	.00	96.18%	3,405.94
01 1183								
RETIREE MEDICAL								
01 1184					1,735,574.53	.00	92.35%	143,778.47
SALARY SAVINGS					1,735,574.53	.00	92.35%	143,778.47
01 1185					592,764.90	.00	92.67%	46,892.10
PERMANENT EMPLO					592,764.90	.00	92.67%	46,892.10
01 1187					191,990.97	.00	265.15%	119,582.97-
TEMPORARY EMPLO					191,990.97	.00	265.15%	119,582.97-
01 1191								
OVERTIME								

1 (FDI) SI (ALL ) 0001  
1DAFR8330 1 000 APL4 01 PC2 PC2 PY  
07/27/02 (01.21) CYCLE 03108 PM CLOSED PP CLOSED PY CLOSED FICHE: 140 0140 0001  
REGISTRAR OF VOTERS (140)  
REVENUES AND EXPENDITURES BY FUND  
REPORT PERIOD= FISCAL YEAR 02

BUDGET UNIT=	0140	REGISTRAR OF VOTERS	ESTIMATED REVENUE/ ALLOTMENT	CURRENT PERIOD	REVENUE/EXPENDITURES YEAR TO DATE	ENCUMBRANCES UTILIZED	PERCENT REALIZED/ UTILIZED	UNREALIZED REVENUE/ AVAILABLE	BALANCE
FUND=	0001	GENERAL FUND							
PERCENT OF YEAR ELAPSED	100.00%								
REV EXP									
OBJ SOBJ									
-1	1192	UNEMPLOYMENT IN	782.00	17.06	1,028.14	.00	131.48%	246.14-	14,487.62-
01	1193	PREMIUM PAY	2,350.00	311.58	16,837.62	.00	716.49%	3,000.86	77,908.12-
01	1196	HEALTH INSURANC	195,984.00	4,384.78	192,983.14	.00	98.47%	14,092.51	9,607.58-
01	1197	FICA - EMPLOYER	117,773.00	3,399.07	195,681.12	.00	166.15%	4,876.62-	28,278.43
01	1198	PERS - RETIREME	127,225.00	2,635.64	113,132.49	.00	88.92%	10,553.26	6,808.00
01	1199	WORKERS' COMPEN	32,671.00	711.88	42,278.58	.00	129.41%	618.55-	2,242.17
01	1391	HOLIDAY OVERTIM	.00	.00	44.57	.00	.16%	6,960.33-	162,656.58
01	1397	COUNTY CONTRI M	28,323.00	.00	44.57	.00	.16%	6,201.85-	93,564.79
0*	TOTAL 1	SALARIES AND B	3,183,681.00	56,707.48	3,173,027.74	.00	99.67%	843.93	178.28-
02	2100	TRAINING - SERV	35,000.00	159.91	16,963.38	.00	48.47%	100.00%	2,242.17
02	2102	OVERTIME MEALS	13,000.00	27.00	6,192.00	.00	47.63%	100.00%	6,960.33-
02	2125	COMS TELEPHONE	125,549.00	7,066.94	84,153.40	.00	67.03%	162,656.58	6,201.85-
02	2126	COMM AND TELEPH	22,733.00	1,446.75	23,351.55	.00	102.72%	93,564.79	843.93
02	2171	INSURANCE	25,573.00	.00	25,573.00	.00	100.00%	178.28-	
02	2211	MAINTENANCE - E	44,230.00	14,188.05	32,493.83	9,494.00	94.93%	2,242.17	
02	2301	OFFICE EXPENSE	262,753.00	19,146.42	262,741.33	6,972.00	102.65%	6,960.33-	
02	2322	PROF AND SPECIA	835,967.65	5,606.50	658,311.07	15,000.00	80.54%	162,656.58	
02	2329	CONTRACT SERVIC	149,200.92	.00	98,666.33	56,736.44	104.16%	93,564.79	
02	2331	DATA PROCESSING	258,007.00	7,980.47	164,442.21	.00	63.74%	843.93	
02	2401	PUBLICATIONS AN	11,000.00	.00	10,156.07	.00	92.33%	178.28-	
02	2426	OTHER PHYSICIAN	23,000.00	.00	23,178.28	.00	100.78%		

BUDGET UNIT=	0140	REGISTRAR OF VOTERS	ESTIMATED REVENUE/ ALLOTMENT	REVENUE/EXPENDITURES CURRENT PERIOD	YEAR TO DATE	ENCUMBRANCES	PERCENT REALIZED/ UTILIZED	UNREALIZED REVENUE/ AVAILABLE
FUND=	0001	GENERAL FUND						
PERCENT OF YEAR ELAPSED	100.00%							
REV REV			122,074.00	1,503.73	120,676.01	.00	98.85%	1,397.99
EXP EXP			27,207.00	.00	17,578.97	.00	64.61%	9,628.03
OBJ SOBJ			13,890.76	.00	16,952.95	.00	122.04%	3,062.19-
-2 2451		RENTS AND LEASE	.00	.00	75.00-	.00	.00%	75.00
02 2471		RENT & LEASE -	.00	.00	1,960.00	.00	135.17%	510.00-
02 2501		SMALL TOOLS AND	1,450.00	.00	2,815,818.55	.00	106.41%	172,700.55-
02 2547		EDUCATION EXPEN	2,692,393.00	.00	76,035.53	.00	61.72%	47,157.47
02 2574		MEMBERSHIP DUES	123,193.00	.00	6,198.02	.00	.00%	6,198.02-
02 2585		EXTERNAL PRINTI	.00	205.41	12,723.94	.00	106.25%	747.94-
02 2586		PRINTING AND RE	.00	1,046.00	1,105.18	.00	72.23%	424.82
02 2624		SPECIAL DEPARTM	11,976.00	13.59	1,105.18	.00	78.65%	6,823.94
02 2751		TRANSPORTATION	1,530.00	154.81-	25,141.06	.00	.00%	1,689.50-
02 2752		AUTOMOBILE MILE	31,965.00	970.00	1,689.50	.00	108.34%	3,552.09-
02 2756		GARAGE AUTOMOB	.00	997.58	39,826.66	6,300.00	98.09%	614.57
02 2789		ADVERTISING	42,574.57	.00	20,553.43	11,032.00	92.39%	380.53
02 2952		SERVICES & SUPP	32,200.00	.00	4,619.47	.00	109.85%	22,373.00-
02 2962		PC HARDWARE	5,000.00	.00	249,542.00	.00	94.33%	906.97
02 2963		PC SOFTWARE	227,169.00	40,000.00	15,093.03	.00	96.74%	168,164.71
02 2991		EXTERNAL POSTAG	16,000.00	10,223.08	4,831,661.75	154,809.44	20.77%	542,490.32
02 2992		POSTAGE	5,154,635.90	110,426.62	137,658.39	4,521.65	20.77%	542,490.32
0*TOTAL 2		SERVICES AND S	684,670.36	.00	137,658.39	4,521.65	92.01%	721,308.29
04 4300		EQUIPMENT	684,670.36	.00	8,142,347.88	159,331.09		
0*TOTAL 4		FIXED ASSETS	9,022,987.26	167,134.10				
0*TOTAL EXPENDITURES								

1 (FDL) SL (ALL ) 0001  
REGISTRAR OF VOTERS (140)  
REVENUES AND EXPENDITURES BY FUND  
REPORT PERIOD= FISCAL YEAR 02

1DAFR8330 1 000 AP14 01 PC2 PC2 PY  
07/27/02 (01.21) CYCLE 03108 PM CLOSED PP CLOSED PY CLOSED FICHE: 140 0140 0001

```
0*****
BUDGET UNIT= 0140 REGISTRAR OF VOTERS
FUND= 0001 GENERAL FUND
PERCENT OF YEAR ELAPSED 100.00%
*****
REV REV ESTIMATED REVENUE/ REVENUE/EXPENDITURES
EXP EXP ALLOTMENT CURRENT PERIOD YEAR TO DATE ENCUMBRANCES UTILIZED BALANCE
OBJ SOBJ *****
***** 6,646,862.26- 167,109.10- 5,718,524.80- 159,331.09- 88.43% 769,006.37-
- **TOTAL 0001 FUND REVENUES
OVER EXPENDITURES
```

SANTA CLARA COUNTY  
Payroll Interface Report  
COUNTYWIDE

Pay Period 2002-13 -- 06-10-02 to 06-23-02

Line	Period Code	Pay Period	Dept No	Index No	Employee Name	Empl Class	Reg Pay	OT	Other Earn	Benefits	Insurance	FICA	PERS	Worker Comp	Total
1132	PP	06/23/02	140	5600	Accorinti, Karin	G97	2,345.88	0.00	46.16	0.00	468.25	182.99	163.77	39.18	3,246.23
1133	PP	06/23/02	140	5600	Aguayo, Yvet	X98	1,023.44	0.00	0.00	0.00	0.00	78.30	0.00	16.77	1,118.51
1134	PP	06/23/02	140	5600	Aguilar, Josefina P.		0.00	0.00	166.18	0.00	0.00	12.72	0.00	2.72	181.62
1135	PP	06/23/02	140	5600	Bushy, Shannon		2,434.32	0.00	0.00	0.00	304.30	186.23	177.76	39.88	3,142.49
1136	PP	06/23/02	140	5600	Charlson, Mary Joy B.	G90	1,076.48	0.00	0.00	0.00	0.00	82.35	0.00	17.63	1,176.46
1137	PP	06/23/02	140	5600	Chu, Shui Ling	D20	1,443.12	0.00	46.16	0.00	236.03	113.93	106.98	24.40	1,970.62
1138	PP	06/23/02	140	5600	Debok, Dennis E.	D36	1,270.08	0.00	0.00	0.00	236.03	97.16	90.56	20.80	1,714.63
1139	PP	06/23/02	140	5600	Durazo, Jesse	A20	5,345.20	0.00	0.00	0.00	212.55	413.88	395.79	88.62	6,456.04
1140	PP	06/23/02	140	5600	Ferguson, Richard Leon	G97	1,678.06	0.00	0.00	0.00	468.25	128.37	121.12	27.49	2,423.29
1141	PP	06/23/02	140	5600	Fiorenza, Daniel	G97	1,510.28	0.00	41.54	0.00	296.57	118.71	111.66	25.42	2,104.18
1142	PP	06/23/02	140	5600	Gomez, Carolina	B77	2,187.04	0.00	0.00	0.00	445.61	167.31	159.24	35.82	2,995.02
1143	PP	06/23/02	140	5600	Gonzales, Alfred R.	X97	1,076.48	0.00	0.00	0.00	0.00	82.35	0.00	17.63	1,176.46
1144	PP	06/23/02	140	5600	Gonzales, Barbara	D39	1,076.48	0.00	0.00	0.00	304.09	82.35	76.06	17.63	1,556.61
1145	PP	06/23/02	140	5600	Jahnke, Joyce	D36	1,462.24	0.00	46.16	0.00	445.61	111.86	104.95	23.96	2,148.62
1146	PP	06/23/02	140	5600	Johnson, Gloria L	G97	1,678.08	0.00	46.16	0.00	304.30	131.90	124.58	28.25	2,131.27
1147	PP	06/23/02	140	5600	Johnson, Raymond M	D39	1,180.48	0.00	46.16	0.00	304.09	93.84	87.31	20.10	1,731.98
1148	PP	06/23/02	140	5600	Jones, Larry D.	G71	1,924.40	0.00	0.00	0.00	304.09	147.21	139.57	31.52	2,546.79
1149	PP	06/23/02	140	5600	Jou, Julia, Ting-Ting	G29	2,525.20	0.00	46.16	0.00	125.71	193.18	184.57	41.36	3,070.02
1150	PP	06/23/02	140	5600	Kay, Katy	G97	1,647.68	0.00	0.00	54.00	304.09	123.68	118.84	27.88	2,276.17
1151	PP	06/23/02	140	5600	Larson, Elaine K	G12	2,819.12	0.00	0.00	0.00	304.09	215.66	206.58	59.83	4,564.81
1152	PP	06/23/02	140	5600	Lee, Joseph	B76	2,819.12	0.00	27.18	0.00	357.41	215.66	206.58	46.62	3,672.57
1153	PP	06/23/02	140	5600	Lee, Virginia W	G97	1,480.44	0.00	0.00	0.00	0.00	113.26	0.00	24.25	1,617.95
1154	PP	06/23/02	140	5600	Lim, Edward J	G76	1,578.08	0.00	0.00	0.00	236.03	120.73	113.63	25.85	2,074.32
1155	PP	06/23/02	140	5600	Martinez, Alberto	X98	857.16	0.00	0.00	0.00	55.16	65.57	0.00	14.04	991.93
1156	PP	06/23/02	140	5600	Misenas, Jennifer	G86	2,273.92	0.00	0.00	0.00	304.09	173.95	165.75	37.24	2,954.95
1157	PP	06/23/02	140	5600	Moore, Diane Lynne	G97	1,678.08	0.00	0.00	0.00	445.61	128.37	121.12	27.49	2,400.67
1158	PP	06/23/02	140	5600	Morillo, Edward Steven	G90	2,556.32	0.00	0.00	0.00	445.61	195.56	186.90	41.87	3,426.26
1159	PP	06/23/02	140	5600	Palmer, Thomas L	D39	1,236.24	0.00	46.16	0.00	405.97	98.09	91.48	21.01	1,898.95
1160	PP	06/23/02	140	5600	Parmannand, Lillian	G90	2,819.12	0.00	46.16	0.00	304.09	219.19	210.04	46.93	3,645.52
1161	PP	06/23/02	140	5600	Rosas, Elma	Y36	1,212.96	0.00	46.16	0.00	0.00	96.33	0.00	20.63	1,376.08
1162	PP	06/23/02	140	5600	Salazar, Ricardo	G90	2,556.32	0.00	0.00	0.00	425.68	195.56	186.90	41.87	3,406.33
1163	PP	06/23/02	140	5600	Salcedo, Albert	G97	1,678.10	1.26	0.00	0.00	216.10	128.47	121.12	27.51	2,172.56
1164	PP	06/23/02	140	5600	Samora, Beatrice Hortensia	G97	1,505.12	0.00	0.00	0.00	190.71	120.12	108.16	25.72	1,949.83
1165	PP	06/23/02	140	5600	Sandoval, Guadalupe E.-Jr.	X97	1,070.92	0.00	0.00	0.00	0.00	81.93	0.00	17.54	1,170.39
1166	PP	06/23/02	140	5600	Santos, Diana	D96	1,505.12	0.00	0.00	0.00	448.32	115.14	108.16	24.65	2,201.39
1167	PP	06/23/02	140	5600	Singh, William R.	G90	2,556.32	0.00	0.00	0.00	304.09	195.56	186.90	41.87	3,284.74
1168	PP	06/23/02	140	5600	Smith, Leslie Anne	G90	2,434.32	0.00	0.00	0.00	468.25	186.23	177.76	39.88	3,306.44
1169	PP	06/23/02	140	5600	Smith, Marjorie J	G90	2,434.32	0.00	0.00	0.00	357.41	186.22	177.76	39.88	3,195.59
1170	PP	06/23/02	140	5600	Teff, Suzanne M	D36	1,395.86	0.00	0.00	0.00	236.03	106.78	99.98	22.86	1,861.51
1171	PP	06/23/02	140	5600	Watson, Mary	D20	1,443.12	0.00	46.16	0.00	468.25	113.93	106.98	24.40	2,202.84
1172	PP	06/23/02	140	5600	Wong, Winkie W.										
1173	PP	06/23/02	140	5600											

SANTA CLARA COUNTY  
2001-2002 COST ALLOCATION PLAN  
Allocated Costs by Department  
Consolidated

	293 Coronex	190 GSA Comm 071	135 GSA Fleet	145 ISD DP	135 GSA Printing	140 Rgstr Voter	501 S.S. Agency	509 Ntzn SVC AGE	603 Road Operati
Svc	246								
ents	2								2
g Use	\$753,768	\$33,001	\$10,333	\$68,754	\$23,873	\$24,598	\$395,070	3,116	25,901
nt Use	13,627			105,569	8,061	59,424		768	74,596
tr Parkin	204								
ental	43,152	1,314	4,771	109,653	1,378	5,885	507,714	5,641	109,943
nty Exec	82,950	10,510	8,847	47,999	2,192	12,210	156,643	9,705	25,986
te & Anlys	87,127	7,778	41,732	57,430	7,154	44,892	947,019	6,699	165,875
icroller	237,301						58,854		38,319
enal Audit	34,941	10,539	37,395	128,536	10,735	38,149	1,790,310		14
A & RISK M	615,133	2,581	29,538	29,295	10,985	4,011	77,793		(8,488)
rchasing	84,378			4		390	(92,335)		1,737
venue	1,544,833		1,782	42,461	418	14,346	5,046		83,693
ounsel	42,565	16,792	38,112	47,063	5,606	40,134	453,276		39,250
A-Services	14,090	162,349	74,819	518,606	185,369	193,763	93,478		
ilities	2,710,494								
patch Opt	6,514						7,586		128,069
IC & CUA	565,929	1,734	1,251	9,431	100	1,418	87,730		(591)
Services	28,586	(53)	(104)	36,214	2,012	(67)	560		
Yr Adj.	711,798								
Allocated	\$7,635,812	\$246,545	\$248,476	\$1,207,918	\$257,883	\$439,153	\$4,719,638	\$26,223	\$684,306
Forward	1,840,757	54,571	(67,804)	(1,540,070)	(34,403)	97,462	1,149,859	(13,130)	265,984
Roll Fwd	9,476,565	301,116	180,672	(332,152)	223,480	536,615	5,869,497	13,093	950,230
ments	238,064		9,241	107,346	260	24,474	128,230		(26,799)
sed costs	\$9,714,633	\$301,116	\$189,913	\$(224,806)	\$223,740	\$561,089	\$5,997,727	\$13,093	\$923,491

# EXHIBIT G

**CLAIM FOR PAYMENT**  
**Pursuant to Government Code Section 17561**  
**ABSENTEE BALLOTS**

For State Controller Use Only

(19) Program Number 00002  
 (20) Date Filed \_\_\_/\_\_\_/\_\_\_  
 (21) LRS Input \_\_\_/\_\_\_/\_\_\_

**Program**  
**002**

**ORIGINAL  
 FIRM 1**

(01) Claimant Identification Number <b>9943</b>			<b>Reimbursement Claim Data</b>	
(02) Claimant Name <b>County of Santa Clara</b>			(22) AB-1.1, (03)	
County of Location <b>Santa Clara</b>			(23) AB-1.1, (06)	
Street Address or P.O. Box <b>70 West Hedding Street</b>			(24) AB-1.2, (03)(a)	
City <b>San Jose</b>			(25) AB-1.2, (03)(b)	
State <b>CA</b>			(26) AB-1.2, (03)(c)	
Zip Code <b>95110</b>			(27) AB-1.2, (03)(d)	
<b>Type of Claim</b>	<b>Estimated Claim</b>		<b>Reimbursement Claim</b>	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28) AB-1.2, (05)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) AB-1.3, (03)(a)	2,056,005
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		
Fiscal Year of Cost	(06) <b>2003-2004</b>	(12) <b>2002-2003</b>	(30) AB-1.3, (03)(b)	75,307
Total Claimed Amount	(07) <b>\$850,000</b>	(13) <b>\$772,752</b>	(31) AB-1.3, (03)(c)	418,008
LESS: 10% Late Penalty		(14)	(32) AB-1.3, (03)(d)	98,180
LESS: Prior Claim Payment Received		(15)	(33) AB-1.3, (04)(d)	664,387
Net Claimed Amount		(16) <b>\$772,752</b>	(34) AB-1.3, (05)	105
Due from State	(08) <b>\$850,000</b>	(17) <b>\$772,752</b>	(35)	
Due to State		(18)	(36)	

**(38) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer



Date 12/16/03

**Ram Venkatesan**

**SB 90 Coordinator**

Type or Print Name

Title

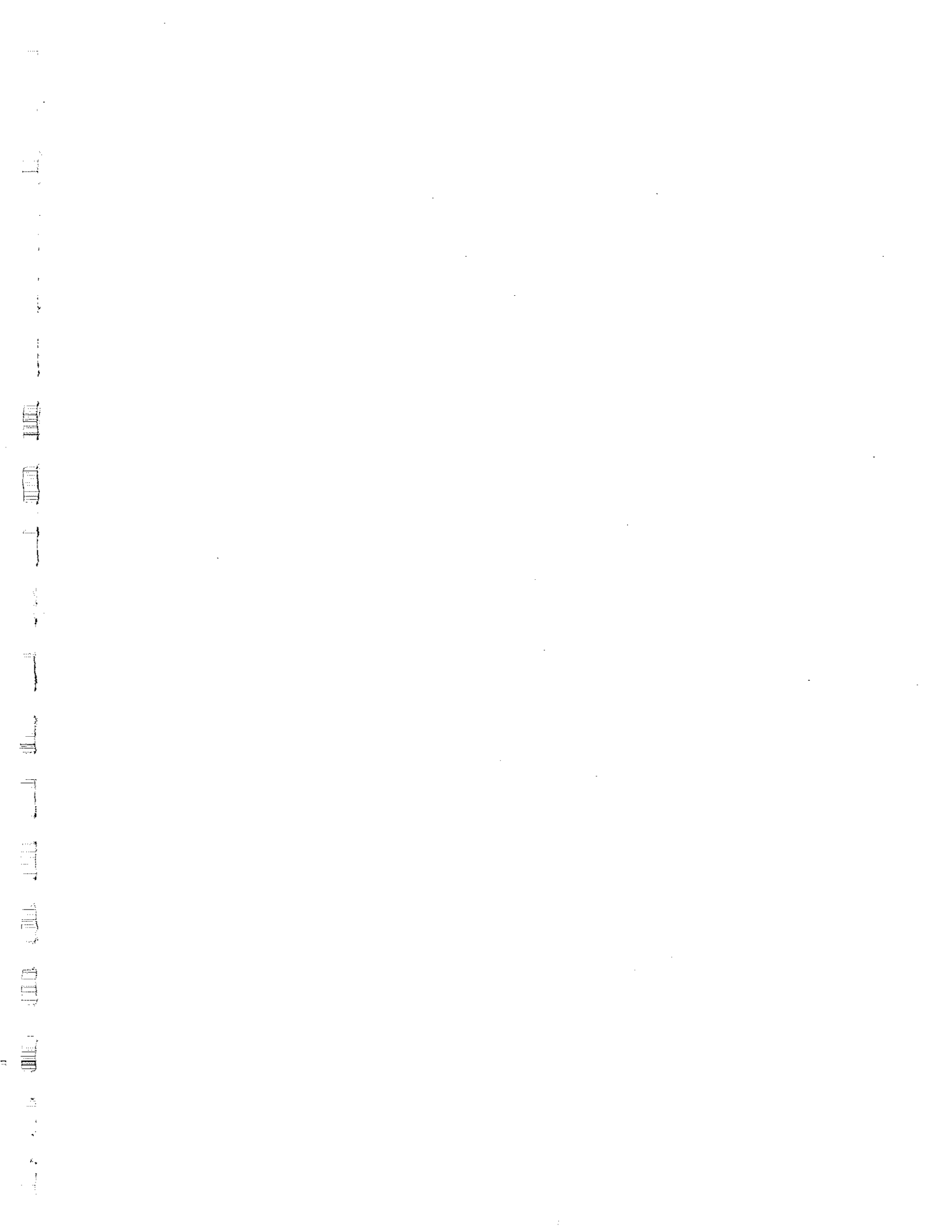
(38) Name of Contact Person for Claim

Telephone Number **(408) 282-3012**

**Carolina R. Prado**

E-Mail Address **carol.prado@rov.sccgov.org**





**MANDATED COSTS  
ABSENTEE BALLOTS  
COMPONENT/ACTIVITY COST DETAIL**

Form  
AB-2

(01) Claimant

(02) Fiscal Year Costs Were Incurred

**COUNTY OF SANTA CLARA**

**2002-2003**

(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim

(04) Description of Expenses: Complete columns (a) through (f)

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies			(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	
<b>CODED EMPLOYEES</b>								
CHU, S	SR OS	Regular	\$ 25.16	51.2	\$ 1,288	\$ 519	s e e  a t t a c h m e n t	
		Overtime	\$ 37.75	4.0	\$ 151	\$ 33		
TEFFT, S	EDC	Regular	\$ 42.48	629.0	\$ 26,722	\$ 8,472		
WONG, W	SR OS	Regular	\$ 25.16	450.7	\$ 11,342	\$ 6,222		
		Overtime	\$ 37.75	43.4	\$ 1,639	\$ 363		
Subtotal Coded:		Regular		1,130.9	\$ 39,352	\$ 15,213		
		Overtime		47.4	\$ 1,790	\$ 396		
<b>Total Coded Employees</b>				<b>1,178.3</b>	<b>\$ 41,142</b>	<b>\$ 15,609</b>		
<b>EXTRA HELP</b>								
ADAMS, M	IOS III	2	Regular	\$ 16.99	528.5	\$ 8,979		\$ 913
			Overtime	\$ 25.49	51.0	\$ 1,300		\$ 132
BHATIA, K	IOS II	1	Regular	\$ 14.80	274.0	\$ 4,054		\$ 412
			Overtime	\$ 22.19	34.0	\$ 755		\$ 77
CARABAJAL, J	IOS I	1	Regular	\$ 13.81	254.5	\$ 3,515		\$ 358
			Overtime	\$ 20.72	18.0	\$ 373		\$ 38
CHANG, G	IOS I	2	Regular	\$ 14.46	461.5	\$ 6,674		\$ 679
			Overtime	\$ 21.69	63.3	\$ 1,372		\$ 140
CUELLAR, N	IOS I	2	Regular	\$ 14.46	423.5	\$ 6,124		\$ 623
			Overtime	\$ 21.69	64.0	\$ 1,388		\$ 141
CHRISTIE, D	IOS II	1	Regular	\$ 14.80	281.0	\$ 4,158		\$ 423
			Overtime	\$ 22.19	29.3	\$ 650	\$ 66	
ESPINOZA, A	IOS I	1	Regular	\$ 13.81	325.0	\$ 4,489	\$ 457	
			Overtime	\$ 20.72	44.0	\$ 912	\$ 93	
FUNG, S	IOS II	1	Regular	\$ 14.80	351.0	\$ 5,193	\$ 528	
			Overtime	\$ 22.19	25.5	\$ 566	\$ 58	
GOMEZ, M	IOS I	1	Regular	\$ 13.81	236.7	\$ 3,269	\$ 333	
			Overtime	\$ 20.72	19.5	\$ 404	\$ 41	
HENEVRY, W	IOS I	1	Regular	\$ 13.81	315.2	\$ 4,354	\$ 443	
			Overtime	\$ 20.72	53.2	\$ 1,102	\$ 112	
HICKEY, L	IOS II	2	Regular	\$ 15.50	364.5	\$ 5,649	\$ 575	
			Overtime	\$ 23.25	55.2	\$ 1,283	\$ 131	
JOHNSON, R	IOS I	1	Regular	\$ 13.81	320.8	\$ 4,430	\$ 451	
			Overtime	\$ 20.72	34.2	\$ 709	\$ 72	
Sub-total extra-help		Regular		4,136.2	\$ 60,888	\$ 6,194		
		Overtime		491.2	\$ 10,813	\$ 1,100		
Total [ ] Subtotal [ x ]				<b>5,805.6</b>	<b>\$ 112,844</b>	<b>\$ 22,904</b>		

State Controller's Office				Mandated Cost Manual					
MANDATED COSTS ABSENTEE BALLOTS COMPONENT/ACTIVITY COST DETAIL						Form AB-2			
(01) Claimant				(02) Fiscal Year Costs Were Incurred					
COUNTY OF SANTA CLARA				2002-2003					
(03) Reimbursable Component: Total Cost of Absentee Ballots in the Fiscal Year of Claim									
(04) Description of Expenses: Complete columns (a) through (f)						Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies				(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	
KENT, S	IOS I	1	Regular	\$ 13.81	324.0	\$ 4,475	\$ 455	s e e a a c h m e n t	
			Overtime	\$ 20.72	35.7	\$ 740	\$ 75		
KNIGHT, B	OS I	1	Regular	\$ 13.81	332.1	\$ 4,587	\$ 467		
			Overtime	\$ 20.72	38.0	\$ 787	\$ 80		
LE, H	IOS II	1	Regular	\$ 14.80	299.0	\$ 4,424	\$ 450		
			Overtime	\$ 22.19	41.3	\$ 916	\$ 93		
LE, JENNIE	IOS II	1	Regular	\$ 14.80	367.0	\$ 5,430	\$ 552		
			Overtime	\$ 22.19	51.2	\$ 1,136	\$ 116		
LELAND, B	IOS II	3	Regular	\$ 16.23	486.0	\$ 7,886	\$ 802		
			Overtime	\$ 24.34	55.5	\$ 1,351	\$ 137		
MOGLIOLO, S	IOS I	2	Regular	\$ 14.46	438.0	\$ 6,333	\$ 644		
			Overtime	\$ 21.69	40.0	\$ 868	\$ 88		
MANNING, P	OS I	1	Regular	\$ 13.81	324.2	\$ 4,478	\$ 456		
			Overtime	\$ 20.72	41.5	\$ 860	\$ 87		
MCKIERNAN, T	IOS I	1	Regular	\$ 13.81	300.0	\$ 4,144	\$ 422		
			Overtime	\$ 20.72	10.8	\$ 223	\$ 23		
NAJJAR, V	IOS II	2	Regular	\$ 15.50	484.5	\$ 7,509	\$ 764		
			Overtime	\$ 23.25	47.2	\$ 1,097	\$ 112		
NAKAGAMI, S	IOS I	2	Regular	\$ 14.46	477.0	\$ 6,898	\$ 702		
			Overtime	\$ 21.69	48.7	\$ 1,056	\$ 107		
OCAMPO, J	OS III	1	Regular	\$ 16.23	256.5	\$ 4,162	\$ 423		
			Overtime	\$ 24.34	23.5	\$ 572	\$ 58		
RABE, G	IOS I	2	Regular	\$ 14.46	530.0	\$ 7,664	\$ 780		
			Overtime	\$ 21.69	48.2	\$ 1,046	\$ 106		
REGALA, P	IOS I	1	Regular	\$ 13.81	308.20	\$ 4,257	\$ 433		
			Overtime	\$ 20.72	31.20	\$ 646	\$ 66		
RHINE, V	IOS I	1	Regular	\$ 13.81	328.00	\$ 4,530	\$ 461		
			Overtime	\$ 20.72	39.50	\$ 818	\$ 83		
STITES, BILLIE	IOS I	2	Regular	\$ 14.46	312.5	\$ 4,519	\$ 460		
			Overtime	\$ 21.69	44.5	\$ 965	\$ 98		
<b>Total Extra Help</b>				Regular	5,567.0	\$ 81,297	\$ 8,271		
				Overtime	596.7	\$ 13,081	\$ 1,331		
				\$ 545.65	10,791.0	\$ 166,079	\$ 16,896		
<b>Grand Total</b>				Page: 2 of 2		11,969.3	\$ 207,221	\$ 32,505	\$ 424,661

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
SALARIES AND BENEFITS - ABSENTEE VOTERS  
FISCAL YEAR 2003**

SCHEDULE B1

Name	Position Job Code	Step		Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits
<b>PERMANENT EMPLOYEES</b>								
CHU, S	SR OS		Regular	\$25.16	51.2	\$1,288	\$ 519	\$ 1,807
			Overtime	\$37.75	4.0	\$151	\$ 33	\$ 184
TEFFT, S	EDC		Regular	\$42.48	629.0	\$26,722	\$ 8,472	\$ 35,194
WONG, W	SR OS		Regular	\$25.16	450.7	\$11,342	\$ 6,222	\$ 17,564
			Overtime	\$37.75	43.4	\$1,639	\$ 363	\$ 2,002
<b>Subtotal Coded:</b>			Regular		<b>1130.9</b>	<b>\$ 39,352</b>	<b>\$ 15,213</b>	<b>\$ 54,565</b>
			Overtime		<b>47.4</b>	<b>\$ 1,790</b>	<b>\$ 396</b>	<b>\$ 2,186</b>
					<b>1178.3</b>	<b>\$41,142</b>	<b>\$15,609</b>	<b>\$56,751</b>
<b>EXTRA HELP</b>								
ADAMS, M	IOS III	2	Regular	\$16.99	528.5	\$ 8,979	\$ 913	\$ 9,893
			Overtime	\$25.49	51.0	\$ 1,300	\$ 132	\$ 1,432
BHATIA, K	IOS II	1	Regular	\$14.80	274.0	\$ 4,054	\$ 412	\$ 4,467
			Overtime	\$22.19	34.0	\$ 755	\$ 77	\$ 831
CARABAJAL, J	IOS I	1	Regular	\$13.81	254.5	\$ 3,515	\$ 358	\$ 3,873
			Overtime	\$20.72	18.0	\$ 373	\$ 38	\$ 411
CHANG, G	IOS I	2	Regular	\$14.46	461.5	\$ 6,674	\$ 679	\$ 7,353
			Overtime	\$21.69	63.3	\$ 1,372	\$ 140	\$ 1,512
CUELLAR, N	IOS I	2	Regular	\$14.46	423.5	\$ 6,124	\$ 623	\$ 6,747
			Overtime	\$21.69	64.0	\$ 1,388	\$ 141	\$ 1,529
CHRISTIE, D	IOS II	1	Regular	\$14.80	281.0	\$ 4,158	\$ 423	\$ 4,581
			Overtime	\$22.19	29.3	\$ 650	\$ 66	\$ 716
ESPINOZA, A	IOS I	1	Regular	\$13.81	325.0	\$ 4,489	\$ 457	\$ 4,946
			Overtime	\$20.72	44.0	\$ 912	\$ 93	\$ 1,004
FUNG, S	IOS II	1	Regular	\$14.80	351.0	\$ 5,193	\$ 528	\$ 5,722
			Overtime	\$22.19	25.5	\$ 566	\$ 58	\$ 624
GOMEZ, M	IOS I	1	Regular	\$13.81	236.7	\$ 3,269	\$ 333	\$ 3,602
			Overtime	\$20.72	19.5	\$ 404	\$ 41	\$ 445
HENEERY, W	IOS I	1	Regular	\$13.81	315.2	\$ 4,354	\$ 443	\$ 4,796
			Overtime	\$20.72	53.2	\$ 1,102	\$ 112	\$ 1,214
HICKEY, L	IOS II	2	Regular	\$15.50	364.5	\$ 5,649	\$ 575	\$ 6,224
			Overtime	\$23.25	55.2	\$ 1,283	\$ 131	\$ 1,414
JOHNSON, R	IOS I	1	Regular	\$13.81	320.8	\$ 4,430	\$ 451	\$ 4,881
			Overtime	\$20.72	34.2	\$ 709	\$ 72	\$ 781
KENT, S	IOS I	1	Regular	\$13.81	324.0	\$ 4,475	\$ 455	\$ 4,930
			Overtime	\$20.72	35.7	\$ 740	\$ 75	\$ 815
KNIGHT, B	OS I	1	Regular	\$13.81	332.1	\$ 4,587	\$ 467	\$ 5,054
			Overtime	\$20.72	38.0	\$ 787	\$ 80	\$ 867
LE, H	IOS II	1	Regular	\$14.80	299.0	\$ 4,424	\$ 450	\$ 4,874
			Overtime	\$22.19	41.3	\$ 916	\$ 93	\$ 1,009
LE, JENNIE	IOS II	1	Regular	\$14.80	367.0	\$ 5,430	\$ 552	\$ 5,983
			Overtime	\$22.19	51.2	\$ 1,136	\$ 116	\$ 1,252
LELAND, B	IOS II	3	Regular	\$16.23	486.0	\$ 7,886	\$ 802	\$ 8,689
			Overtime	\$24.34	55.5	\$ 1,351	\$ 137	\$ 1,488
MOGLIOLO, S	IOS I	2	Regular	\$14.46	438.0	\$ 6,333	\$ 644	\$ 6,977
			Overtime	\$21.69	40.0	\$ 868	\$ 88	\$ 956
MANNING, P	OS I	1	Regular	\$13.81	324.2	\$ 4,478	\$ 456	\$ 4,933
			Overtime	\$20.72	41.5	\$ 860	\$ 87	\$ 947

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
SALARIES AND BENEFITS - ABSENTEE VOTERS  
FISCAL YEAR 2003**

SCHEDULE B1

Name	Position Job Code	Step	Productive Hourly Rate	Hours Worked	Total Salaries	Fringe Benefits	Salaries & Benefits	
MCKIERNAN, T	IOS 1	1	Regular	\$13.81	300.0	\$ 4,144	\$ 422	\$ 4,565
			Overtime	\$20.72	10.8	\$ 223	\$ 23	\$ 245
NAJJAR, V	IOS II	2	Regular	\$15.50	484.5	\$ 7,509	\$ 764	\$ 8,273
			Overtime	\$23.25	47.2	\$ 1,097	\$ 112	\$ 1,209
NAKAGAMI, S	IOS I	2	Regular	\$14.46	477.0	\$ 6,898	\$ 702	\$ 7,600
			Overtime	\$21.69	48.7	\$ 1,056	\$ 107	\$ 1,164
OCAMPO, J	OS III	1	Regular	\$16.23	256.5	\$ 4,162	\$ 423	\$ 4,586
			Overtime	\$24.34	23.5	\$ 572	\$ 58	\$ 630
RABE, G	IOS I	2	Regular	\$14.46	530.0	\$ 7,664	\$ 780	\$ 8,444
			Overtime	\$21.69	48.2	\$ 1,046	\$ 106	\$ 1,152
REGALA, P	IOS I	1	Regular	\$13.81	308.2	\$ 4,257	\$ 433	\$ 4,690
			Overtime	\$20.72	31.2	\$ 646	\$ 66	\$ 712
RHINE, V	IOS I	1	Regular	\$13.81	328.0	\$ 4,530	\$ 461	\$ 4,991
			Overtime	\$20.72	39.5	\$ 818	\$ 83	\$ 902
STITES, BILLIE	IOS I	2	Regular	\$14.46	312.5	\$ 4,519	\$ 460	\$ 4,979
			Overtime	\$21.69	44.5	\$ 965	\$ 98	\$ 1,063
<b>Subtotal Extra Help</b>			Regular		9703.1	\$ 142,185	\$ 14,465	\$ 156,650
			Overtime		1087.9	\$ 23,894	\$ 2,431	\$ 26,325
<b>GRAND TOTAL</b>			Regular		10834.0	\$ 181,537	\$ 29,678	\$ 211,215
			Overtime		1135.3	\$ 25,684	\$ 2,827	\$ 28,511
<b>TOTAL SALARIES &amp; BENEFITS</b>					11969.3	\$ 207,221	\$ 32,505	\$ 239,726

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
 ABSENTEE VOTERS SERVICES  
 LABOR DISTRIBUTION - TIME STUDY  
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
Chu, Shui Ling	REG	1.3	8.0	-	11.5	-	30.5	-	-	-	-	51.2
Sub-total-Jun 02	OT	-	4.0	-	-	-	-	-	-	-	-	4.0
Tefft, Sue	REG	-	-	-	-	238.0	-	64.0	115.0	-	-	417.0
Sub-total - Nov 02	REG	-	-	-	-	123.0	-	48.0	41.0	-	-	212.0
Sub-total - Jun 03		-	-	-	-	361.0	-	112.0	156.0	-	-	629.0
Total FY 03		-	-	-	-							
Wong, Winkle	REG	35.5	172.5	1.0	43.0	-	52.5	-	34.0	-	-	338.5
Sub-total - Nov 02	OT	5.5	18.9	5.0	4.0	-	9.5	-	0.5	-	-	43.4
Sub-total - Jun 03	REG	-	79.7	10.8	-	-	4.5	13.2	4.0	-	-	112.2
Total FY 03	OT	-	1.0	-	-	-	-	-	6.5	-	-	7.5
	REG	35.5	252.2	11.8	43.0	-	57.0	13.2	38.0	-	-	450.7
	OT	5.5	18.9	5.0	4.0	-	9.5	-	0.5	-	-	43.4
EXTRA-HELP												
Adams, Mary	REG	61.0	-	-	80.0	36.0	95.0	47.0	40.0	-	-	359.0
Sub-total - Nov 02	OT	3.5	-	-	20.0	1.0	24.5	-	-	-	-	49.0
Sub-total - Jun 03	REG	43.0	-	4.0	31.5	28.0	43.0	10.0	10.0	-	-	169.5
Total FY 03	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
	REG	104.0	-	4.0	111.5	64.0	138.0	57.0	50.0	-	-	528.5
	OT	3.5	-	-	20.0	1.0	26.5	-	-	-	-	51.0
Bhatia, Kartik	REG	176.5	7.0	-	50.5	-	-	-	40.0	-	-	274.0
Sub-total - Nov 02	OT	27.0	-	-	7.0	-	-	-	-	-	-	34.0
Carabajal, Jessie	REG	-	-	-	-	-	-	254.5	-	-	-	254.5
Sub-total - Nov 02	OT	-	-	-	-	-	-	18.0	-	-	-	18.0
Chang, Grace	REG	-	-	-	166.5	-	113.5	44.5	-	-	-	324.5
Sub-total - Nov 02	OT	-	-	-	19.5	-	24.8	-	-	-	-	44.3
Sub-total - Jun 03	REG	-	-	-	64.0	-	60.5	-	12.5	-	-	137.0
Total FY 03	OT	-	-	17.0	-	-	2.0	-	-	-	-	19.0
	REG	-	-	-	230.5	-	174.0	44.5	12.5	-	-	461.5
	OT	-	-	17.0	19.5	-	26.8	-	-	-	-	63.3
Cuellar, Norma	REG	-	-	-	171.5	56.5	48.0	27.0	-	-	-	303.0
Sub-total - Nov 02	OT	-	-	-	19.5	25.0	-	17.5	-	-	-	62.0
Sub-total - Jun 03	REG	-	-	-	83.0	-	37.0	-	0.5	-	-	120.5
Total FY 03	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
	REG	-	-	-	254.5	56.5	85.0	27.0	0.5	-	-	423.5
	OT	-	-	-	19.5	25.0	2.0	17.5	-	-	-	64.0
Christie, Debra	REG	134.9	72.9	-	23.4	-	-	22.0	27.8	-	-	281.0
Sub-total - Nov 02	OT	13.3	16.0	-	-	-	-	-	-	-	-	29.3
Espinoza, Alejandra	REG	-	-	-	180.0	-	108.0	37.0	-	-	-	325.0
Sub-total - Nov 02	OT	-	-	-	19.5	-	24.5	-	-	-	-	44.0
Fung, Sau Kwan	REG	165.0	8.0	-	108.0	-	-	-	-	-	-	281.0
Sub-total - Nov 02	OT	-	2.5	-	23.0	-	-	-	-	-	-	25.5
Sub-total - Jun 03	REG	-	7.5	9.0	10.5	-	32.0	7.0	4.0	-	-	70.0
Total FY 03	OT	-	-	-	-	-	-	-	-	-	-	-
	REG	165.0	15.5	9.0	118.5	-	32.0	7.0	4.0	-	-	351.0
	OT	-	2.5	-	23.0	-	-	-	-	-	-	25.5
Gomez, Michael	REG	-	-	-	39.7	-	-	197.0	-	-	-	236.7
Sub-total - Nov 02	OT	-	-	-	-	-	-	19.5	-	-	-	19.5

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
 ABSENTEE VOTERS SERVICES  
 LABOR DISTRIBUTION - TIME STUDY  
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
Henebry, Winona	REG	-	-	194.0	6.0	-	83.7	31.5	-	-	-	315.2
Sub-total - Nov 02	OT	-	-	36.0	-	-	17.2	-	-	-	-	53.2
Hickey, Lois	REG	108.5	13.5	-	24.0	92.0	2.0	4.0	-	-	-	244.0
Sub-total - Nov 02	OT	20.0	1.0	2.5	8.0	21.7	-	-	-	-	-	53.2
Sub-total - Jun 03	REG	55.5	2.5	7.5	5.5	17.5	26.0	6.0	-	-	-	120.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	164.0	16.0	7.5	29.5	109.5	28.0	10.0	-	-	-	364.5
	OT	20.0	1.0	2.5	8.0	21.7	2.0	-	-	-	-	55.2
Johnson, Rose	REG	-	-	4.0	172.0	-	105.5	39.3	-	-	-	320.8
Sub-total - Nov 02	OT	-	-	-	10.0	-	24.2	-	-	-	-	34.2
Kent, Sylva	REG	-	-	-	173.5	-	107.5	43.0	-	-	-	324.0
Sub-total - Nov 02	OT	-	-	-	12.7	-	23.0	-	-	-	-	35.7
Knight, Barbara	REG	-	-	2.0	184.0	-	109.4	36.7	-	-	-	332.1
Sub-total - Nov 02	OT	-	-	-	31.5	-	6.5	-	-	-	-	38.0
Le, Howie	REG	158.0	47.0	-	14.0	-	80.0	-	-	-	-	299.0
Sub-total - Nov 02	OT	18.0	12.3	-	7.0	-	4.0	-	-	-	-	41.3
Le, Jennie	REG	125.0	85.0	-	8.0	-	80.0	-	-	-	-	298.0
Sub-total - Nov 02	OT	27.5	12.7	-	4.0	-	4.0	-	-	-	-	48.2
Sub-total - Jun 03	REG	-	4.0	-	8.0	-	57.0	-	-	-	-	69.0
	OT	-	-	-	-	-	3.0	-	-	-	-	3.0
Total FY 03	REG	125.0	89.0	-	16.0	-	137.0	-	-	-	-	367.0
	OT	27.5	12.7	-	4.0	-	7.0	-	-	-	-	51.2
Leland, Betty	REG	173.0	103.0	8.0	-	8.0	80.0	-	-	-	-	372.0
Sub-total - Nov 02	OT	28.5	18.5	-	6.0	-	-	-	-	-	-	53.0
Sub-total - Jun 03	REG	30.0	19.0	-	22.0	-	35.0	8.0	-	-	-	114.0
	OT	-	-	-	-	-	2.5	-	-	-	-	2.5
Total FY 03	REG	203.0	122.0	8.0	22.0	8.0	115.0	8.0	-	-	-	486.0
	OT	28.5	18.5	-	6.0	-	2.5	-	-	-	-	55.5
Mogliolo, Sallye	REG	-	-	-	181.8	-	57.2	29.0	48.0	-	-	316.0
Sub-total - Nov 02	OT	-	-	-	12.5	-	25.5	-	-	-	-	38.0
Sub-total - Jun 03	REG	-	-	25.5	25.0	-	57.0	3.5	11.0	-	-	122.0
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	25.5	206.8	-	114.2	32.5	59.0	-	-	438.0
	OT	-	-	-	12.5	-	27.5	-	-	-	-	40.0
Manning, Patricia	REG	62.0	-	-	116.0	-	59.5	38.7	48.0	-	-	324.2
Sub-total - Nov 02	OT	7.0	-	-	27.5	-	7.0	-	-	-	-	41.5
McKiernan, Tuesday	REG	72.0	-	99.0	-	6.0	53.5	31.0	38.5	-	-	300.0
Sub-total - Nov 02	OT	7.0	-	2.3	-	-	1.5	-	-	-	-	10.8

COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
 ABSENTEE VOTERS SERVICES  
 LABOR DISTRIBUTION - TIME STUDY  
 SUMMARY FISCAL YEAR 2002/2003

PP ENDING NAME		DATA ENTRY	CUST SERVICE	MAIL/ P.O.	STUFF/ VERIFY	RECONC TRBLSHT	RTND BALLOT	AVS SET-UP	POST ELCTN	CUST LISTS	DOUBLE VOTES	TOTAL AVS
<b>Najjar, Vivian</b>												
Sub-total - Nov 02	REG	149.0	42.0	50.5	77.0	-	40.0	-	-	-	-	358.5
	OT	29.5	13.7	-	4.0	-	-	-	-	-	-	47.2
Sub-total - Jun 03	REG	72.0	2.0	-	36.0	-	16.0	-	-	-	-	126.0
	OT	-	-	-	-	-	-	-	-	-	-	-
Total FY 03	REG	221.0	44.0	50.5	113.0	-	56.0	-	-	-	-	484.5
	OT	29.5	13.7	-	4.0	-	-	-	-	-	-	47.2
<b>Nakagami, Sumi</b>												
Sub-total - Nov 02	REG	-	-	-	184.5	-	48.5	35.5	48.0	-	-	316.5
	OT	-	-	-	21.0	-	25.7	-	-	-	-	46.7
Sub-total - Jun 03	REG	-	-	42.5	46.5	-	57.0	3.5	11.0	-	-	160.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	42.5	231.0	-	105.5	39.0	59.0	-	-	477.0
	OT	-	-	-	21.0	-	27.7	-	-	-	-	48.7
<b>Ocampo, Juancho</b>												
Sub-total - Nov 02	REG	104.5	86.0	-	20.0	-	-	14.0	32.0	-	-	256.5
	OT	9.0	9.5	-	5.0	-	-	-	-	-	-	23.5
<b>Rabe, Gerry</b>												
Sub-total - Nov 02	REG	-	-	160.0	53.5	-	77.5	29.0	30.0	-	6.5	356.5
	OT	-	-	12.5	9.0	-	24.7	-	-	-	-	46.2
Sub-total - Jun 03	REG	-	-	74.0	34.0	-	41.5	6.0	18.0	-	-	173.5
	OT	-	-	-	-	-	2.0	-	-	-	-	2.0
Total FY 03	REG	-	-	234.0	87.5	-	119.0	35.0	48.0	-	6.5	530.0
	OT	-	-	12.5	9.0	-	26.7	-	-	-	-	48.2
<b>Regala, Pilar</b>												
Sub-total - Nov 02	REG	-	-	-	178.5	-	91.5	38.2	-	-	-	308.2
	OT	-	-	-	19.5	-	11.7	-	-	-	-	31.2
<b>Rhine, Virginia</b>												
Sub-total - Nov 02	REG	-	-	-	172.0	-	111.0	45.0	-	-	-	328.0
	OT	-	-	-	19.5	-	20.0	-	-	-	-	39.5
<b>Stites, Billie</b>												
Sub-total - Nov 02	REG	-	-	-	150.0	-	115.5	47.0	-	-	-	312.5
	OT	-	-	-	19.5	-	25.0	-	-	-	-	44.5
<b>GRAND TOTAL</b>	REG	1,726.7	759.6	691.8	2,954.9	605.0	2,216.3	1,260.1	613.3	-	6.5	10,834.0
	OT	195.8	109.1	75.3	329.2	47.7	322.8	55.0	0.5	-	-	1,135.3
												11,969.3



**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
SUPPLIES & SERVICES - ABSENTEE VOTERS  
FISCAL YEAR 2002/2003**

DESCRIPTION	PRICE	QTY	COST	SOURCE	DATE
<b>SUPPLIES</b>					
Sumner Mailing Equip-Black Ink Cartridge	\$ 42.76	6	\$ 256.55	V1403773	04/23/03
Sumner Mailing Equip-Ink Cartridges	\$ 40.59	12	\$ 487.12	V1403208	10/28/02
Ikon Office Solutions-Laser labels for sample ballots	\$ 57.54	20	\$ 1,150.70	V1403496	12/27/02
Office Depot Supplies various			\$ 308.48	\$ 2,203 XDJ0210	11/07/02
<b>REPAIR &amp; MAINTENANCE</b>					
Triforce Sol-Maint Agr 7/1/02-6/30/03	\$ 925.00	1	\$ 925.00	V1403031	08/02/02
Triforce Sol-Repair Postage Machine	\$ 125.00	1	\$ 125.00	V1403112	09/20/02
Triforce Sol-Repair Postage Machine	\$ 197.90	1	\$ 197.90	\$ 1,248 V1403139	10/09/02
<b>EQUIPMENT RENTAL</b>					
Ascom Hasler-Meter reset 9/12/02	\$ 8.50	1	\$ 8.50	V1403152	10/15/02
Ikon Ofc Sol-Copier rental 10/02	\$ 31.60	1 mo	\$ 947.98	V1403231	11/13/02
Hasler, Inc - Meter Reset 10/11-12/11/02	\$ 8.50	5	\$ 42.50	V1403563	01/17/03
Hasler, Inc - Meter Reset 4/01/03	\$ 8.50	1	\$ 8.50	V1403836	06/06/03
ikon Ofc Sol-Copier rental 05/03	\$ 24.06	1 mo.	\$ 721.81	\$ 1,729 V1403855	06/18/03
<b>EXTERNAL PRINTING</b>					
Atlantic Envelope Co.-Abs Bus Reply Env			\$ 5,046.97	V1403063	08/23/02
Vanguard Printing-Absentee Envelopes			\$ 4,140.24	V1403079	09/04/02
Benton Co. Inc.-Header & End card			\$ 2,799.44	V1403124	10/02/02
Kopec, Robert-Span/Eng transl of ballots			\$ 3,991.82	V1403186	10/21/02
Merrill Corporation-sample ballot printing			\$ 226,190.47	V1403195	10/25/02
E S & S Inc.-ofc bit printing-11/02			\$ 12,056.83	V1403242	11/20/02
Le, Becky-Vietnamese Translation 11/02			\$ 34.50	V1403468	12/17/02
Le, Hung-Vietnamese Proofreading 11/02			\$ 11.50	V1403469	12/17/02
Liu, Grace-Chinese Proofreading 11/02			\$ 17.25	V1403470	12/17/02
E S & S Inc.-ofc bit printing-06/03			\$ 2,751.13	V1403794	05/14/03
Merrill Corporation-sample ballot printing 06/03			\$ 14,588.01	V1403802	05/16/03
Kopec, Robert-Eng/Span transl of sample ballots 06/03			\$ 419.10	\$ 272,047 V1403860	06/18/03
<b>INTERNAL PRINTING</b>					
Mail Ballot Pre notice postcard	\$ 0.05	10,372	\$ 482.88	PR093767	10/09/02
Did not sign return envelope	\$ 0.03	1,000	\$ 27.29	PR093769	09/25/02
Eng/Span Instructions to Voters	\$ 0.02	100,000	\$ 1,980.09	PR093770	09/25/02
Absentee Ballot Processing Envelope	\$ 0.12	1,300	\$ 155.29	PR093771	09/25/02
Eng/Span Returning your Ballot Inst.	\$ 0.02	100,000	\$ 1,879.68	PR093772	09/25/02
Eng/Span Voting By Mail Sample page	\$ 0.02	100,000	\$ 1,998.13	PR093773	09/25/02
Mail Ballot Letter	\$ 0.04	11,000	\$ 410.09	PR093774	09/25/02
Absentee Application	\$ 0.02	2,500	\$ 50.38	PR093810	09/25/02
Av Batch Header	\$ 0.03	1,500	\$ 44.96	PR093811	09/18/02
Returned Absentee Ballot Header	\$ 0.03	1,000	\$ 34.35	PR093812	09/18/02
Absentee Instructions	\$ 0.09	35,000	\$ 3,037.26	PR093834	04/18/03
Absentee Instructions	\$ 0.10	2,000	\$ 201.76	PR093835	04/18/03
Absentee Instructions	\$ 0.12	1,000	\$ 119.80	PR093836	04/18/03
Absentee Instructions	\$ 0.12	1,000	\$ 119.34	\$ 10,541 PR093837	04/18/03
<b>EXTERNAL POSTAGE</b>					
UPS	\$ 29.80	27	\$ 804.71	V1403204	10/28/02
UPS	\$ 12.50	94	\$ 1,174.53	V1403229	11/13/02
Mail ballot ret postages-ABMR Permit 918			\$ 3,163.65	PO Transact rpt	Nov. 2002
Mail ballot ret postages-ABMR Permit 918			\$ 46.62	PO Transact rpt	Jun. 2003
Postage from Daily Mail Log	\$ 1.25	1,988	\$ 2,487.56	Daily Mail LogAVS	Nov. 2002
Postage from Daily Mail Log	\$ 0.45	424	\$ 189.46	Daily Mail LogAVS	Jun. 2003
Metered Mails	\$ 1.09	99,050	\$ 108,395.18	Postage Meter Log	Nov. 2002
Metered Mails	\$ 0.80	25,753	\$ 20,630.25	\$ 136,892 Postage Meter Log	Jun. 2003

TOTAL SUPPLIES & SERVICES

\$ 424,661

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
INDIVIDUAL PRODUCTIVE HOURLY RATE - ABSENTEE  
FISCAL YEAR 2002/2003**

Source: Position Status Report 11/25/02

Emp/Class	Employee Name	Job Class	Step	Annual Salary	Productive Hours	Prod Hrly Rate
<b>PERMANENT EMPLOYEES</b>						
D20	CHU, S	SR OS	2	\$39,772	1,580	\$25.16
G90	TEFFT, S.	EDC	2	\$67,142	1,580	\$42.48
D20	WONG, W.	SR OS	2	\$39,772	1,580	\$25.16

source: www.sccjobs.org (basic salary plan) as of 01/01/03

**EXTRA HELP RATES**

JOB CODE	POSITION	GRADE	SALARY RATE AS OF 01/01/03				
			STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
B2X	ASSO. TRNG & STAFF DEV SPEC I	355	\$19,618	\$ 20.596	\$21,622	\$ 22.706	\$23,846
B2F(CEMA)	ASSO. TRNG & STAFF DEV SPEC II	387	\$22,999	\$ 24.090	\$25,297	\$ 26.560	\$27,888
G97	ELECTION SPECIALIST	450	\$22,206	\$ 22.234	\$23,309	\$ 24.438	\$25,614
Y83	INTRM ADMINISTRATIVE ASST	417	\$18,559	\$ 19.028	\$19,942	\$ 20.909	\$21,016
X96	INTRM OFFICE SPECIALIST I	358	\$13,112	\$ 14.461	\$13,144	\$ 15.862	\$16,608
X95	INTRM OFFICE SPECIALIST II	373	\$14,796	\$ 15.498	\$16,228	\$ 16.990	\$17,809
X94	INTRM OFFICE SPECIALIST III	393	\$16,227	\$ 16.990	\$17,809	\$ 18.677	\$19,557
X07	INTRM WAREHOUSE MAT HANDLER	381	\$15,348	\$ 16.071	\$16,828	\$ 17.647	\$18,494
G50	INFORMATION SYSTEMS TECH II	476	\$23,974	\$ 25.133	\$26,364	\$ 27.658	\$29,011
D51	OFFICE SPECIALIST I	358	\$13,112	\$ 14.461	\$13,144	\$ 15.862	\$16,608
D49	OFFICE SPECIALIST II	373	\$14,796	\$ 15.498	\$16,227	\$ 16.990	\$17,809
D09	OFFICE SPECIALIST III	393	\$16,227	\$ 16.990	\$17,809	\$ 18.677	\$19,557
G5H	SOFTWARE ENGINEER I	514	\$28,726	\$ 30.129	\$31,599	\$ 33.126	\$34,751
G76	SR WAREHOUSE MAT HANDLER	413	\$17,809	\$ 18.677	\$19,557	\$ 20.513	\$21,499
G77	WAREHOUSE MAT HANDLER	381	\$15,348	\$ 16.071	\$16,828	\$ 17.647	\$18,494

**COUNTY OF SANTA CLARA REGISTRAR OF VOTERS  
INDIVIDUAL BENEFIT RATE - PERM AVS  
FISCAL YEAR 2003**

Source: DAFR890 dated 11/13/02

Attachment A1

Position Code	Employee/Title	Biweekly Rate	Biweekly Benefits	Benefit Rate (Biweekly Benefits/ Biweekly Reg Pay)
D20	CHU, S	\$ 1,529.68	\$ 615.66	40.25%
G90	TEFFT, S.	\$ 2,582.40	\$ 818.77	31.71%
D20	WONG, W.	\$ 1,529.68	\$ 839.19	54.86%
TOTAL		\$ 5,641.76	\$ 2,273.62	

**Permanent Employees Benefit Rate OT**

22.13%

**Extra Help Benefit Rate:**

Unemployment Insurance	0.14% x Wage Rate
FICA (Employer's Share)	7.65% x Wage Rate
Worker's Compensation	1.61% x Wage Rate
Sub-total	<u>9.40%</u>
Premium/Bilingual Pay	0.77% x Wage Rate
FY 2003I Extra Help Employee Benefit Rate	<u>10.17%</u>

Premium/Bilingual Pay  
Office Specialist II Hourly Rate

\$ 0.577  
\$ 14.943

Ratio of Bilingual Pay to Hourly Rate  
Percent of Employees Paid Bilingual  
Adjusted Bilingual Rate

3.86%  
20.00%  
0.77%

COUNTY OF SANTA CLARA  
REGISTRAR OF VOTERS  
INDIRECT COST RATE COMPUTATION  
BASED ON FISCAL YEAR 2003 - ACTUAL

Source: DAFR8330 7/27/03

Description of Costs	Total Costs	Excludable Costs	Allowable Indirect Costs	Allowable Direct Costs
<b>Salaries &amp; Benefits</b>				
Permanent Salaries	\$ 1,978,878		\$ 714,963	\$ 1,263,915
Temporary Salaries	\$ 761,795		\$ 26,616	\$ 735,179
Overtime Salaries	\$ 137,024		\$ 4,111	\$ 132,913
Total Salaries	\$ 2,877,697	\$ -	\$ 745,691	\$ 2,132,006
Benefits	\$ 772,118		\$ 252,220	\$ 519,898
Total	\$ 3,649,815	\$ -	\$ 997,911	\$ 2,651,904
<b>Services &amp; Supplies</b>				
Training	\$ 32,736		\$ 32,736	
Overtime Meals	\$ 4,585		\$ 4,585	
Internal Telephone Service	\$ 165,755		\$ 165,755	
Communication & Telephone Service	\$ 37,195		\$ 23,829	\$ 13,366
Insurance	\$ 40,292		\$ 40,292	
Maintenance-Equipment	\$ 47,260		\$ 47,260	
Maintenance-Struct Improv & Ground	\$ 31,836		\$ 31,836	
Office Expense	\$ 299,694		\$ 81,765	\$ 217,929
Prof & Special Service	\$ 865,301		\$ 153,286	\$ 712,015
Contract Services	\$ 87,155		\$ 12,886	\$ 74,269
Data Processing Service	\$ 252,456		\$ 252,452	\$ 4
Publicallons and legal Notices	\$ 16,814		\$ -	\$ 16,814
Rents & Leases - Equipment	\$ 127,387		\$ 69,706	\$ 57,681
Rents & Leases - Buildings	\$ 29,050		\$ 3,893	\$ 25,157
Small Tools & Instruments	\$ 66,410		\$ 28,103	\$ 38,307
Membership Dues	\$ 1,725	\$ 1,725	\$ -	\$ -
External Printing & Reproduction	\$ 1,111,678		\$ 1,237	\$ 1,110,441
Printing & Reproduction	\$ 43,395		\$ 4,299	\$ 39,096
Special Dept Exp (Outreach)	\$ 16,439	\$ 16,439	\$ -	\$ -
Transportation & Travel	\$ 9,284		\$ 9,284	\$ -
Automobile Mileage	\$ 1,548		\$ 1,548	\$ -
Garage Automobile Services	\$ 32,070		\$ 32,070	\$ -
Services & Supplies - Others	\$ 98,627		\$ -	\$ 98,627
PC Hardware	\$ 66,648		\$ 66,648	\$ -
PC Software	\$ 9,329		\$ 9,329	\$ -
External Postage	\$ 300,186		\$ 47,453	\$ 252,735
Internal Postage	\$ 62,024		\$ 7,024	\$ 55,000
Total	\$ 3,856,881	\$ 18,164	\$ 1,127,276	\$ 2,698,075
Capital Expenditures	\$ 278,653	\$ 278,653		
Operating Transfers-Out	\$ 185,000	\$ 185,000		
Total Budgetary Expenditures	\$ 7,970,349	\$ 481,817	\$ 2,125,187	\$ 5,349,979
Countywide Cost Allocation 2003			\$ 652,947	
Total Allocable Indirect Costs			\$ 2,778,134	
Total Allocable Indirect Costs	\$ 2,778,134		\$ 2,778,134	
Distribution of Allocable Indirect			\$ (2,778,134)	
Costs Based on Salaries & benefits				
Indirect Cost Rate (per state instructions)			104.76%	
Cost by Index Code				
	Total Costs	Object 1	Object 2	Object 4&5
5600	\$ 5,220,756	\$ 3,643,550	\$ 1,113,553	\$ 463,653
5605	\$ 2,730,593	\$ 6,265	\$ 2,724,328	
5610	\$ 19,000		\$ 19,000	
	\$ 7,970,349	\$ 3,649,815	\$ 3,856,881	\$ 463,653

**COUNTY OF SANTA CLARA  
REGISTRAR OF VOTERS  
DIRECT & INDIRECT SALARIES  
FISCAL YEAR 2003 - ACTUAL**

Source: DAFR8030 7/26/03

	SALARY	DIRECT	INDIRECT	% DIRECT
<b>ADMINISTRATION</b>				
REGISTRAR OF VOTERS	\$ 143,412		\$ 143,412	0%
ASSISTANT REGISTRAR	\$ 80,203		\$ 80,203	0%
SENIOR ACCOUNTANT	\$ 77,443		\$ 77,443	0%
ACCOUNTANT III	\$ 61,298		\$ 61,298	0%
EXECUTIVE ASSISTANT I	\$ 48,124		\$ 48,124	0%
EXECUTIVE ASSISTANT I	\$ 6,837		\$ 6,837	0%
ACCOUNTANT ASSISTANT	\$ 42,810		\$ 42,810	0%
ADMINISTRATIVE SUPPORT OFFICER II	\$ 46,452		\$ 46,452	0%
ELECTION SERVICES COORDINATOR	\$ 41,251	\$ 41,251	\$ -	100%
ELECTION DIVISION COORDINATOR	\$ 67,645		\$ 67,645	0%
ELECTION RECRUITING & TRAINING	\$ 38,245	\$ 38,245	\$ -	100%
<b>INFORMATION SYSTEMS</b>				
INFORMATION SYSTEMS MANAGER	\$ 88,126	\$ 88,126	\$ -	100%
INFORMATION SYSTEMS ANALYST	\$ 69,627		\$ 69,627	0%
<b>PUBLIC SERVICES</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SR OFFICE SPECIALIST (2)	\$ 88,929	\$ 88,929	\$ -	100%
SR OFFICE SPECIALIST (1 - FLOATER)	\$ 37,518		\$ 37,518	0%
<b>VOTER REGISTRATION</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ 0	100%
OFFICE SPECIALIST II (3)	\$ 101,508	\$ 101,508	\$ -	100%
OFFICE SPECIALIST III	\$ 33,491	\$ 33,491	\$ (0)	100%
<b>ABSENTEE DIVISION</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SR OFFICE SPECIALIST (1 - FLOATER)	\$ 37,518	\$ 37,518	\$ -	100%
<b>BALLOT PREPARATION</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
ELECTION SPECIALIST (1)	\$ 34,917	\$ 34,917	\$ -	100%
<b>ELECTIONS DIVISION</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
ELECTION SPECIALISTS (4)	\$ 139,667	\$ 139,667	\$ -	100%
ELECTION SPECIALISTS (3 BILINGUALS-OUTREACH)	\$ 104,750	\$ 104,750	\$ 0	100%
<b>WAREHOUSE</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ -	100%
SENIOR MATERIAL HANDLER (2)	\$ 67,187	\$ 33,594	\$ 33,594	50%
<b>MAPPING SERVICES</b>				
ELECTION DIVISION COORDINATOR	\$ 67,645	\$ 67,645	\$ 0	100%
PRECINCT PLAN SPECIALIST	\$ 48,403	\$ 48,403	\$ -	100%
PERMANENT SALARIES	\$ 1,978,878	\$ 1,263,915	\$ 714,963	64%
TEMPORARY SALARIES	\$ 761,795	\$ 735,179	\$ 26,616	97%
TOTAL SALARIES	\$ 2,740,673	\$ 1,999,094	\$ 741,579	
OVERTIME	\$ 137,024	\$ 132,913	\$ 4,111	97%
TOTAL SALARIES, OVERTIME	\$ 2,877,697	\$ 2,132,007	\$ 745,690	

# EXHIBIT H

# County of Santa Clara

Finance Agency  
Controller-Treasurer Department  
County Government Center  
70 West Hedding Street, East Wing, 2nd Floor  
San Jose, California 95110 1705  
(408) 209-5200 FAX (408) 289-8629



DATE: May 3, 2005

TO: Jim L. Spano  
Chief, Compliance Audits Bureau,  
State Controller's Office, Division of audits,  
Post Office Box 942850,  
Sacramento, CA 94250-5874

FROM: David G. Elledge  
Controller-Treasurer

RE: SB90 mandate-Absentee Ballots Program-Response to Draft audit report

## Summary

Thank you for the audit report on the SB90 State Mandated Costs claim of the legislatively mandated Absentee Ballots Program (Chapter 77, Statutes of 1978; Chapter 920, Statutes of 1994; and Chapter 1032, Statutes of 2002) for the period of July 1, 2000 through June 30, 2003.

The one audit finding relates to unsupported salaries, benefits and related indirect costs for 2000-01 through 2002-03 arising out of the usage of Countywide Productive hour rate. This issue of Countywide Productive hours was replied to in all responses to State audit reports on other programs. We adopt our earlier responses on the issue of countywide productive hourly rate. Please reconsider the disputed audit finding in view of our reply; we respectfully request that you rework the numbers in the report.

## Finding and Recommendation

Finding - unsupported salaries, benefits and related indirect costs

The State Controller's draft audit report about the County's SB 90 program-Absentee Ballots states: -

*In calculating the countywide productive hours, the county included unallowable deductions for training and authorized break time. The county deducted estimated training time based on hours required by employees' bargaining unit agreements and/or continuing education requirements for licensure/certification rather than actual training hours attended. Furthermore, deducted training hours benefit specific departments' classification rather than all departments. For fiscal year (FY) 2003, the county*

Board of Supervisors: Donald F. Gage, Bianca Alvarado, Pete McHugh, James T. Beall, Jr., Liz Kniss  
County Executive: Peter Kuitras, Jr



*introduced a training code under its current automated payroll system to track employees' training hours. The county claimed that the training hours charged to this code were actual time spent by employees attending non-program related classes. However, the county was unable to substantiate the excluded training hours with any supporting documentation. Further it was unclear whether the training classes attended were program-or non-program related. In addition the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period; therefore, the county cannot exclude those hours from productive hours.*

*For the entire audit period, the county also deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period. Therefore, the county cannot deduct training and authorized break time from productive hours.*

#### Response

We note that compared to the previous audit reports, there is a welcome change now that the audit finding is not the non-allowability of the policy of countywide productive hours but is limited to the treatment and documentation for training and break time only. Thank you for accepting the countywide productive hour policy. Consequently, we will only discuss the two specific issues of documentation for training time and break.

The County implemented the countywide calculation of productive hours in FY 2000-01. Claims filed for that fiscal year were based on calculations that included training time received by employees and reported by County departments, based on collective bargaining agreements or rosters related to actual training sessions that were conducted. Break-time was similarly calculated, based on requirements of collective bargaining agreements and State law. For all subsequent fiscal years, the County modified the automated payroll system to capture actual hours of training by individual employee for all County departments.

The county's policy for reporting training time is only related to non-program training. Departments have been advised to exclude program-related training from the pay period data reporting. We explained this to the state audit staff. We also explained that the payroll section can only maintain the total time spent and reported by each department. The analysis as to whether they were program-related or not is done in the departments. We told the state audit staff to check this issue in the departments if they wished. All data and records required for the audit were produced.

On the issue of reporting actual break-time taken by employees, our automated payroll system could accommodate such a change; but the additional time and cost of recording such information would exceed the value of the information obtained. This information can readily be determined by simple calculation. This conclusion is consistent with OMB A-87 cost allocation principles, which limit the effort expected of state and local governments to calculate indirect costs when such costs are "... not readily assignable...without effort disproportionate to the results achieved." In the case of daily break-time required by both State law and collective bargaining agreements, the



recording of actual break-time taken twice daily by more than 15,000 employees during 250 workdays per year would not result in the determination of a materially different amount of actual time taken than could be readily calculated pursuant to the 30 minute daily standard specified by the collective bargaining agreements. The cost of doing this would be prohibitive. Because the County has directed all employees (Attachment A) to limit the daily reporting of hours worked to 7.5 hours when preparing SB 90 claims, the effect of not allowing the County to exclude one-half hour per day break-time from the productive hour calculation would be to increase the hours charged to SB 90 claims by the same one-half hour per day for all claims involving full-day charges. As stated in the case of training time earlier, the break time on days when the staff work exclusively on specific programs is not included in the break time for this purpose.

We previously clarified these issues in response to an email dated February 6, 2004 from the Audit Division of the State Controller's Office. The email stated that the State would accept the usage of a countywide productive hourly rate with certain conditions (Attachment B). That email raised the same issues raised in this audit report. For your reference the email from the Audit Division of the State Controller's Office dated February 6, 2004 is reproduced below.

*Copy of email dated February 6, 2004 from Jim Spano to the County of Santa Clara*

*Ram,*

*I reviewed the county's proposal dated December 19, 2001, to use countywide Productive hours and have discussed your analysis with my staff and Division Of Accounting and reporting staff. The use of countywide productive hours Would be acceptable to the State Controller's Office provided all employee Classifications are included and productive hours are consistently used for All county programs (mandated and non-mandated).*

*The SCO's Mandated Cost Manual (claiming instructions), which includes Guidelines for preparing mandated cost claims, does not identify the time Spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.*

*The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted*

*authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.*

*If you would like to discuss the above further, please contact me.*

*Jim "Spano*

We responded to all the issues raised by Jim Spano. We use the countywide productive hours policy for non-SB90 programs, as suggested by Jim Spano in Para 1. Further, before the introduction of the countywide productive hour policy in the County of Santa Clara in our letter of December 27, 2001, we noticed (Attachment C) the State Controller that the County was electing to change its SB 90 claiming procedures for the calculation of productive hourly rates. The County reported that the switch to a countywide methodology for the calculation of average countywide productive hours per position would improve SB 90 claiming accuracy, consistency, and documentation and facilitate the State audit function. Consequently, more than 50 claims have been submitted and accepted during the past two years using this countywide methodology.

We advised state audit staff and provided a copy of the County's letter dated December 27, 2001 and explained our understanding of the SB 90 instructions pertaining to the calculation of productive hours. The State auditors were unable to provide any written State procedures, regulations or other legal authority to refute our interpretation of Section 7 of the State Controller's SB 90 Claiming Instructions for Cities, Counties and Special Districts.

We respectfully request you to reconsider your findings on the usage of countywide productive hour policy and recalculate the numbers in the report to allow all the costs in this claim.

Attachments A,B and C.

ATTACHMENT A

Ramalah Venkatesan  
12/19/2001 04:05 PM

To: alan.minato@sho.co.scl.ca.us, amy.kung@esa.co.scl.ca.us, andy.balance@apd.co.scl.ca.us, Bill Helfman <bill.helfman@bos.CO.Santa-Clara.CA.US>, ctrinh@da.co.scl.ca.us, Champa.Manfan@apd.CO.Santa-Clara.CA.US, dhunter@cor.co.scl.ca.us, donna.prochazka@pdc.co.scl.ca.us, isaac\_p@pag.co.scl.ca.us, martha.paine@hhs.co.scl.ca.us, mike.rock@cnt.co.scl.ca.us, peter.ng@ceo.co.scl.ca.us, virginia.lee@rov.co.scl.ca.us, lisa.perez@doc.co.scl.ca.us, michael.lipman@era.co.santa-clara.ca.us  
cc:  
Subject: Countywide productive hours

Ram Venkatesan  
SB 90 Coordinator  
Controller Treasurer's Office  
County of Santa Clara  
408-299-2541  
408-289-8629 Fax

I am attaching the Countywide productive hours calculated for FY00 and FY01 to be used for all new claims , amendment claims FY00 and Annual claims FY 01. The FGOC has approved the usage of Countywide Productive hours as a policy. We have informed our consultants DMG Maximus also. If you have any questions please contact me.

regards , ram venkatesan

After sending the above letter last week, I received a few telephone calls regarding the time charging method to be followed, in view of the usage of countywide productive hours. I would like to clarify the same .

1. As we are removing the informal time off( break time) and other unproductive hours from the productive hours calculation the time charged to the SB90 programs should be the actual no.of hours when the total no.of hours spent on Sb90 is less than 8 hours a day and if a full day work is charged to SB90 program, it should be restricted to 7.5 hours only . This point was discussed in the workshop meetings also

2.. We will be informing the SCO of the new policy of Countywide productive hours.

Our Consultants Maximus have also been informed of this procedure to be followed. Please call me if you need any further clarifications.



Prod Hrs 99-00 & 00-0



jspano@sco.ca.gov  
02/06/2004 03:09 PM

To: Ram.Venkatesan@fin.sccgov.org  
cc: cprasad@sco.ca.gov, svanee@sco.ca.gov, mhavey@sco.ca.gov,  
glbrummels@sco.ca.gov, mquarin@sco.ca.gov, aluna@sco.ca.gov,  
jvenneman@sco.ca.gov  
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks when calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 323-5849
- > Fax - (916) 327-0832
- >
- >

County of Santa Clara

ATTACHMENT C.



Finance Agency  
Treasurer-Treasurer Department  
County Government Center, East Wing  
70 West Hedding Street  
San Jose, California 95110-1705  
(408) 299-2541 FAX 299-8830

December 27, 2001

The State Controller's Office  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P. O. Box 942850  
Sacramento, CA 94250

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the 'SB90-Mandated Cost Manual for the Counties'. Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- a. Actual annual productive hours for each job title;
- b. Countywide average annual productive hours; or
- c. The standard annual 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
  - Paid holidays
  - Vacation earned
  - Sick leave taken
  - Informal time off
  - Jury Duty
  - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mialocq) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: Donald F. Cagge, Blanca Alvarado, Pete McHugh, James T. Behl Jr., Liz Kniss  
County Executive: Richard Wittenberg

9

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (People Soft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

Please review the enclosed schedules and provide us with your immediate response. Complete supporting working papers are available at our office and will be made available upon your request. We will submit the details with each claim submitted.

If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email [ramaiah.venkatesan@fin.co.scl.ca.us](mailto:ramaiah.venkatesan@fin.co.scl.ca.us)

Sincerely,



David G. Elledge  
Controller-Treasurer

Encl:

County of Santa Clara

Finance Agency  
Controller-Treasurer Department  
County Government Center, East Wing  
70 West Hedding Street  
San Jose, California 95110-1705  
(408) 299-2541 FAX 289-8639



December 27, 2001

The State Controller's Office  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P. O. Box 942850  
Sacramento, CA 94250

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the 'SB90-Mandated Cost Manual for the Counties'. Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- a. Actual annual productive hours for each job title;
- b. Countywide average annual productive hours; or
- c. The standard annual 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
  - Paid holidays
  - Vacation earned
  - Sick leave taken
  - Informal time off
  - Jury Duty
  - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mialocq) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: Donald F. Gage, Blanca Alvarado, Pete McHugh, James T. Beall Jr., Liz Kniss  
County Executive: Richard Wittenberg

2

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100



# EXHIBIT I

Santa Clara County

Domestic Violence Treatment Services Program

## County of Santa Clara

Finance Agency

Treasurer Department

County Government Center, East Wing  
70 West Hedding Street  
San Jose, California 95110-1705  
Phone 289-2541 FAX 289-0000



December 27, 2001

The State Controller's Office  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P. O. Box 942850  
Sacramento, CA 94250

Subject: Countywide Productive Hourly Rate for SB90 Claims

The Santa Clara County has decided to use the countywide effectively hourly rate in calculating the direct labor costs for its future SB90 claims. The methodology used by the County in determining the countywide effective hourly rate is consistent with the guidelines issued by the State Controller's Office in the 'SB90-Mandated Cost Manual for the Counties'. Developing a countywide effective hourly rate will standardize the County's approach, minimize duplication of effort presently expended making these calculations, and improve the accuracy and documentation related to the calculation of the productive hour rates.

The State Manual suggests the following three methods for determining the productive hours and gives the counties an option to use any of these methods:

- Actual annual productive hours for each job title;
- Countywide average annual productive hours; or
- The standard count: 1800 hours. The State Controller included the following items in determining the standard 1800 hours:
  - Paid holidays
  - Vacation earned
  - Sick leave taken
  - Informal time off
  - Jury Duty
  - Military leave taken

Prior to developing the productive hourly rate calculations, our Management Auditor (Roger Mitalov) contacted the State Controller's Bureau Chief for Compliance Audits (Jim Spano) to see if there were any objections to the countywide productive hourly rate usage. Mr. Spano concurred that the countywide hourly rate will result in a more efficient, less costly and more accurate approach.

Board of Supervisors: DONALD R. GAGE, Board President, Pete McElroy, James T. Dwyer, P. Lee Kniss  
County Executive: Richard V. Hernandez

copies of all required insurance policies. Delimit...

Santa Clara County

Domestic Violence Treatment Services Program

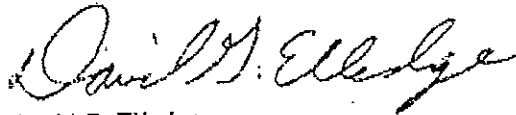
SB90 Productive Hours  
December 17, 2001  
Page 2 of 2

We have decided to use the countywide effective hours, and have enclosed for your review, analysis of actual hours for all county employees and the calculation of the countywide productive hours for the fiscal years 2000 and 2001. For this, we have used the information on actual hours expended during the fiscal year with data extracted from the county's computerized payroll (People Soft) system. We will amend the SB90 claims for fiscal year 2000, and will prepare all future SB90 claims using this methodology.

Please review the enclosed schedules and provide us with your immediate response. Complete supporting working papers are available at our office and will be made available upon your request. We will submit the details with each claim submitted.

If you need more information, please contact the County's SB90 Coordinator, Mr. Ram Venkatesan, at (408) 299-5214 or by email [ramajiah.venkatesan@fin.co.sca.ca.us](mailto:ramajiah.venkatesan@fin.co.sca.ca.us)

Sincerely,



David G. Elledge  
Controller-Treasurer

Encl:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

11/13/01

# ANALYSIS OF FY 2000-01 ACTUAL HOURS FOR ALL COUNTY EMPLOYEES

Hours Code	Description	Balance at 6/25/00 (1)	Balance at 12/24/00 (2)	6/25/00-12/24/00 (3)	Balance at 7/8/01 (4)	FY 1999-00 Total (3+4)	Avg Hrs Per FTE*4
51	Vacation Accrued and Earned	1,096,825	2,277,994	1,181,129	1,216,792	2,267,562	159.10
52	Personal Leave Earned	6,964	263,278	276,315	8,199	284,514	19.96
100	Regular Hours	12,245,376	24,433,925	12,188,550	13,609,296	25,797,346	1,809.34
600	Release Time	3,038	6,166	3,128	2,494	5,623	0.39
605	Administrative Leave	4,620	10,074	5,454	9,253	14,707	1.03
606	Paid Leave Pending Investigation	8,409	15,576	7,467	2,549	10,015	0.70
620	First Day Sick	50,392	99,702	46,310	64,673	103,983	7.30
625	Safety Recall and Disability Lv	32,532	76,077	43,445	53,603	97,048	5.81
630	Military Leave	329	1,264	956	506	1,462	0.10
635	FLSA Comp. Time Used's	21,440	45,862	24,422	29,060	17,827	1.30
640	Regular Comp. Time Used's	42,447	35,794	43,307	52,363	31,890	2.32
655	Annual Leave	14,552	31,108	16,545	19,225	35,770	2.51
655	Sick Leave	452,502	38,243	435,741	507,728	943,469	66.19
660	Other Paid Time	16,403	34,636	18,232	10,874	29,106	2.04
665	Jury Duty	629	1,401	772	1,501	2,073	0.15
675	Retirement Leave	864	1,604	741	2,211	2,952	0.21
676	Retirement Leave-PTO/STO	24	70	45	113	159	0.01
677	Retirement Leave-Chg Sick Lv	270	557	288	782	1,068	0.07
Total Actual Hours Earned		13,997,762	26,297,610	14,295,847	15,561,023	29,647,195	2,080
Full-time Equivalent Positions				130	140	270	
Weekdays						2,160	
Paid Hours						1,809.94	

ANALYSIS	
Average Productive Hours per Employee	1,809.94
Less Holidays	-88.00
Less Daily Break Time	113.12
Less Training Time	-37.17
<b>Net Average Productive Hours Per Employee</b>	<b>1,571.65</b>

- Notes:
- \*1 Excludes 1,480 CE/MA employees, since holiday hours are included for all employees below.
  - \*2 Two 15-m min breaks are provided daily per bargaining unit contracts.
  - \*3 Training time is calculated based on an analysis of each bargaining unit MCA and the required continuing education hours for licensure/certification in the applicable classifications.
  - \*4 Adjusted by a factor of .963 to account for the additional 10 days covered by the payroll documents.
  - \*5 Includes one-third of comp-time hours used since one hour is worked for every 1.5 hours taken.

# EXHIBIT J



lspano@sco.ca.gov  
02/08/2004 03:09 PM

To: Ram.Venkatesan@fin.sccgov.org  
cc: cprasad@sco.ca.gov, svanzee@sco.ca.gov, mhavey@sco.ca.gov,  
gibrummels@sco.ca.gov, mquerin@sco.ca.gov, aluna@sco.ca.gov,  
jvenneman@sco.ca.gov  
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks when calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 323-5849
- > Fax - (916) 327-0832
- >
- >

# EXHIBIT J



jspano@sco.ca.gov  
02/06/2004 03:09 PM

To: Ram.Venkatesan@fin.sco.gov.org  
cc: cprasad@sco.ca.gov, svanee@sco.ca.gov, mhavey@sco.ca.gov,  
glbrummels@sco.ca.gov, mquerin@sco.ca.gov, aluna@sco.ca.gov,  
jveneman@sco.ca.gov  
Subject: Countywide Productive Hours

Ram,

I reviewed the county's proposal dated December 19, 2001, to use countywide productive hours and have discussed your analysis with my staff and Division of Accounting and Reporting staff. The use of countywide productive hours would be acceptable to the State Controller's Office provided all employee classifications are included and productive hours are consistently used for all county programs (mandates and nonmandated).

The SCO's Mandated Cost Manual (claiming instructions), which includes guidelines for preparing mandated cost claims, does not identify the time spent on training and authorized breaks as deductions (excludable components) from total hours when computing productive hours. However, if a county chooses to deduct time for training and authorized breaks in calculating countywide productive hours, its accounting system must separately identify the actual time associated with these two components. The accounting system must also separately identify training time directly charged to program activities. Training time directly charged to program activities may not be deducted when calculating productive hours.

The countywide productive hours used by Santa Clara County were not consistently applied to all mandates for FY 2000-01. Furthermore, countywide productive hours used during the audit periods include unallowable deductions for time spent on training and authorized breaks. The county deducted training time based on hours required by employees' bargaining unit agreement and continuing education requirements for licensure/certification rather than actual training hours taken. In addition, the county deducted authorized break time rather than actual break time taken. The county did not adjust for training time and break time directly charged to program activities during the audit period, and therefore, cannot exclude those hours from productive hours.

If you would like to discuss the above further, please contact me.

- > Jim L. Spano, CPA
- > Chief, Compliance Audits Bureau
- > Division of Audits
- > State Controller's Office
- > Work - (916) 323-5849
- > Fax - (916) 327-0832
- >
- >