



STEVE WESTLY
California State Controller

June 23, 2003

Ms. Shirley Opie
Assistant Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

RE: Incorrect Reduction Claim for City of Stockton, 02-9635802-I-67
Government Code Section 53646
Statutes 1995, Chapter 783 (SB 564)
Statutes 1996, Chapters 156 (SB 864) and 749 (SB 109)
Fiscal Year 1995/96
Fiscal Year 1996/97
Fiscal Year 1998/99
Investment Reports

Dear Ms. Opie:

This letter is in response to the above-entitled Incorrect Reduction Claim. The subject claims were reduced because many of the activities were not reimbursable, and there was a lack of source documentation. In addition to the inability to verify the claim, the lack of source documentation also makes it difficult to prorate reimbursement for those activities for which only a portion of the expense was reimbursable. The reductions were appropriate given the Parameters and Guidelines, the statement of decision, applicable statutes, and amount of documentation provided.

The Controller's Office is empowered to audit claims for mandated costs and to reduce those that are "excessive or unreasonable."¹ This power has been affirmed in recent cases, such as the Incorrect Reductions Claims (IRCs) for the *Graduation Requirements* mandate². If the claimant disputes the adjustments made by the Controller pursuant to

¹ See Government Code Section 17561, subdivisions (d)(1)(C) and (d)(2), and Section 17564.

² 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.

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 IRCs³. In this case, the claimant has not come forward with documentation that demonstrates that they are entitled to the full amount claimed.

The claimant includes costs for such non-reimbursable activities as ongoing data entry and reconciliation. As this office has made clear in both the Los Angeles *Investment Reports* IRC and the Request to Amend the Parameters & Guidelines of the *Investment Reports* Mandate, we do not believe that the ongoing daily (or similar frequency) activities of data entry and ledger reconciliation are reimbursable. Since they are relevant to this IRC, we incorporate by reference the arguments contained in the IRC [CSM 00-9635802-I-01] and the Request to Amend [CSM 96-358-02 and 00-PGA-02]. Since this claim contains claims for reimbursement of activities or costs that are only partially reimbursable, source documents are needed to determine the pro rata reimbursement, if any, to which the claimants are entitled. Unfortunately, the claimant does not provide any documentation to substantiate the time and tasks submitted on the claim forms, as neither timesheets nor detailed tasks were available for review by audit staff. Without these documents, it is impossible to determine reimbursability of some salaries claimed, and this also makes it impossible to determine the reimbursability of materials and supplies, such as software, which are used for both mandated and non-mandated purposes. Thus, either SCO audit staff was put in the position of denying 100% of the claims outright, or making reasonable adjustments. SCO staff acknowledged that time was spent in the preparation of the quarterly/annual investment reports and allowed a reasonable amount despite the lack of documentation to substantiate the claims. Such a decision was well within the Controller's authority given the absence of supporting documentation and the applicable statutory provisions effective at the time of the transactions.⁴

The Parameters and Guidelines provide in Section VI (A) regarding salaries and benefits, "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." Subsection B, of Section VI, dealing with services and supplies, provides that "source documents required to be

³ 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.

⁴ California Government Code Section 17564(c)(2) which provided "...The Controller shall pay these estimated claims, and approved reimbursement claims, from funds appropriated expressly therefore, provided that the Controller (1) may audit the records of any local agency or school district to verify the actual amount of the mandated costs, (2) may reduce any claim which the Controller determines is excessive or unreasonable..."

Ms. Shirley Opie
June 23, 2003
Page 3

maintained by the claimant may include, but are not limited to, invoices, lease documentation and other documents evidencing the validity of the expenditure.”

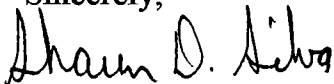
Section VII of the Parameters and Guidelines specifically provides “for auditing purposes, all costs claimed shall be traceable to source documents (e.g., employee time records, invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations, etc.)” that show evidence of the validity of such costs and their relationship to the mandate. 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).

The Claiming Instructions clearly state that 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 the initial payment of the claim. Such documents shall be made available to the State Controller’s Office on request.

As stated above, the absence of source documentation precludes the Controller from verifying the total claim. Therefore, reasonable reductions were made, taking into consideration that some time had been spent to comply with the mandate for investment reporting. Additional reductions were made for claimed costs that were not covered by the mandate in Government Code section 53646(a), (b) and (e).

Attached please find an analysis from our Division of Accounting and Reporting (Attachment 1), and supporting documentation with declaration (Attachment 2). Exhibits referenced in the Division of Accounting and Reporting’s analysis are either included or have been previously exchanged between the parties.

Sincerely,



SHAWN D. SILVA
Staff Counsel

SDS/ac
Attachments

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.

4 On June 24, 2003, I served the foregoing document entitled:

5 **SCO'S RESPONSE TO THE INCORRECT REDUCTION CLAIM FOR CITY OF STOCKTON,**
6 **02-9635802-I-67**

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

8 David Wellhouse
9 Wellhouse & Associates
9 9175 Kiefer Boulevard, Suite 121
10 Sacramento, CA 95826

10 Shirley Opie
11 Assistant Executive Director
11 Commission on State Mandates
12 980 Ninth Street, Suite 300
12 Sacramento, CA 95814

13 **BY MAIL**

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

16 **BY PERSONAL SERVICE**

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

17 **BY OVERNIGHT MAIL/COURIER**


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

19 **BY FACSIMILE TRANSMISSION**

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

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

24 Executed on June 24, 2003 at Sacramento, California.

25 
Amber A. Camarena

**Investment Reports
City of Stockton
For Fiscal Years 1995-96, 1996-97, and 1998-99
Analysis of Incorrect Reduction Claim**

Prepared by Ginny Brummels
April 23, 2003

- Exhibit 1:** Declaration of Virginia Brummels;
- Exhibit 2:** Analysis of the claim filed for fiscal years 1995-96, 1996-97, and 1998-99;
- Exhibit 3:** Includes a copy of the Incorrect Reduction Claim (IRC) for the Investment Reports program for the City of Stockton;

These adjustments were made in accordance with Government Code Section 17564 (c)(2), which states "...the Controller (2) may reduce any claim which the Controller determines is excessive or unreasonable...".

On May 20, 1998, the City of Stockton filed an actual claim of \$20,159 for the state mandated Investment Reports program for 1995-96. This claim was reduced for salaries and benefits and corresponding indirect costs for system maintenance and daily data download activities that were deemed by the State Controller's Office (SCO) Division of Accounting and Reporting (DAR) staff as activities not mandated or as non-reimbursable components of the Parameters and Guidelines (Ps & Gs). This claim contained \$20,159 in costs that were deemed excessive to prepare and submit the annual statement of investment policies, which consists of changes to those existing policies, and the quarterly report of investments as required by the Investment Reports program. No time sheets or detailed tasks were available. DAR staff recognized that the county would have incurred a cost and made a reasonable effort to provide reasonable compensation for this activity. SCO did not perform a time study to determine if this was an appropriate amount of time to perform the preparation of the quarterly report of investments. Total costs disallowed for this year totaled \$15,389.

On May 20, 1998, the City of Stockton filed an actual claim of \$16,462 for the state mandated Investment Reports program for 1996-97. This claim was reduced for salaries and benefits and corresponding indirect costs for system maintenance and daily data download activities that were deemed by the SCO's DAR staff as activities not mandated or as non-reimbursable components of the Ps & Gs. This claim contained \$16,462 in costs that were deemed excessive to prepare and submit the annual statement of

investment policies, which consists of changes to those existing policies, and the quarterly report of investments as required by the Investment Reports program. No time sheets or detailed tasks were available. DAR staff recognized that the county would have incurred a cost and made a reasonable effort to provide reasonable compensation for this activity. SCO did not perform a time study to determine if this was an appropriate amount of time to perform the preparation of the quarterly report of investments. Total costs disallowed for this year totaled \$12,270.

On January 15, 2000, the City of Stockton filed an actual claim of \$21,867 for the state mandated Investment Reports program for 1998-99. This claim was reduced for salaries and benefits and corresponding indirect costs for system maintenance and daily data download activities that were deemed by the SCO's DAR staff as activities not mandated or as non-reimbursable components of the Ps & Gs. This claim contained \$21,867 in costs that were deemed excessive to prepare and submit the annual statement of investment policies, which consists of changes to those existing policies, and the quarterly report of investments as required by the Investment Reports program. No time sheets or detailed tasks were available. DAR staff recognized that the county would have incurred a cost and made a reasonable effort to provide reasonable compensation for this activity. SCO did not perform a time study to determine if this was an appropriate amount of time to perform the preparation of the quarterly report of investments. Total costs disallowed for this year totaled \$0.

Note: The claimant did not include fiscal year 1997-98 in the IRC.

- Exhibit 3, Sub-Exhibit 1:** Includes copies of the reimbursement claims and supporting documentation;
- Exhibit 3, Sub-Exhibit 2:** Includes a copy of the annual claiming instructions for local agencies;
- Exhibit 3, Sub-Exhibit 3:** Includes a copy of the Commission on State Mandates (COSM) Ps & Gs;
- Exhibit 4:** Copy of the SCO letter dated May 26, 2000, to the COSM, including the attached Legal Response by Ana Maria Garza, Staff Counsel dated April 27, 2000, on "Whether Daily Investment Tracking is Reimbursable as a State Mandate";
- Exhibit 5:** Copy of the SCO letter dated January 17, 2001, to the COSM regarding the IRC of the County of Los Angeles;
- Exhibit 6:** Copy of the SCO letter dated March 16, 2001, to the COSM regarding the IRC of the County of Los Angeles;

Exhibit 7: Copy of the SCO schedule of adjustments and copies of LRS database screen-prints showing adjustments and payments made for these claims;

1 OFFICE OF THE STATE CONTROLLER
300 Capitol Mall, Suite 1850
2 Sacramento, CA 94250
Telephone No.: (916) 445-6854
3

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

8
9 INCORRECT REDUCTION CLAIM ON:

10 *Investment Reports*

11 Government Code section 53646
12 Statutes of 1995, Chapter 783

13 CITY OF STOCKTON, Claimant
14

No.: CSM 02-9635802-I-67

AFFIDAVIT OF CUSTODIAN

15 I, Virginia Brummels, make the following declarations:
16

17 1) I am an employee of the State Controller's Office and am over
18 the age of 18 years.

19 2) I am currently employed as an Accounting Administrator II,
20 and have been so for the past two years. Before that I was
21 employed as a Staff Management Auditor-Specialist, and
Accounting Administrator I Specialist and Supervisor for 14
years.

22 3) As a section manager in the Department of Accounting &
23 Reporting I have access to, and am involved in, the intake and
processing of claims for reimbursement for expenditures mandated
24 by the state.

25 4) I am a duly authorized custodian of records or other
qualified witness with authority to certify such records.

1 5) Any attached copies of records are true copies of records as
2 retained at our place of business.

3 4) The records were prepared or received by the personnel of our
4 office in the ordinary course of business at or near the time of
the act, condition, or event.

5 5) The records include claims for reimbursement, along with any
6 attached supporting documentation, remittance advices,
7 explanatory letters, or other documents relating to the above-
entitled Incorrect Reduction Claim.

8 6) A desk audit of these claims was commenced during June 1999
9 for fiscal years 1995-96 and 1996-97, and during June 2000 for
fiscal year 1998-99.

10 I do declare that the above declarations are made under
11 penalty of perjury and are true and correct to the best of my
12 knowledge, and that such knowledge is based on personal
13 observation, information, or belief.
14

15 Date: April 23, 2003
16

17 OFFICE OF THE STATE CONTROLLER

18 By: Virginia Brummels
19 Virginia Brummels
20 Section Manager
21 Local Reimbursements Section
22
23
24
25



9839900

KATHLEEN CONNELL
CONTROLLER OF THE STATE OF CALIFORNIA
DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER
 CITY OF STOCKTON
 425 NORTH EL DORADO ST
 STOCKTON CA 95202

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1995/1996 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		20,159.00
ADJUSTMENT TO CLAIM:		
EXCESSIVE TIME	-	9,391.00
INDIRECT COSTS OVERSTATED	-	5,998.00
LESS: TOTAL ADJUSTMENTS	-	15,389.00

CLAIM AMOUNT APPROVED		4,770.00

AMOUNT DUE CLAIMANT	\$	4,770.00
		=====

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

JEFF YEE,
 MANAGER

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER
CITY OF STOCKTON
425 NORTH EL DORADO ST
STOCKTON CA 95202

WARRANT AMT: *****4,770.00

PAYEE: TREASURER, CITY OF STOCKTON
FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90419A

REIMBURSEMENT OF STATE MANDATED COSTS
QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255
ACL : 9999 PROG : INVESTMENT REPORTS CH 783/95
1995/1996 ACTUAL PAYMENT CLAIMED AMT: 20,159.00
TOTAL ADJUSTMENTS: (SEE BELOW) 15,389.00
TOTAL APPROVED CLAIMED AMT: 4,770.00
LESS PRIOR PAYMENTS: .00
PRORATA PERCENT: 100.000000
PRORATA BALANCE DUE: .00
APPROVED PAYMENT AMOUNT: 4,770.00
PAYMENT OFFSETS -NONE
NET PAYMENT AMOUNT: 4,770.00
ADJUSTMENTS ITEMIZED: =====
EXCESSIVE TIME 9,391.00-
INDIRECT COSTS OVERSTATED 5,998.00-



9839900

KATHLEEN CONNELL
CONTROLLER OF THE STATE OF CALIFORNIA
DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER
 CITY OF STOCKTON
 425 NORTH EL DORADO ST.
 STOCKTON CA 95202

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1996/1997 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		16,462.00
ADJUSTMENT TO CLAIM:		
INDIRECT COSTS OVERSTATED	-	3,304.00
EXCESSIVE TIME	-	8,966.00
LESS: TOTAL ADJUSTMENTS	-	12,270.00

CLAIM AMOUNT APPROVED		4,192.00

AMOUNT DUE CLAIMANT	\$	4,192.00
		=====

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

JEFF YEE,
 MANAGER

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER
CITY OF STOCKTON
425 NORTH EL DORADO ST
STOCKTON CA 95202

WARRANT AMT: *****4,611.00

PAYEE: TREASURER, CITY OF STOCKTON
FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90409A

REIMBURSEMENT OF STATE MANDATED COSTS
QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255
ACL : 999999 PROG : INVESTMENT REPORTS CH 783/95
1998/1999 ESTIMATED PAYMENT CLAIMED AMT: 15,000.00
TOTAL ADJUSTMENTS: (SEE BELOW) 10,389.00
TOTAL APPROVED CLAIMED AMT: 4,611.00
LESS PRIOR PAYMENTS: .00
PRORATA PERCENT: 100.000000 .00
PRORATA BALANCE DUE: 4,611.00
APPROVED PAYMENT AMOUNT: 4,611.00
PAYMENT OFFSETS -NONE
NET PAYMENT AMOUNT: 4,611.00
ADJUSTMENTS ITEMIZED: =====
CLAIM ADJUSTMENT 10,389.00-

Sub Exhibit 1

JWA

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 INVESTMENT REPORTS	For State Controller Use Only	
	(19) Program Number	00161
	(20) Date File	____/____/____
	(21) LRS Input	____/____/____

(01) Claimant Identification Number:	Reimbursement Claim Data	
9839900 CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO STREET STOCKTON, CA 95202	(22) INR-1, (03)	2
	(23) INR-1, (04)(1)(f)	4,704
	(24) INR-1, (04)(2)(f)	7,459
	(25) INR-1, (06)	72
	(26)	
City	State	Zip Code
	CA	


Type of Claim	Estimated Claim	Reimbursement Claim	(27)
(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/> (28)
(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/> (29)
(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/> (30)
Fiscal Year Of Cost	(06)	(12)	(31)
		1/1/96 - 6/30/96	
Total Claimed	(07)	(13)	(32)
		\$20,159	
Less: 10% Late Penalty, but not to exceed \$1000	(14)	(14)	(33)
Less: Estimated Claim Payment	(15)	(15)	(34)
Net Claimed Amount	(16)	(16)	(35)
		\$20,159	
Due from State	(08)	(17)	(36)
		\$20,159	
Due to State		(18)	(37)
			12,237

(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 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996; and certify under 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 mandated by Chapter 783, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.

The amount 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 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached statement.

Signature of Authorized Representative	Date
x 	MAY 20, 1998
JOHN GEER	ASSISTANT FINANCE DIRECTOR
Type or Print Name	Title
(39) Name of Contact Person for Claim	Telephone Number
DAVID WELLHOUSE (DWA)	(916) 368-9244

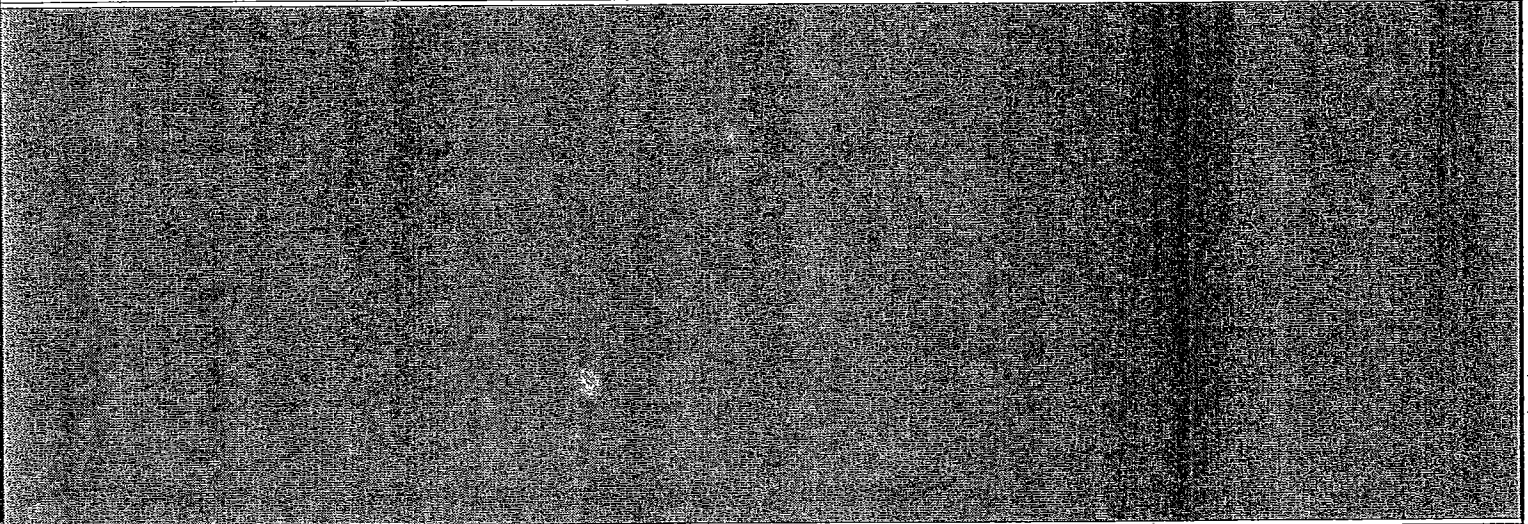
**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-1**

(01) Claimant CITY OF STOCKTON	(02) Type of Claim	Fiscal Year: 1995/96
	Reimbursement <input checked="" type="checkbox"/>	
	Estimated <input type="checkbox"/>	

Claim Statistics

(03) Number of investment reports prepared during the fiscal year	2
---	----------



(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Training	(e) Fixed Assets	(f) Total
1. Statement of Investment Policy	\$3,387	\$1,317				\$4,704
2. Quarterly Report of Investments	\$4,596	\$1,788	\$1,075			\$7,459
(05) Total Direct Costs	\$7,983	\$3,105	\$1,075			\$12,163

Indirect Costs

(06) Indirect Cost Rate	{ From ICRP } Salaries & Benefits	72.12%
(07) Total Indirect Costs	[Line (06) x line (05)(f) - {line (05)(d) + (05)(e)}]	\$7,997
(08) Total Direct and Indirect Costs:	[Line (05)(f) + line (07)]	\$20,159

Cost Reduction

(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]	\$20,159

**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs were incurred: **1995/96**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst	\$25.37	38.9%	35.0	\$888.07	\$345.46				\$1,233.52
Lynn Farrar - Accountant II	\$23.82	38.9%	27.0	\$643.14	\$250.18				\$893.32
City Attorney	\$60.47	38.9%	4.0	\$241.87	\$94.09				\$335.95
Pat Samsell - Finance Director	\$52.05	38.9%	31.0	\$1,613.65	\$627.71				\$2,241.36
Review of requirements, preparation of required Investment Policy and submission to legislative body									

(05) Total Subtotal Page: of \$3,386.73 \$1,317.44 \$4,704.16

**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs Were Incurred: **1995/96**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications , Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst Lynn Farrar - Accountant II Pat Samsell - Finance Director	\$25.37	38.9%	6.0	\$152.24	\$59.22				\$211
	\$23.82	38.9%	180.0	\$4,287.60	\$1,667.88				\$5,955
	\$52.05	38.9%	3.0	\$156.16	\$60.75				\$217
Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required.									
Sympro Software						\$1,074.78			
Support & maintenance costs for software used exclusively for the preparation of the required report									
(05) Total	<input type="checkbox"/> Subtotal		Page: of	\$4,596.00	\$1,787.84	\$1,074.78			\$6,384

David Wellhouse & Associates, Inc.
Indirect Cost Rate Proposal

Claimant Name CITY OF STOCKTON
Mandate CHAPTER 783/95 & CHAPTERS 156 AND 749/96
Department FINANCE
Fiscal Year 1995/96

DESCRIPTION OF COSTS (A)	Total Costs	(B) Excludable Unallowable Costs	(C) Allowable Indirect Costs	(D) Allowable Direct Costs		
Labor Costs						
Salaries & Wages	\$99,701			\$99,701		
Part-time Wages & Overtime	\$17,119			\$17,119		
Benefits 38.9%	\$38,757			\$38,757		
SUBTOTAL:	\$155,577			\$155,577		
Services & Supplies						
1 Other Services	\$57,791		\$57,791			
2 Materials & Supplies	\$48,592		\$48,592			
3 Other Expenses	\$5,818		\$5,818			
4 Unallowable/Excludable	\$24,583	\$24,583				
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Subtotal	\$136,784	\$24,583	\$112,201			
Cost Plan or Adjustments Costs						
25 Equipment Usage Allowance @ 6.67						
26 of Capital Expenditures						
Subtotal						
Total Costs	\$292,361	\$24,583	\$112,201	\$155,577		
Indirect Cost Rate			<table border="1"> <tr> <td align="center" colspan="2">72.12%</td> </tr> </table>		72.12%	
72.12%						
			Salaries & Benefits			

FUND 010 GENERAL FUND		DEPT/DIV 1330 FINANCE/TREASURY											
3A	ELE	OBJ	ACCOUNT	*****CURRENT*****			*****YEAR-TO-DATE*****			ANNUAL	UNENCUMB.	%	
SUB	SUB		DESCRIPTION	BUDGET	ACTUAL	%EXP	BUDGET	ACTUAL	%EXP	ENCUMBR.	BUDGET	BALANCE	BDGT
110			CURR OP EXP-GEN GOVT										
110													
10			EMPLOYEE SERVICES										
10	10		SALARIES REGULAR	9489	.00	0	113769	99701.01	88	.00	113769	14067.99	88
	11		SALARIES-PART TIME/TEMP	973	.00	0	11555	15692.58	136	.00	11555	4137.58-	136
	13		REGULAR OVERTIME	1370	.00	0	16385	1427.58	9	.00	16385	14957.42	9
	19		VACATION SELL BACK	301	.00	0	3491	678.46	19	.00	3491	2812.54	19
	21		ADDITIONAL PAY	49	.00	0	588	624.49	106	.00	588	36.49-	106
	25		RETIREMENT	1588	.00	0	18946	16468.08	87	.00	18946	2477.92	87
	26		DEFERRED COMPENSATION	259	.00	0	3009	2664.39	89	.00	3009	344.61	89
	27		MEDICARE	96	.00	0	1064	959.41	90	.00	1064	104.59	90
	29		HEALTH/DENTAL/VISION	1223	.00	0	14555	12664.55	87	.00	14555	1890.45	87
	31		L/T DISABILITY INSURANCE	99	.00	0	1166	1007.02	86	.00	1166	158.98	86
	32		LIFE INSURANCE	43	.00	0	515	459.35	89	.00	516	56.65	89
	33		WORKER'S COMPENSATION	310	.00	0	3698	1309.23	35	.00	3698	2388.77	35
	34		UNEMPLOYMENT INSURANCE	15	.00	0	169	153.73	91	.00	169	15.27	91
	39		CAR MILEAGE REIMBURSEMENT	223	.00	0	2610	1442.13	55	.00	2610	1167.87	55
	40		FLAT RATE MILEAGE ALLOW	32	.00	0	329	330.89	101	.00	329	1.89-	101
10	**		EMPLOYEE SERVICES	16070	.00	0	191950	155582.90	81	.00	191850	36267.10	81
20			OTHER SERVICES										
20	15		TELEPHONE	786	.00	0	9355	5673.98	61	.00	9355	3681.02	61
	20		ADVERTISING	0	.00	0	0	.00	0	.00	0	.00	0
	23		PROF AND SPEC SERV.	5911	.00	0	70875	24583.42	35	33140.64	70875	13150.94	81
	25		MAINT. & REPAIR SERVICES	140	.00	0	1625	435.00	27	.00	1625	1190.00	27
	26		OUTSIDE PRINTING COSTS	1094	.00	0	13051	10709.45	82	1400.75	13051	940.80	93
	32		COMPUTER & PROGRAMING SVC	0	.00	0	0	.00	0	.00	0	.00	0
	34		DUPLICATION/COPY COSTS	799	.00	0	9500	8735.65	92	.00	9500	764.35	92
	37		INSURANCE PREMIUMS	246	.00	0	2919	2583.91	89	.00	2919	335.09	89
	42		OFFICE EQUIPMENT RENTAL	324	.00	0	3844	3844.00	100	.00	3844	.00	100
	43		COMPUTER EQUIPMENT RENTAL	2151	.00	0	25812	25812.00	100	.00	25812	.00	100
20	**		OTHER SERVICES	11451	.00	0	136981	82377.41	60	34541.39	136981	20062.20	85
30			MATERIALS AND SUPPLIES										
30	50		MATERIALS AND SUPPLIES	4860	.00	0	58283	45820.97	79	13843.51	58283	1381.48-	102
	51		COMPUTER SOFTWARE	299	.00	0	3500	2625.00	75	875.00	3500	.00	100
	52		SUBSCRIPTIONS-PERIODICALS	23	.00	0	155	147.01	95	.00	155	7.99	95
30	**		MATERIALS AND SUPPLIES	5182	.00	0	61938	48592.98	79	14718.51	61938	1373.49-	102
40			OTHER EXPENSES										
40	10		TRAINING	288	.00	0	3390	4622.71	136	.00	3390	1232.71-	136
	12		MEETINGS & TRAVEL	53	.00	0	570	985.80	173	.00	570	415.80-	173
	14		MEMBERSHIPS	58	.00	0	685	210.00	31	.00	685	475.00	31
40	**		OTHER EXPENSES	399	.00	0	4645	5818.51	125	.00	4645	1173.51-	125
10	**	**		33102	.00	0	395414	292371.80	74	49259.90	395414	53782.30	86
10	**	**	CURR OP EXP-GEN GOVT	33102	.00	0	395414	292371.80	74	49259.90	395414	53782.30	86
00			CAPITAL OUTLAY										
00													
70			CAPITAL OUTLAY-MACH/EQUIP										
70	04		MODULAR FURNITURE	0	.00	0	0	.00	0	.00	0	.00	0

FUND 010 GENERAL FUND			DEPT/DIV 1330 FINANCE/TREASURY									
BA	ELE	OBJ	*****CURRENT*****			*****YEAR-TO-DATE*****						
SUB	SUB	DESCRIPTION	BUDGET	ACTUAL	%EXP	BUDGET	ACTUAL	%EXP	ENCUMBR.	ANNUAL BUDGET	UNENCUMB. BALANCE	% BDGT
600	**	**	0	.00	0	0	.00	0	.00	0	.00	0
600	**	** CAPITAL OUTLAY	0	.00	0	0	.00	0	.00	0	.00	0
DIV	1330	TOTAL *****										
		TREASURY	33102	.00	0	395414	292371.80	74	49259.90	395414	53782.30	86



SymPro, Inc.

5532 Claremont Ave.
Oakland, CA 94618
(510) 655-0900

✓#
331638

RECEIVED
M.T.S.
CITY OF STOCKTON

SEP 11 9 17 AM '95

INVOICE

INVOICE DATE 09/01/95
INVOICE NO 012468

CUSTOMER NO. STOCKT

SOLD TO:

City of Stockton
Management Information Systems
425 N. El Dorado St. City Hall
Stockton, CA 95202

SHIPPED TO:

City of Stockton
Management Information Systems
425 N. El Dorado St. City Hall
Stockton, CA 95202

PAGE 1

ITEM NO		CUSTOMER ORDER NO		SHIP VIA		TERMS	SALESPERSON	OUR ORDER NO
OAKLAND						NET 20	LEE	012468
ITEM NO	UNIT	QUANTITY	QUANTITY	QUANTITY	UNIT PRICE	EXTENDED PRICE		
DESCRIPTION		ORDERED	DISCOUNTED	SHIPPED				
DB MAINT db:Portfolio Fixed Income Annual Maintenance & Support	EACH	1.00	0.00	1.00	900.000	900.00		
DB MAINT db:Portfolio Extended Investment Annual Maintenance/Support	EACH	1.00	0.00	1.00	400.000	400.00		
DB MAINT db:Portfolio Multi-User Annual Maintenance/Support	EACH	1.00	0.00	1.00	400.000	400.00		
DB MAINT db:Portfolio Additional Investment Type Annual Maintenance & Support	EACH	1.00	0.00	1.00	100.000	100.00		
DB MAINT db:Portfolio Report Writer Annual Maintenance & Support for the period October 1, 1995 through September 30, 1996	EACH	1.00	0.00	1.00	195.000	195.00		
Sales Total						1995.00		
Trade Discount						0.00		
Freight						0.00		
Misc. Charges						0.00		
Tax Total						154.67		

Jan 1/96 - 6/30/96
= 6 months
\$2,149.60

*
6 x \$179.13
\$1,074.78

ORIGINAL

TOTAL

\$2,149.60
12 month
\$179.13
per month
\$2,149.60

DWA

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 INVESTMENT REPORTS	<small>For State Controller Use Only</small>	
	(19) Program Number	00161
	(20) Date File	____/____/____
(21) LRS Input	____/____/____	

(01) Claimant Identification Number:

9839900

CITY FINANCE OFFICER
CITY OF STOCKTON
425 NORTH EL DORADO STREET
STOCKTON, CA 95202

City _____ State **CA** Zip Code _____

Reimbursement Claim Data	
(22) INR-1, (03)	2
(23) INR-1, (04)(1)(f)	870
(24) INR-1, (04)(2)(f)	10,596
(25) INR-1, (06)	68
(26) -	

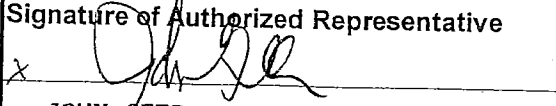
Type of Claim	Estimated Claim	Reimbursement Claim
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
(06) Fiscal Year Of Cost	(12) Fiscal Year Of Cost	(30)
1997/98	1996/97	(31)
(07) Total Claimed	(13) Total Claimed	(32)
\$10,000	\$16,462	(33)
Less: 10% Late Penalty, but not to exceed \$1000	(14)	(34)
Less: Estimated Claim Payment	(15)	(35)
Net Claimed Amount	(16)	(36)
	\$16,462	(37)
(08) Due from State	(17)	(38)
\$10,000	\$16,462	(39)
Due to State	(18)	(40)
		11,536

(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 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996; and certify under 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 mandated by Chapter 783, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.

The amount 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 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached statement.

Signature of Authorized Representative	Date
	MAY 20, 1998
JOHN BEER	ASSISTANT FINANCE DIRECTOR
Type or Print Name	Title
(39) Name of Contact Person for Claim	Telephone Number
DAVID WELLHOUSE (DWA)	(916) 368-9244

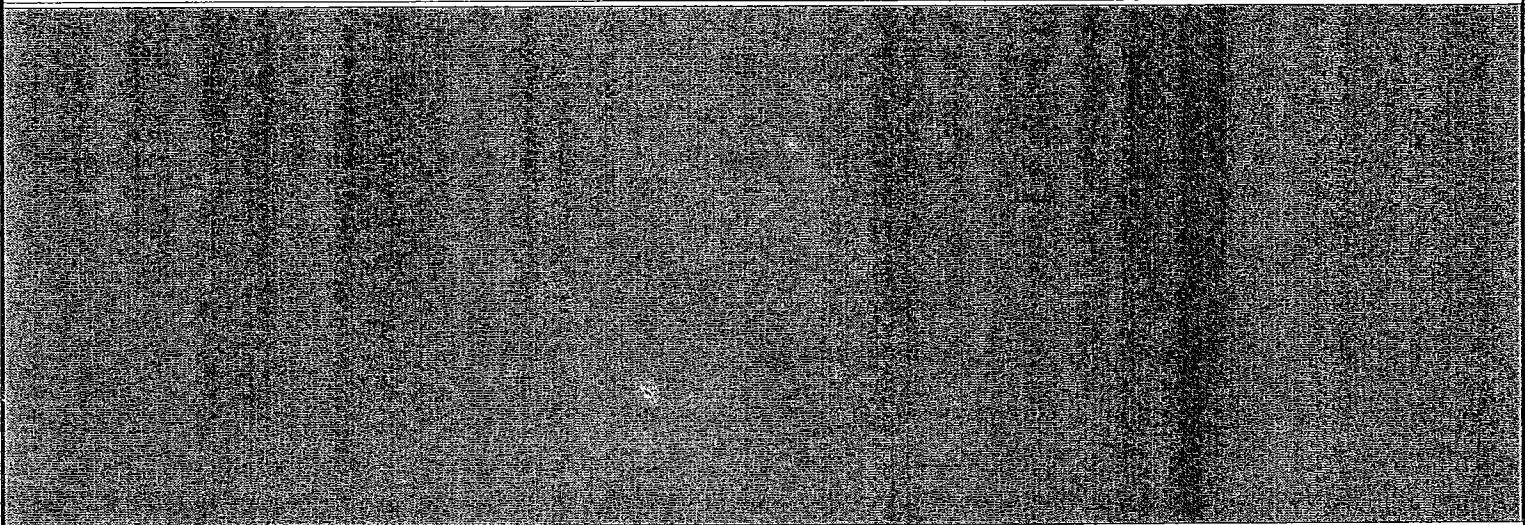
**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-1**

(01) Claimant CITY OF STOCKTON	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year: 1996/97
--	---	----------------------

Claim Statistics

(03) Number of investment reports prepared during the fiscal year	2
---	---



(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Training	(e) Fixed Assets	(f) Total
1. Statement of Investment Policy	\$630	\$241				\$870
2. Quarterly Report of Investments	\$4,717	\$1,802	\$4,077			\$10,596
(05) Total Direct Costs	\$5,347	\$2,042	\$4,077			\$11,467

Indirect Costs

(06) Indirect Cost Rate	{ From ICRP } Salaries & Benefits	67.60%
(07) Total Indirect Costs	[Line (06) x line (05)(f) - {line (05)(d) + (05)(e)}]	\$4,995
(08) Total Direct and Indirect Costs:	[Line (05)(f) + line (07)]	\$16,462

Cost Reduction

(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	
(11) Total Claimed Amount	\$16,462

[Line (08) - {Line (09) + Line (10)}]

MANDATED COSTS INVESTMENT REPORTS CLAIM SUMMARY

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs were incurred: **1996/97**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst	\$26.04	38.2%	10.0	\$260.40	\$99.47				\$359.87
Lynn Farrar - Accountant II	\$24.45	38.2%	2.0	\$48.89	\$18.68				\$67.57
Pat Samsell - Finance Director	\$53.42	38.2%	6.0	\$320.52	\$122.44				\$442.96
Review of requirements, preparation of required Investment Policy and submission to legislative body									
(05) Total				\$629.81	\$240.59				\$870.40

(05) Total Subtotal

Page: of

\$629.81 \$240.59

\$870.40

**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs Were Incurred: **1996/97**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst	\$26.04	38.2%	6.0	\$156.24	\$59.68				\$216
Lynn Farrar - Accountant II	\$24.45	38.2%	180.0	\$4,400.40	\$1,680.95				\$6,081
Pat Samsell - Finance Director	\$53.42	38.2%	3.0	\$160.26	\$61.22				\$221
Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required.									
SymPro Software						\$537.39			
Support and maintenance costs for software used exclusively for the preparation of the required report									
TRACS						\$3,540.00			
Connect fees for information necessary to prepare the required Investment Report.									
(05) Total	<input type="checkbox"/> Subtotal			\$4,716.90	\$1,801.86	\$4,077.39			\$6,519

David Wellhouse & Associates, Inc.
Indirect Cost Rate Proposal

Claimant Name	CITY OF STOCKTON
Mandate	CHAPTER 783/95 & CHAPTERS 156 AND 749/96
Department	FINANCE
Fiscal Year	1996/97

DESCRIPTION OF COSTS (A)	Total Costs	(B) Excludable Unallowable Costs	(C) Allowable Indirect Costs	(D) Allowable Direct Costs	
Labor Costs					
Salaries & Wages	\$93,308			\$93,308	
Part-time Wages & Overtime	\$8,738			\$8,738	
Benefits 38.2%	\$35,604			\$35,604	
SUBTOTAL:	\$137,650			\$137,650	
Services & Supplies					
1 Other Services	\$89,920		\$89,920		
2 Materials & Supplies	\$48,966	\$48,966			
3 Other Expenses	\$3,125		\$3,125		
4 Unallowable/Excludable					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
Subtotal	\$142,011	\$48,966	\$93,045		
Cost Plan or Adjustments Costs					
25 Equipment Usage Allowance @ 6.67					
26 of Capital Expenditures					
Subtotal					
Total Costs	\$279,661	\$48,966	\$93,045	\$137,650	
Indirect Cost Rate			<table border="1"> <tr> <td align="center">67.60%</td> </tr> </table>		67.60%
67.60%					
			Salaries & Benefits		

FUND 010 GENERAL FUND		DEPT/DIV 1930 FINANCE/TREASURY											
BA	ELE	OBJ	ACCOUNT	*****CURRENT*****			*****YEAR-TO-DATE*****			ANNUAL	UNENCUMB.	%	
SUB	SUB		DESCRIPTION	BUDGET	ACTUAL	%EXP	BUDGET	ACTUAL	%EXP	ENCUMBR.	BUDGET	BALANCE	BDGT
510			CURR OF EXP-GEN GOVT										
510													
10			EMPLOYEE SERVICES										
10	10		SALARIES REGULAR	6533	.00	0	78297	93308.02	119	.00	78297	15011.02	119
11			SALARIES-PART TIME/TEMP	949	.00	0	11322	.00	0	.00	11322	11322.00	0
13			REGULAR OVERTIME	515	.00	0	6169	8527.83	138	.00	6169	2358.83	138
19			VACATION SELL BACK	157	.00	0	1982	1140.05	58	.00	1982	841.94	58
21			ADDITIONAL PAY	15	.00	0	125	211.93	170	.00	125	86.93	170
25			RETIREMENT	1088	.00	0	12935	15425.89	119	.00	12935	2490.89	119
26			DEFERRED COMPENSATION	179	.00	0	2137	2742.53	128	.00	2137	605.53	128
27			MEDICARE	75	.00	0	834	420.17	50	.00	834	413.83	50
29			HEALTH/DENTAL/VISION	870	.00	0	10396	12448.90	120	.00	10396	2052.90	120
31			L/T DISABILITY INSURANCE	75	.00	0	879	1258.44	143	.00	879	379.44	143
32			LIFE INSURANCE	41	.00	0	404	512.39	127	.00	404	108.39	127
33			WORKER'S COMPENSATION	49	.00	0	566	1183.99	209	.00	566	617.99	209
34			UNEMPLOYMENT INSURANCE	17	.00	0	138	134.26	97	.00	138	3.74	97
39			CAR MILEAGE REIMBURSEMENT	0	.00	0	0	.00	0	.00	0	.00	0
40			FLAT RATE MILEAGE ALLOW	119	.00	0	1428	342.00	24	.00	1428	1086.00	24
10	**		EMPLOYEE SERVICES	10693	.00	0	127612	137656.41	108	.00	127612	10044.41	108
20			OTHER SERVICES										
20	15		TELEPHONE	799	.00	0	9555	5713.18	60	.00	9555	3841.82	60
20			ADVERTISING	0	.00	0	0	.00	0	.00	0	.00	0
22			CONTRACTUAL EMPLOYEES	0	.00	0	0	.00	0	.00	0	.00	0
23			PROF AND SPEC SERV	7437	.00	0	89141	36663.40	41	33165.54	89141	19312.06	78
25			MAINT. & REPAIR SERVICES	155	.00	0	1750	1008.83	58	.00	1750	741.17	58
26			OUTSIDE PRINTING COSTS	1094	.00	0	13051	.00	0	10381.72	13051	2669.28	80
32			COMPUTER & PROGRAMING SVC	0	.00	0	0	.00	0	.00	0	.00	0
33			MEDIA-STORAGE/CONVERSION	0	.00	0	0	.00	0	.00	0	.00	0
34			DUPLICATION/COPY COSTS	924	.00	0	11000	10256.54	93	1616.25	11000	872.79	108
37			INSURANCE PREMIUMS	235	.00	0	2798	2734.90	98	.00	2798	63.10	98
42			OFFICE EQUIPMENT RENTAL	624	.00	0	7444	7443.96	100	.00	7444	.04	100
43			COMPUTER EQUIPMENT RENTAL	2175	.00	0	26100	26100.00	100	.00	26100	.00	100
51			COMMUNITY/PROGRAM SERVICES	0	.00	0	0	.00	0	.00	0	.00	0
52			PUBLICITY & ADVERTISING	0	.00	0	0	.00	0	.00	0	.00	0
53			PRINTING & MAPPING	0	.00	0	0	.00	0	.00	0	.00	0
54			POSTAGE/MAILING SERVICES	0	.00	0	0	.00	0	.00	0	.00	0
55			RECOVERABLE LEGAL EXPENSE	0	.00	0	0	.00	0	.00	0	.00	0
56			SPECIAL REPORTS	0	.00	0	0	.00	0	.00	0	.00	0
57			PROCESSING FEES	0	.00	0	0	.00	0	.00	0	.00	0
60			COMPUTER/PROGRAMMING SVCS	0	.00	0	0	.00	0	.00	0	.00	0
64			TRAINING SERVICES	0	.00	0	0	.00	0	.00	0	.00	0
65			PROF & SPECIAL SERVICES	0	.00	0	0	.00	0	.00	0	.00	0
66			OTHER SERVICES	0	.00	0	0	.00	0	.00	0	.00	0
20	**		OTHER SERVICES	13443	.00	0	160839	89920.81	56	45163.51	160839	25754.68	84
30			MATERIALS AND SUPPLIES										
30	50		MATERIALS AND SUPPLIES	5400	.00	0	64844	47155.71	73	17669.47	64844	18.82	100
51			COMPUTER SOFTWARE	358	.00	0	4375	1750.00	40	3000.00	4375	375.00	109
52			SUBSCRIPTIONS-PERIODICALS	18	.00	0	150	61.09	41	.00	150	88.91	41

FUND 010 GENERAL FUND			DEPT 7 DIV 1330 FINANCE/TREASURY								
BA	ELE	OBJ	*****CURRENT*****			*****YEAR-TO-DATE*****			ANNUAL	UNENCUMB.	%
SUB	SUB	DESCRIPTION	BUDGET	ACTUAL	%EXP	BUDGET	ACTUAL	%EXP	BUDGET	BALANCE	BDGT
510		CURR OP EXP-GEN GOVT									
510	30	** MATERIALS AND SUPPLIES	5776	.00	0	69369	48966.80	71	20669.47	69369	267.27- 100
40		OTHER EXPENSES									
40	10	TRAINING	288	.00	0	3390	2070.45	61	.00	3390	1319.55 61
	12	MEETINGS & TRAVEL	53	.00	0	570	276.30	49	.00	570	293.70 49
	14	MEMBERSHIPS	56	.00	0	650	75.00	12	.00	650	575.00 12
	15	CAR MILEAGE REIMBURSEMENT	208	.00	0	2375	703.96	30	.00	2375	1671.04 30
40	**	OTHER EXPENSES	605	.00	0	6985	3125.71	45	.00	6985	3859.29 45
510	**	**	30517	.00	0	364805	279669.73	77	65832.98	364805	19302.29 95
510	**	** CURR OP EXP-GEN GOVT	30517	.00	0	364805	279669.73	77	65832.98	364805	19302.29 95
600		CAPITAL OUTLAY									
600	70	CAPITAL OUTLAY-MACH/EQUIP									
	70 04	MODULAR FURNITURE	0	.00	0	0	.00	0	.00	0	.00 0
600	**	**	0	.00	0	0	.00	0	.00	0	.00 0
600	**	** CAPITAL OUTLAY	0	.00	0	0	.00	0	.00	0	.00 0
DIV	1330	TOTAL *****									
		TREASURY	30517	.00	0	364805	279669.73	77	65832.98	364805	19302.29 95

SymPro, Inc.
 6532 Claremont Ave.
 Oakland, CA 94611
 (510) 688-0900

✓ #
 331638

RECEIVED
 CITY OF STOCKTON

INVOICE

INVOICE DATE 09/01/95
 INVOICE NO 012468
 CUSTOMER NO. STOCK1

SEP 11 9 17 AM '95

SOLD TO:
 City of Stockton
 Management Information Systems
 425 N. El Dorado St. City Hall
 Stockton, CA 95202

SHIPPED TO:
 City of Stockton
 Management Information Systems
 425 N. El Dorado St. City Hall
 Stockton, CA 95202

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	AMOUNT	TAXES	TOTAL
DB MAINT db:Portfolio Fixed Income Annual Maintenance & Support	EACH	1.00	0.00	1.00	900.000	900.00
DB MAINT db:Portfolio Extended Investment Annual Maintenance/Support	EACH	1.00	0.00	1.00	400.000	400.00
DB MAINT db:Portfolio Multi-User Annual Maintenance/Support	EACH	1.00	0.00	1.00	400.000	400.00
DB MAINT db:Portfolio Additional Investment Type Annual Maintenance & Support	EACH	1.00	0.00	1.00	100.000	100.00
DB MAINT db:Portfolio Report Writer Annual Maintenance & Support for the period October 1, 1995 through September 30, 1996	EACH	1.00	0.00	1.00	195.000	195.00
Sales Total						1995.00
Trade Discount						0.00
Freight						0.00
Misc. Charges						0.00
Tax Total						154.60

Jan
 July 96 - Sept 96
 3 month
 @

\$537.35
175.13

ORIGINAL

\$ 2,149.60
12 month
\$ 179.13
per month
\$ 2,149.60



✓ # 353341

Invoice

The Tracs Corporation

165 South West Temple • Suite 300 • Salt Lake City, Utah 84101
(800) 288-7227 • (801) 363-8378 • FAX (801) 359-7514

DATE	INVOICE #
7/1/96	7445

BILL TO:

City of Stockton
Pat Samsell
425 North El Dorado Street
Stockton CA 95202

RECEIVED
JUL 11 1996
CITY OF STOCKTON

Q. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
-----------	-------	-----	------	-----	--------	---------

	Net 30		7/1/96			
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QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
----------	-----------	-------------	------------	--------

029s		Semi-Annual Connect Fee	1,770.00	1,770.00
------	--	-------------------------	----------	----------

Vendor 8140

Acct 098-0320-510.20-23

Approved to Pay

[Signature] 6/19/96

TOTAL	\$1,770.00
--------------	------------



338864

RECEIVED
EC 29 1995
FINANCE DIRECTOR

Invoice

The Tracs Corporation
165 South West Temple • Suite 300 • Salt Lake City, Utah 84101
(800) 288-7227 • (801) 363-8378 • FAX (801) 359-7514

DATE	INVOICE #
1/1/96	7129

BILL TO:

City of Stockton
Pat Samsell
425 North El Dorado Street
Stockton CA 95202

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.E.	PROJECT
	Net 30		01/01/96			

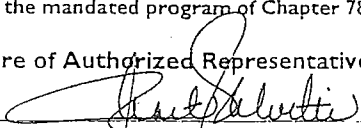
QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
	o29s	Semi-Annual Connect Fee	1,770.00	1,770.00

098-0300-510-205
1997

REMINDER: Interest will be charged at 18% per annum on all unpaid amounts 30 days after invoice date.

TOTAL	1,770.00
--------------	----------

DWA

CLAIM FOR PAYMENT		For State Controller Use Only	
Pursuant to Government Code Section 17561		(19) Program Number	00161
INVESTMENT REPORTS		(20) Date File	___/___/___
		(21) LRS Input	___/___/___
(01) Claimant Identification Number:		Reimbursement Claim Data	
9839900 CITY FINANCE OFFICER CITY OF STOCKTON 425 NORTH EL DORADO STREET STOCKTON, CA 95202		(22) INR-1, (03)	4
		(23) INR-1, (04)(1)(f)	941
		(24) INR-1, (04)(2)(f)	15,620
		(25) INR-1, (06)	49
		(26)	
City	State	Zip Code	
	CA		
Type of Claim	Estimated Claim	Reimbursement Claim	(27)
(03)	Estimated	<input checked="" type="checkbox"/> (09) Reimbursement	<input checked="" type="checkbox"/> (28)
(04)	Combined	___ (10) Combined	___ (29)
(05)	Amended	___ (11) Amended	___ (30)
Fiscal Year Of	(06)	(12)	(31)
Cost	1999/00	1998/99	
Total Claimed	(07)	(13)	(32)
	\$15,000	\$21,867	
Less: 10% Late Penalty, but not to exceed \$1000		(14)	(33)
Less: Estimated Claim Payment		(15)	(34)
		\$4,611	
Net Claimed Amount		(16)	(35)
		\$17,256	
Due from State	(08)	(17)	(36)
	\$15,000	\$17,256	
Due to State		(18)	(37)
			16,614
(38) CERTIFICATION OF CLAIM			
<p>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 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.</p> <p>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 mandated by Chapter 783, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.</p> <p>The amount 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 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached statement.</p>			
Signature of Authorized Representative		Date	
		JANUARY 15, 2000	
JANET SALVETTI		FINANCE OFFICER	
Type or Print Name		Title	
(39) Name of Contact Person for Claim		Telephone Number	
DAVID WELLHOUSE (DWA)		(916) 368-9244	

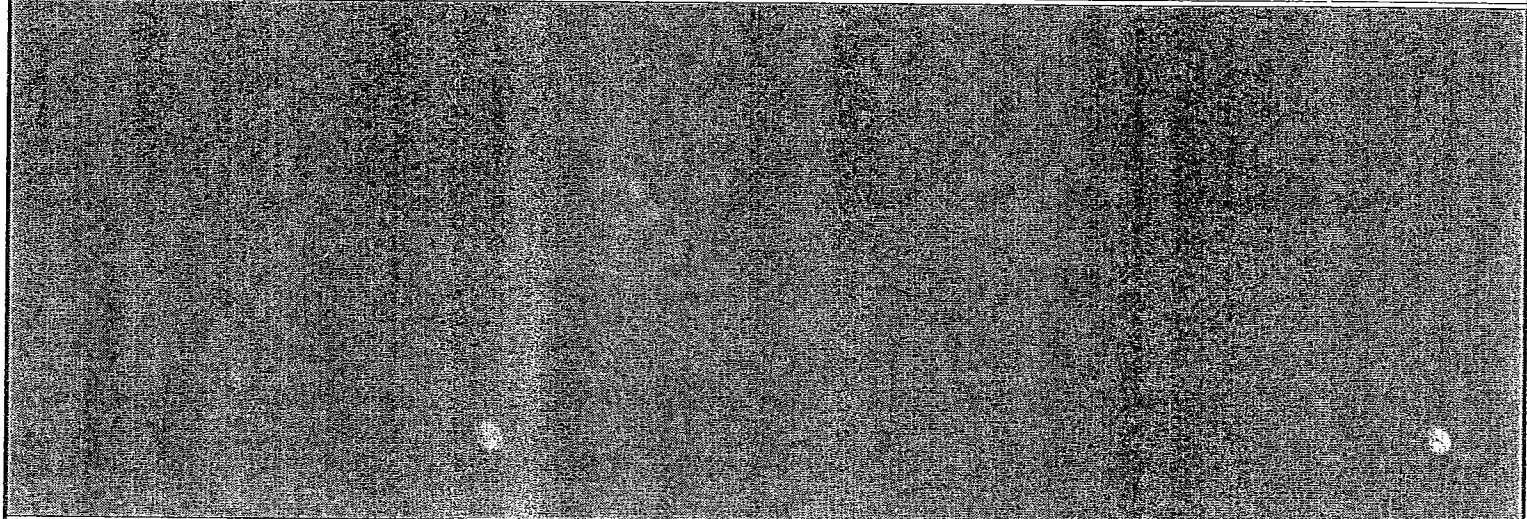
**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-1**

(01) Claimant CITY OF STOCKTON	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year: 1998/99
--	---	----------------------

Claim Statistics

(03) Number of investment reports prepared during the fiscal year	4
---	---



(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Training	(e) Fixed Assets	(f) Total
1. Statement of Investment Policy	\$646	\$295				\$941
2. Quarterly Report of Investments	\$6,815	\$3,114	\$5,691			\$15,620
(05) Total Direct Costs	\$7,460	\$3,409	\$5,691			\$16,561
Indirect Costs						
(06) Indirect Cost Rate	{ From ICRP } Salaries & Benefits					48.81%
(07) Total Indirect Costs	[Line (06) x line (05)(f) - {line (05)(d) + (05)(e)}]					\$5,306
(08) Total Direct and Indirect Costs:	[{Line (05)(f) + line (07)}					\$21,867
Cost Reduction						
(09) Less: Offsetting Savings, if applicable						
(10) Less: Other Reimbursements, if applicable						
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]					\$21,867

**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs were incurred: **1998/99**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst	\$26.70	45.7%	10.0	\$267.00	\$122.02				\$389.02
Lynn Farrar - Accountant II	\$25.07	45.7%	2.0	\$50.13	\$22.91				\$73.04
Pat Samsell - Finance Director	\$54.77	45.7%	6.0	\$328.64	\$150.19				\$478.83
Review of requirements, preparation of required Investment Policy and submission to legislative body									

(05) Total Subtotal Page: of \$645.77 \$295.12 \$940.89

**MANDATED COSTS
INVESTMENT REPORTS
CLAIM SUMMARY**

**FORM
INR-2**

(01) Claimant
CITY OF STOCKTON

(02) Fiscal Year costs Were Incurred: **1998/99**

(03) Reimbursable Component: Check Only One box per form to identify the cost being claimed

Statement of Investment Policy

Quarterly Report of Investments

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

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Lori Harsin-Ford - Administrative Analyst	\$26.70	45.7%	36.0	\$961.20	\$439.27				\$1,400
Lynn Farrar - Accountant II	\$25.07	45.7%	192.0	\$4,812.80	\$2,199.45				\$7,012
Pat Samsell - Finance Director	\$54.77	45.7%	19.0	\$1,040.69	\$475.60				\$1,516
Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required including time spent on training.									
SymPro Software Support and maintenance costs for software used exclusively for the preparation of the required report						\$4,687			
Interactive Data Corporation Investment information through modem access in order to receive required data for required Investment Report						\$1,004			
(05) Total				\$6,814.69	\$3,114.31	\$5,691			\$9,929
<input type="checkbox"/> Subtotal									

David Wellhouse & Associates, Inc.
Indirect Cost Rate Proposal

Claimant Name CITY OF STOCKTON
Mandate CHAPTER 783, STATUTES OF 1995
Department FINANCE
Fiscal Year 1998/99

DESCRIPTION OF COSTS (A)	Total Costs	(B) Excludable Unallowable Costs	(C) Allowable Indirect Costs	(D) Allowable Direct Costs	
Labor Costs					
Salaries & Wages	\$337,173		\$24,648	\$312,525	
Part-time Wages & Overtime	\$96,286			\$96,286	
Benefits 45.7%	\$153,968		\$11,255	\$142,713	
SUBTOTAL:	\$587,427		\$35,903	\$551,524	
Services & Supplies					
1 Allowable/Includable	\$233,284		\$233,284		
2 Unallowable/Excludable					
3 Capital Expenditures					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
Subtotal	\$233,284		\$233,284		
Cost Plan or Adjustments Costs					
25 Equipment Usage Allowance @ 6.67					
26 of Capital Expenditures					
Subtotal					
Total Costs	\$820,711		\$269,187	\$551,524	
Indirect Cost Rate			<table border="1"> <tr> <td align="center">48.81%</td> </tr> </table>		48.81%
48.81%					
			Salaries & Benefits		

D 03 010 1330

08/26/1998, 14139125
08257L
STOCKTON

DETAIL BUDGET REPORT
100% OF YEAR LAPSED
AS OF 06/30/1998

PAGE 14/19
ACCOUNTING PERIOD 14/19

GENERAL FUND ACCOUNT DESCRIPTION	DEPT/OIV 1330 FINANCE/TREASURY			*****CURRENT*****			*****YEAR-TO-DATE*****			ENCUMBR.	ANNUAL BUDGET	UNENCUMB. BALANCE	X BDGT
	BUDGET	ACTUAL	XEXP	BUDGET	ACTUAL	XEXP	BUDGET	ACTUAL	XEXP				
CURR OP EXP-GEN GOVT													
EMPLOYEE SERVICES													
SALARIES REGULAR	27915			334881	337173.09	101							
SALARIES-PART TIME/TEMP	3477	.00	0	41724	80555.61	193			.00	334881	2292.09-	101	
REGULAR OVERTIME	1277	.00	0	15203	8650.17	57			.00	41724	38831.61-	193	
VACATION BELL BACK	0	.00	0	0	800.98	0			.00	15203	6552.89	57	
EMPLOYEE SEPARATION PAY	0	.00	0	0	2171.99	0			.00	0	800.98-	0	
ADDITIONAL PAY	538	.00	0	6357	4110.74	65			.00	0	2171.99-	0	
RETIREMENT	4974	.00	0	59644	57627.39	97			.00	6357	2246.25	65	
DEFERRED COMPENSATION	1079	.00	0	12871	12908.50	100			.00	59644	2016.61	97	
MEDICARE	425	.00	0	4979	4583.51	92			.00	12871	37.50-	100	
HEALTH/DENTAL/VISION	4962	.00	0	59500	63865.23	107			.00	4979	415.49	92	
L/T DISABILITY INSURANCE	382	.00	0	4573	4862.98	102			.00	59500	4165.23-	107	
LIFE INSURANCE	148	.00	0	1743	1733.34	99			.00	4573	89.98-	102	
WORKER'S COMPENSATION	828	.00	0	9903	7856.89	79			.00	1743	9.88	99	
UNEMPLOYMENT INSURANCE	46	.00	0	453	533.19	118			.00	9903	2046.01	79	
FLAT RATE MILEAGE ALLOW	44	.00	0	418	414.00	99			.00	453	4.00	118	
WORKERS' COMP ALLOCATION	0	.00	0	0	.00	0			.00	418	80.19-	99	
EMPLOYEE SERVICES	46095	.00	0	552249	587427.71	106			.00	0	4.00	99	
OTHER SERVICES										552249	35178.71-	106	
TELEPHONE	495	.00	0	5874	6226.25	106			.00	5874	352.25-	106	
PROF AND SPEC SERV	0	.00	0	0	.00	0			.00	0	.00	0	
MAINT. & REPAIR SERVICES	156	.00	0	1850	2256.66	122			.00	1850	406.66-	122	
OUTSIDE PRINTING COSTS	0	.00	0	0	.00	0			.00	0	.00	0	
MEDIA-STORAGE/CONVERSION	6887	.00	0	41930	37172.42	89			2431.65	41930	2325.93	95	
DUPLICATION/COPY COSTS	1381	.00	0	16616	12747.75	77			1616.25	16616	2252.00	86	
INSURANCE PREMIUMS	245	.00	0	2846	2818.51	97			.00	2846	77.49	87	
OFFICE EQUIPMENT RENTAL	417	.00	0	4960	4959.96	100			.00	4960	.04	100	
COMPUTER EQUIPMENT RENTAL	4630	.00	0	30987	30987.00	100			.00	30987	.00	100	
POOL VEHICLE RENTAL	0	.00	0	0	87.50	0			.00	0	87.50-	0	
PRINTING & MAPPING	2764	.00	0	33102	8474.46	25			581.03	33102	24075.51	27	
POSTAGE/MAILING SERVICES	3916	.00	0	49318	37560.38	75			2545.77	49318	9211.65	81	
SPECIAL REPORTS	125	.00	0	1500	15.00	1			.00	1500	1485.00	1	
PROCESSING FEES	0	.00	0	0	.00	0			.00	0	.00	0	
COMPUTER/PROGRAMMING SVCS	1074	.00	0	8400	.00	0			400.00	8400	800.00	5	
PROF & SPECIAL SERVICES	13189	.00	0	13189	13939.38	108			.00	13189	750.38-	106	
OTHER SERVICES	2167	.00	0	25949	32336.17	125			1480.75	25949	7847.92-	130	
OTHER SERVICES	37446	.00	0	236571	189581.44	80			9045.45	236571	37944.11	84	
MATERIALS AND SUPPLIES													
MATERIALS AND SUPPLIES	3892	.00	0	46737	38328.52	82			10288.58	46737	1880.10-	104	
COMPUTER SOFTWARE	125	.00	0	1500	100.00	12			1500.00	1500	100.00-	107	
SUBSCRIPTIONS-PERIODICALS	58	.00	0	685	85.00	12			.00	685	600.00	12	
MATERIALS AND SUPPLIES	4075	.00	0	48922	38513.52	79			11788.58	48922	1380.10-	103	
OTHER EXPENSES													
RAISING	481	.00	0	5455	4510.66	83			.00	5455	844.34	83	
EATING & TRAVEL	110	.00	0	1285	177.00	14			.00	1285	1088.00	14	

21	ADDITIONAL PAY	538	.00	0	6357	4171.93	65	.00	6357	2171.93	100
25	RETIREMENT	4974	.00	0	59844	4110.74	65	.00	6367	2246.26	100
26	DEFERRED COMPENSATION	1079	.00	0	12871	57627.39	97	.00	59844	2016.61	100
27	MEDICARE	425	.00	0	4879	12808.50	100	.00	12871	37.50	100
29	HEALTH/DENTAL/VISION	4962	.00	0	58500	4583.51	82	.00	4979	415.49	100
31	L/T DISABILITY INSURANCE	382	.00	0	4573	63655.23	107	.00	59500	415.23	100
32	LIFE INSURANCE	148	.00	0	1743	4882.98	102	.00	4573	85.99	100
33	WORKER'S COMPENSATION	828	.00	0	9903	1733.34	89	.00	1743	9.66	100
34	UNEMPLOYMENT INSURANCE	46	.00	0	453	7856.99	79	.00	9903	2046.01	100
40	FLAT RATE MILEAGE ALLOW	44	.00	0	418	533.19	118	.00	453	80.19	100
92	WORKERS' COMP ALLOCATION	0	.00	0	0	414.00	99	.00	418	4.00	99
10	EMPLOYEE SERVICES	46095	.00	0	552249	.00	0	.00	0	.00	0
20	OTHER SERVICES					587427.71	106	.00	552249	35178.71	106
20	15 TELEPHONE	495	.00	0	5874	6225.25	106	.00	5874	352.25	106
23	PROT AND SPEC SERV	0	.00	0	0	.00	0	.00	0	.00	0
25	MAINT. & REPAIR SERVICES	156	.00	0	1850	2256.66	122	.00	1850	.00	122
26	OUTSIDE PRINTING COSTS	0	.00	0	0	.00	0	.00	0	.00	0
33	MEDIA STORAGE/CONVERSION	6887	.00	0	41930	37172.42	89	2431.65	41930	2325.93	89
34	DUPLICATION/COPY COSTS	1381	.00	0	16816	12747.75	77	1616.25	16816	2252.00	86
37	INSURANCE PREMIUMS	245	.00	0	2396	2818.51	97	.00	2396	77.49	97
42	OFFICE EQUIPMENT RENTAL	417	.00	0	4960	4959.96	100	.00	4960	.00	100
43	COMPUTER EQUIPMENT RENTAL	4530	.00	0	30987	30987.00	100	.00	30987	.00	100
46	POOL VEHICLE RENTAL	0	.00	0	0	87.50	0	.00	0	87.50	0
53	PRINTING & MAPPING	2764	.00	0	73102	8474.46	26	591.03	33102	24933.51	27
54	POSTAGE/MAILING SERVICES	3916	.00	0	49318	37560.38	78	2545.77	49318	9211.85	81
56	SPECIAL REPORTS	125	.00	0	1500	15.00	1	.00	1500	1485.00	1
57	PROCESSING FEES	0	.00	0	0	.00	0	.00	0	.00	0
60	COMPUTER PROGRAMMING SVCS	1074	.00	0	8400	.00	0	400.00	8400	8090.00	0
65	PROP & SPECIAL SERVICES	13189	.00	0	13189	13939.38	106	.00	13189	750.38	106
66	OTHER SERVICES	2167	.00	0	25949	32336.17	125	1480.75	25949	7847.92	130
20	OTHER SERVICES	37446	.00	0	236571	185581.44	80	9045.45	236571	37944.11	84
30	MATERIALS AND SUPPLIES										
30	50 MATERIALS AND SUPPLIES	3892	.00	0	46737	38320.52	82	10288.88	46737	1880.10	104
51	COMPUTER SOFTWARE	125	.00	0	1500	100.00	7	1500.00	1500	100.00	107
52	SUBSCRIPTIONS-PERIODICALS	58	.00	0	685	85.00	12	.00	685	600.00	12
30	MATERIALS AND SUPPLIES	4075	.00	0	48922	38513.52	79	11789.58	48922	1380.10	103
40	OTHER EXPENSES										
40	10 TRAINING	461	.00	0	5455	4510.66	83	.00	5455	944.34	83
12	MEETINGS & TRAVEL	110	.00	0	1265	177.00	14	.00	1265	1985.00	14

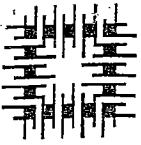
E 03 010 1330

PREPARED 09/24/1999, 14:39:26
PROGRAM: 08267L
CITY OF STOCKTON

DETAIL BUDGET REPORT
100% OF YEAR LAPSED
AS OF 06/30/1999

FUND 010 GENERAL FUND		DEPT/DIV 1330 FINANCE/TREASURY									
EA	OBJ	ACCOUNT	CURRENT		YEAR-TO-DATE		ENCUMBR.		ANNUAL	UNENCUMB.	X
UB	SUB	DESCRIPTION	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET	ACTUAL	BUDGET	BALANCE	BUDGT
10		CURR OP EXP-GEN GOVT									
40		OTHER EXPENSES									
	14	MEMBERSHIPS			930	380.00	41	.00	930	550.00	41
	15	CAR MILEAGE REIMBURSEMENT	235	.00	2820	122.83	4	.00	2820	2697.17	4
40	**	OTHER EXPENSES	689	.00	10470	5190.49	50	.00	10470	6279.51	50
0	**		88505	.00	848212	820713.16	97	20834.03	848212	6664.81	99
0	**	CURR OP EXP-GEN GOVT	88505	.00	848212	820713.16	97	20834.03	848212	6664.81	99
V		1330 TOTAL	88505	.00	848212	820713.16	97	20834.03	848212	6664.81	99
		TREASURY	88505	.00	848212	820713.16	97	20834.03	848212	6664.81	99

INVOICE



SymPro, Inc.

2200 POWELL STREET
SUITE 1170
EMERYVILLE, CA 94608
(510) 655-0900

INVOICE DATE 08/23/95
INVOICE NO.
SHIP DATE 08/21/95
CUSTOMER NO. STOCK
SALES PERSON
PAGE

OLD TO:

City of Stockton
Finance Dept.
425 N. El Dorado St. City Hall
Stockton, CA 95202

SHIPPED TO:

City of Stockton
Finance Dept.
425 N. El Dorado St. City Hall
Stockton, CA 95202

F.O.B. POINT	CUSTOMER ORDER NO.	SHIP VIA	TERMS	OUR ORDER NO.
OAKLAND	WINDOWS UPGRADE		UPON RECEIPT	COURSE 011740

ITEM NO/SERIAL NO	UNIT	QUANTITY			UNIT PRICE	EXTENDED PRICE
		ORDERED	BACKORDERED	SHIPPED		
WIN MIGRATION Cash Flow/Debt Windows Migration P. O. #094027	EACH	1.00	0.00	1.00	250.000	250.00

\$
269.38

Sales Total	250.00
Trade Discount	0.00
Freight	0.00
Misc. Charges	0.00
Tax Total	19.38

FORMS CONTROL NO.

483815

DATE

03/18/1999

CHECK NUMBER

483815

REMITTANCE ADVICE

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

19707

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
NOT CLASSIFIED	00011740	094027	269.38		269.38
					\$*****269.38

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO.

483815

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE

03/18/1999

CHECK NUMBER

483815

PAY EXACTLY

\$*****269.38

\$*****269.38

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

SYMPRO INC
2200 POWELL ST SU 1170
EMERYVILLE CA 94608-0000

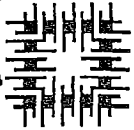
COPY NOT NEGOTIABLE

Sales Total	250.00
Trade Discount	0.00
Freight	0.00
Misc. Charges	0.00
Tax Total	19.38

TOTAL

269.38

INVOICE



SymPro, Inc.

2200 POWELL STREET
SUITE 1170
EMERYVILLE, CA 94608
(510) 655-0900

INVOICE DATE 08/21/98
INVOICE NO.
SHIP DATE 10/01/98
CUSTOMER NO. STOCKT
SALES PERSON
PAGE

SOLD TO:

City of Stockton
Finance Dept.
425 N. El Dorado St. City Hall
Stockton, CA 95202

SHIPPED TO:

City of Stockton
Finance Dept.
425 N. El Dorado St. City Hall
Stockton, CA 95202

1

F.O.B. POINT		CUSTOMER ORDER NO.	SHIP VIA		TERMS	OUR ORDER NO.	
		SUPPORT RENEWAL	UPS		UPON RECEIPT	COURSE 012116	
ITEM NO./SERIAL NO.	UNIT	QUANTITY			UNIT PRICE	EXTENDED PRICE	
		ORDERED	BACKORDERED	SHIPPED			
DBFI SUP RENEW SymPro Software Fixed Income Module Renewal Maint. & Support	EACH	1.00	0.00	1.00	1200.000	1200.00	
DBEXT SUP RENEW SymPro Software Extended Investment Module Renewal Support	EACH	1.00	0.00	1.00	900.000	900.00	
DBGL SUP RENEW SymPro Software General Ledger Interface Renewal Support	EACH	1.00	0.00	1.00	500.000	500.00	
DBONLINE RENEW SymPro Software On-Line Market Pricing Renewal Maint/Support	EACH	1.00	0.00	1.00	200.000	200.00	
DBCFSUP RENEW SymPro Software - Cash Flow Renewal Annual Support	EACH	1.00	0.00	1.00	400.000	400.00	
DBRR SUP RENEW SymPro Software Report Writer (DOS/Windows) Renewal Support	EACH	1.00	0.00	1.00	200.000	200.00	
DB MU SUP RENEW SymPro Software Multi-User, 1-3 Users Renewal Maint/Support FOR THE PERIOD OCTOBER 1, 1998 THROUGH SEPTEMBER 30, 1999	EACH	1.00	0.00	1.00	700.000	700.00	

#4417.75

098 - 0320 - 510.20 - 60

Sales Total	4100.00
Trade Discount	0.00
Freight	0.00
Misc. Charges	0.00
Tax Total	317.75
TOTAL	4417.75

Renew Cont
CITY OF STOCKTON
AUTHORIZATION FOR PAYMENT

No. 66808

PAY TO

SynPro, Inc.
2200 Powell Street, Ste 1170
Emeryville, CA 94608

TIN _____

VENDOR NO.: 19707

DATE: 8/26/98

DEPARTMENT Finance-Accounting

ACCOUNT NUMBER: 098-0320-510.20-60

PROJECT NO.: _____

HTE DESCRIPTION: Renew Maint/Support

COMMODITY CODE: 932-714

DESCRIPTION:

Annual renewal of maintenance/support for investment software.
For the period October 1, 1998 through September 30, 1999.

\$ 4,417.75

INVOICE AMOUNT

ATTACH ALL INVOICES, FREIGHT BILLS SHIPPING TAGS, ETC. AND RETURN ORIGINAL AND TRIPLICATE COPIES TO ACCOUNTS PAYABLE DIVISION OF THE FINANCE DEPARTMENT IMMEDIATELY AFTER RECEIPT OF INVOICE.

I HEREBY CERTIFY RECEIPT OF THE ARTICLE(S) AND / OR SERVICES AS INDICATED BY THE ATTACHED INVOICES, OR AS NOTED HEREON, AND THAT SAID CLAIM AGAINST THE CITY OF STOCKTON IS TRUE AND THE EXPENDITURE IS NECESSARY FOR THE OPERATION OF THIS DEPARTMENT, AND THAT SAID ACCOUNT NUMBER(S) IS AUTHORIZED, FUNDS AVAILABLE AND THAT SAID PROCUREMENT COMPLIES WITH ALL THE CITY'S PURCHASING POLICY AND PROCEDURES.

DATE: 8/26/98 lf

(Signature)
DEPARTMENT HEAD

MEMO

NO B/L ON FILE

ACCOUNTING

(Handwritten mark)

FORMS CONTROL NO.

466067

DATE

09/02/1998

CHECK NUMBER

466067

REMITTANCE ADVICE
CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

19707

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
RENEW MAINT/SUPPORT	00012116	066608	4,417.75		4,417.75
					\$*****4,417.75

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO.

466067

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE

09/02/1998

CHECK NUMBER

466067

PAY EXACTLY	
\$*****4,417.75	\$*****4,417.75

PAY TO THE ORDER OF

SYMPRO INC
2200 POWELL ST SU 1170
EMERYVILLE CA 94608-0000

VOID SIX MONTHS AFTER
DATE OF ISSUE

COPY NOT NEGOTIABLE

Interactive Data

FINANCIAL TIMES Information

2 Crosby Drive
 Bedford, MA 01730

*** INVOICE ***

PAGE 2

CITY OF STOCKTON
 ATTN: L. PATRICK SAMSELL
 FINANCE DEPARTMENT
 PURCHASE ORDER NO. 0176659
 425 N. EL DORADO ST
 STOCKTON, CA 95202

FOR PERIOD ENDING	JUNE, 1998
INVOICE NUMBER	6187068
INVOICE DATE	JUNE, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
 or write to Micro Product Support at the above address.

TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
0 0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	58.60

		MONTHLY USAGE	AMOUNT	NET
		LOCAL TAX	81.00	
		STATE TAX	0.00	
		FEDERAL TAX	0.00	
		TOTAL TAX	0.00	81.00
		BALANCE		81.00

* ANY ADDRESS CHANGES SHOULD BE SENT TO *				
* * * * *				
* CUSTOMER SUPPORT * * * * *				
* ATTN: LORALEE STICKEL * * * * *				
* B1 - 1 * * * * *				
* 22 CROSBY DRIVE * * * * *				
* BEDFORD, MA 01730 * * * * *				
* * * * *				
* TO INSURE PROPER CREDIT DO NOT MAIL * * * * *				
* YOUR PAYMENT TO THIS ADDRESS. THIS * * * * *				
* ADDRESS IS FOR CORRESPONDENCE ONLY. * * * * *				

TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES.
 * ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Please detach this section and send with payment.

PLEASE SEND REMITTANCE TO: DATE: JUNE, 1998 INVOICE NO.: 6187068
 INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 81.00
 P.O. BOX 98616
 CHICAGO, IL 60693

THANK YOU FOR LETTING INTERACTIVE DATA
 SERVICE YOUR DATA NEEDS.

Interactive Data
 FINANCIAL TIMES Information

FORMS CONTROL NO.

462646

DATE

07/28/1998

CHECK NUMBER

462646

NOTICE OF DELIVERY
CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
SERVICES	00187068	090784	81.00		81.00
					*****81.00

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO.

462646

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE
07/28/1998

CHECK NUMBER
462646

PAY TO THE ORDER OF

PAY EXACTLY	
*****81.00	*****81.00

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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Interactive Data

FINANCIAL TIMES Information

Crosby Drive
Bedford, MA 01730

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	JULY, 1998
INVOICE NUMBER	6559078
INVOICE DATE	JULY, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

LINE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
/01	11:10A	73	LATEST CORP/GOVT VALUATIONS	.032400	2.37
/01	11:10A	90	TCP/WDCI PRIME SECONDS	.007200	0.65
/01	11:14A	74	LATEST CORP/GOVT VALUATIONS	.032400	2.40
/01	11:16A	139	2400 BAUD PRIME SECONDS	.007200	1.00
/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	74.58
				AMOUNT	NET
MONTHLY USAGE				81.00	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	
TOTAL TAX				0.00	81.00
BALANCE					81.00

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* CUSTOMER SUPPORT *					
* ATTN: LORALEE STICKEL *					
* B1 - 1 *					
* 22 CROSBY DRIVE *					
* BEDFORD, MA 01730 *					
* TO INSURE PROPER CREDIT DO NOT MAIL *					
* YOUR PAYMENT TO THIS ADDRESS. THIS *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. *					

TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES.
* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Please detach this section and send with payment.

EASE SEND REMITTANCE TO: DATE: JULY, 1998 INVOICE NO.: 6559078
 INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 81.00
 P.O. BOX 98616
 CHICAGO, IL 60693

THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

Interactive Data
FINANCIAL TIMES Information

469888

DATE

10/14/1998

CHECK NUMBER

469888

ATTNANCE ADVICE

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00559078	064974	81.00		81.00
	00141088	064974	84.24		84.24
					*****165.24

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO.

469888

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE

10/14/1998

CHECK NUMBER

469888

	PAY EXACTLY
*****165.24	*****165.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA COPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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FINANCIAL-TIMES Information

Crosby Drive
Stockton, MA 01730

RECEIVED
SEP 17 1998
FINANCE DIRECTOR

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DOMADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	AUGUST, 1998
INVOICE NUMBER	6141088
INVOICE DATE	AUGUST, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

LINE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
05	5:41P	2	LATEST CORP/GOVT VALUATIONS	.042400	0.08
05	5:41P	5	TCP/WDCI PRIME SECONDS	.007488	0.04
06	11:38A	70	LATEST CORP/GOVT VALUATIONS	.042400	2.97
06	11:38A	84	TCP/WDCI PRIME SECONDS	.007488	0.63
07	7:02P	2	CMOVALUATIONS	1.994000	3.99
07	7:02P	125	HIST CORP/GOVT VALUATIONS	.057240	7.16
07	7:02P	152	TCP/WDCI EVENING SECONDS	.005616	0.85
19	11:05A	68	HIST CORP/GOVT VALUATIONS	.057240	3.89
19	11:05A	71	TCP/WDCI PRIME SECONDS	.007488	0.53

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* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

[Signature]
DEPARTMENT HEAD

MEMO

CITY OF STOCKTON
FINANCE DEPARTMENT

ACCOUNTING

[Handwritten mark]

Interactive Data
 FINANCIAL-TIMES Information

**** INVOICE ****

PAGE 2

Crosby Drive
 Bedford, MA 01730

CITY OF STOCKTON
 ATTN: L. PATRICK SAMSELL
 FINANCE DEPARTMENT
 PURCHASE ORDER NO. 0176659
 425 N. EL DORADO ST
 STOCKTON, CA 95202

FOR PERIOD ENDING	AUGUST, 1998
INVOICE NUMBER	6141088
INVOICE DATE	AUGUST, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement of service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
8/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	64.10
*****				AMOUNT	NET
				84.24	
MONTHLY USAGE				0.00	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	
TOTAL TAX				0.00	84.24
BALANCE					84.24

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* * * * *					
* CUSTOMER SUPPORT * * * * *					
* ATTN: LOU ALEE STICKEL * * * * *					
* B1 - 1 * * * * *					
* 22 CROSBY DRIVE * * * * *					
* BEDFORD, MA 01730 * * * * *					
* * * * *					
* TO INSURE PROPER CREDIT DO NOT MAIL * * * * *					
* YOUR PAYMENT TO THIS ADDRESS. THIS * * * * *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. * * * * *					

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(Signature)
 DEPARTMENT HEAD

MEMO

ACCOUNTING

Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive
Bedford, MA 01730

098-0320-510.20-66
UN 13903

**** INVOICE ****
PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

000000

FOR PERIOD ENDING	SEPTEMBER, 1998
INVOICE NUMBER	6116098
INVOICE DATE	SEPTEMBER, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

DATE	TIME	UNITS	DESCRIPTION	RATE	AMOUNT
9/01	11:19A	73	LATEST CORP/GOVT VALUATIONS	.042400	3.10
9/01	11:19A	96	TCP/WDCI PRIME SECONDS	.007488	0.72
9/30	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	80.42
				AMOUNT	NET
MONTHLY USAGE				84.24	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	
TOTAL TAX				0.00	84.24
BALANCE					84.24

** ANY ADDRESS CHANGES SHOULD BE SENT TO **					
**					
** CUSTOMER SUPPORT **					
** ATTN: LORALEE STICKEL **					
** B1 - 1 **					
** 22 CROSBY DRIVE **					
** BEDFORD, MA 01730 **					
**					
** TO INSURE PROPER CREDIT DO NOT MAIL **					
** YOUR PAYMENT TO THIS ADDRESS. THIS **					
** ADDRESS IS FOR CORRESPONDENCE ONLY. **					

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* ALL TIMES EASTERN TIME * * * FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

FORMS CONTROL NO.

477733

DATE

01/12/1999

CHECK NUMBER

477733

REMITTANCE ADVICE

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	06056118	055896	84.24		84.24
					\$*****84.24

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FORMS CONTROL NO.

477733

CITY OF STOCKTON, CALIFORNIA

425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-2E
1210

DATE

01/12/1999

CHECK NUMBER

477733

	PAY EXACTLY
\$*****84.24	\$*****84.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA COPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive
Bedford, MA 01730

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	OCTOBER, 1998
INVOICE NUMBER	6183108
INVOICE DATE	OCTOBER, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

DATE	TIME	UNITS	DESCRIPTION	RATE	AMOUNT
0/01	11:02A	72	LATEST CORP/GOVT VALUATIONS	.042400	3.05
0/01	11:02A	73	TCP/WDCI PRIME SECONDS	.007488	0.55
0/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	80.64
				AMOUNT	NET
MONTHLY USAGE				84.24	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	
TOTAL TAX				0.00	84.24
BALANCE					84.24

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* CUSTOMER SUPPORT *					
* ATTN: LORALEE STICKEL *					
* B1 - 1 *					
* 22 CROSBY DRIVE *					
* BEDFORD, MA 01730 *					
* TO INSURE PROPER CREDIT DO NOT MAIL *					
* YOUR PAYMENT TO THIS ADDRESS. THIS *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. *					

THE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES
* ALL TIMES EASTERN TIME * * * FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

FORMS CONTROL NO

473738

DATE

11/25/1998

CHECK NUMBER

473738

REMITTANCE ADVICE
CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997



13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00116098	067594	84.24		84.24
	00183108	067594	84.24		84.24
					*****168.48

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FORMS CONTROL NO.

473738

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE

11/25/1998

CHECK NUMBER

473738

PAY EXACTLY	
*****168.48	*****168.48

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive
Bedford, MA 01730

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	NOVEMBER, 1998
INVOICE NUMBER	6056118
INVOICE DATE	NOVEMBER, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
11/02	5:02P	284	HIST CORP/GOVT VALUATIONS	.057240	16.26
11/02	5:02P	326	TCP/WDCI PRIME SECONDS	.007488	2.44
11/02	5:20P	65	LATEST CORP/GOVT VALUATIONS	.042400	2.76
11/03	12:54P	65	LATEST CORP/GOVT VALUATIONS	.042400	2.76
11/03	12:54P	44	TCP/WDCI PRIME SECONDS	.007488	0.33
11/24	11:28A	67	LATEST CORP/GOVT VALUATIONS	.042400	2.84
11/24	11:28A	50	TCP/WDCI PRIME SECONDS	.007488	0.37

THE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES
* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

Interactive Data

FINANCIAL TIMES Information

22 Crosby Drive
Bedford, MA 01730

3033

098-0320-510 2066

**** INVOICE ****

PAGE 1

CITY OF STOCKSTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DOPADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	DECEMBER, 1998
INVOICE NUMBER	6083128
INVOICE DATE	DECEMBER, 1998
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

DATE	TIME	UNITS	DESCRIPTION	RATE	AMOUNT
12/01	11:03A	67	LATEST CORP/GOVT VALUATIONS	.042400	2.84
12/01	11:03A	84	TCP/WDCI PRIME SECOMDS	.007488	0.63
12/16	1:38P	67	HIST CORP/GOVT VALUATIONS	.057240	3.84
12/15	1:38P	68	TCP/WDCI PRIME SECOMDS	.007488	0.51
12/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	76.42
				AMOUNT	NET
MONTHLY USAGE				84.24	
LOCAL TAX				0.00	
STATE TAX				0.00	
FEDERAL TAX				0.00	84.24
TOTAL TAX				0.00	84.24
BALANCE					

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* CUSTOMER SUPPORT *					
* ATTN: LORALEE STICKEL *					
* B1 - 1 *					
* 22 CROSBY DRIVE *					
* BEDFORD, MA 01730 *					
* TO INSURE PROPER CREDIT DO NOT MAIL *					
* YOUR PAYMENT TO THIS ADDRESS. THIS *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. *					

THE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE D,
CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICE
* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

FORMS CONTROL NO

479343

DATE

02/01/1999

CHECK NUMBER

479343

EMITTANCE ADVICE
CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997
DETACH THIS STUB BEFORE CASHING CHECK

13903

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00083128	070422	84.24		84.24
					*****84.24

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO

479343

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE
02/01/1999

CHECK NUMBER
479343

PAY EXACTLY	
*****84.24	*****84.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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Interactive Data

Interactive Data Corporation

1000 North Dearborn Drive
Chicago, IL 60610

*PO Box 98616
Chicago IL 60693*

**** INVOICE ****

PAGE 1

RECEIVED
FEB 16 1999
FINANCE DIRECTOR

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	JANUARY, 1999
INVOICE NUMBER	6389019
INVOICE DATE	JANUARY, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
		LATEST CORP/GOVT VALUATIONS	.042400	3.05
14 10:51A	72	TCP/WDCI PRIME SECONDS	.007488	0.50
14 10:51A	67	HIST CORP/GOVT VALUATIONS	.057240	3.84
16 4:55P	67	TCP/WDCI PRIME SECONDS	.007488	0.51
16 4:55P	68	HIST CORP/GOVT VALUATIONS	.057240	4.12
13 12:52P	72	TCP/WDCI PRIME SECONDS	.007488	0.42
13 12:52P	56			

VN: 13903

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PLEASE SEND REMITTANCE TO: DATE: JANUARY, 1999
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50
P.O. BOX 98616
CHICAGO, IL 60693

INVOICE NO.: 6389019
INVOICE AMT.: 84.24

THANK YOU FOR LETTING INTERACTIVE DATA SERVICE YOUR DATA NEEDS.

Interactive Data

MS CONTROL NO.

83629

DATE

03/17/1999

CHECK NUMBER

483629

CITY OF STOCKTON, CALIF. 95202-1997
425 N. EL DORADO ST.

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00389019	070440	84.24		84.24
					\$*****84.24

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FORMS CONTROL NO.

483629

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE
03/17/1999

CHECK NUMBER
483629

PAY EXACTLY	
\$*****84.24	\$*****84.24

VOID SIX MONTHS AFTER
DATE OF ISSUE

PAY TO THE ORDER OF

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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VN: 13903

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PLEASE SEND REMITTANCE TO:
INTERACTIVE DATA CORPORATION
P.O. BOX 98616
CHICAGO, IL 60693

DATE: JANUARY, 1999
ACCOUNT NO.: 9U50

INVOICE NO.: 6389019
INVOICE AMT.: 84.24

THANK YOU FOR LETTING INTERACTIVE DATA
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Interactive Data
FINANCIAL TIMES INFORMATION

Micro
A 01730

CC:
098-0320-510.20-66
13903 VN#
999-999.

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	FEBRUARY, 1999
INVOICE NUMBER	6183029
INVOICE DATE	FEBRUARY, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
/01 12:08P	71	LATEST CORP/GOVT VALUATIONS	.042400	3.01
/01 12:08P	81	TCP/WDCI PRIME SECONDS	.007488	0.61
/28 0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	80.62
*****				AMOUNT
MONTHLY USAGE				84.24
LOCAL TAX				0.00
STATE TAX				0.00
FEDERAL TAX				0.00
TOTAL TAX				0.00
BALANCE				84.24
*****				NET
*****				84.24
*****				84.24

***** * ANY ADDRESS CHANGES SHOULD BE SENT TO * * * CUSTOMER SUPPORT * * ATTN: LORALEE STICKEL * * B1 - 1 * * 22 CROSBY DRIVE * * BEDFORD, MA 01730 * * * TO INSURE PROPER CREDIT DO NOT MAIL * * YOUR PAYMENT TO THIS ADDRESS. THIS * * ADDRESS IS FOR CORRESPONDENCE ONLY. * *****				

THE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICE
* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 3/19/99 _____
DEPARTMENT HEAD

MEMO

ACCOUNTING

484277

DATE 03/25/1999 CHECK NUMBER 484277

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997
DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00183029	033543	84.24		84.24
					\$*****84.24

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FORMS CONTROL NO.
484277

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE 03/25/1999 CHECK NUMBER 484277

PAY EXACTLY	
\$*****84.24	\$*****84.24

VOID SIX MONTHS AFTER
DATE OF ISSUE

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P O BGX 98616
CHICAGO IL 60693-0000

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DATE: 3/19/99

[Signature]
DEPARTMENT HEAD

MEMO

ACCOUNTING

Interactive Data

ANCIAL TIMES Information

Crosby Drive
Bedford, MA 01730

**** INVOICE ****

PAGE 2

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	MARCH, 1999
INVOICE NUMBER	6098039
INVOICE DATE	MARCH, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
3/31	12:39P	70	TCP/WDCI PRIME SECONDS	.007488	0.52

			MONTHLY USAGE	AMOUNT	NET
			LOCAL TAX	84.24	
			STATE TAX	0.00	
			FEDERAL TAX	0.00	
			TOTAL TAX	0.00	
			BALANCE		84.24

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* CUSTOMER SUPPORT *					
* ATTN: LORALEE STICKEL *					
* B1 - 1 *					
* 22 CROSBY DRIVE *					
* BEDFORD, MA 01730 *					
* TO INSURE PROPER CREDIT DO NOT MAIL *					
* YOUR PAYMENT TO THIS ADDRESS. THIS *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. *					

84.24
84.24
PJ
[Signature]

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PLEASE SEND REMITTANCE TO: DATE: MARCH, 1999 INVOICE NO.: 6098039
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 84.24
P.O. BOX 98616
CHICAGO, IL 60693

THANK YOU FOR LETTING INTERACTIVE DATA
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Interactive Data
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PAGE 1

CITY OF STOCKTON
 ATTN: L. PATRICK SAMSELL
 FINANCE DEPARTMENT
 PURCHASE ORDER NO. 0176659
 425 N. EL DORADO ST
 STOCKTON, CA 95202

FOR PERIOD ENDING	MARCH, 1999
INVOICE NUMBER	6098039
INVOICE DATE	MARCH, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

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	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
3/03	12:49P	72	LATEST CORP/GOVT VALUATIONS	.042400	3.05
3/03	12:49P	62	TCP/WDCI PRIME SECONDS	.007488	0.46
3/30	1:37P	80	LATEST CORP/GOVT VALUATIONS	.042400	3.39
3/30	1:37P	79	TCP/WDCI PRIME SECONDS	.007488	0.59
3/31	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	72.84
3/31	12:39P	80	LATEST CORP/GOVT VALUATIONS	.042400	3.39

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PLEASE SEND REMITTANCE TO: DATE: MARCH, 1999 INVOICE NO.: 6098039
 INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 84.24
 P.O. BOX 98616
 CHICAGO, IL 60693

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PAGE 1

CITY OF STOCKTON
 ATTN: L. PATRICK SAMSELL
 FINANCE DEPARTMENT
 PURCHASE ORDER NO. 0176659
 425 N. EL DORADO ST
 STOCKTON, CA 95202

FOR PERIOD ENDING	APRIL, 1999
INVOICE NUMBER	6192049
INVOICE DATE	APRIL, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call **1-800-IDC-LINE**
 or write to Micro Product Support at the above address.

E	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
4/01	11:08A	80	LATEST CORP/GOVT VALUATIONS	.042400	3.39
4/01	11:08A	82	TCP/WDCI PRIME SECONDS	.007488	0.61
4/12	12:14P	92	LATEST CORP/GOVT VALUATIONS	.042400	3.90
4/12	12:14P	307	TCP/WDCI PRIME SECONDS	.007488	2.30
4/15	2:35P	79	LATEST CORP/GOVT VALUATIONS	.042400	3.35
4/15	2:35P	83	TCP/WDCI PRIME SECONDS	.007488	0.62
4/27	12:59P	81	LATEST CORP/GOVT VALUATIONS	.042400	3.43
4/27	12:59P	83	TCP/WDCI PRIME SECONDS	.007488	0.62

cc: 900-990
009-0320-510,20-66.
VN 13903

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PLEASE SEND REMITTANCE TO: DATE: APRIL, 1999 INVOICE NO.: 6192049
 INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 84.24
 P.O. BOX 98616
 CHICAGO, IL 60693

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Interactive Data
FINANCIAL TIME INFORMATION

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MA 01730

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PAGE 2

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	APRIL, 1999
INVOICE NUMBER	6192049
INVOICE DATE	APRIL, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

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TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
/30 0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	66.02
*****			AMOUNT	NET
MONTHLY USAGE			84.24	
LOCAL TAX			0.00	
STATE TAX			0.00	
FEDERAL TAX			0.00	
TOTAL TAX			0.00	84.24
BALANCE				84.24

* ANY ADDRESS CHANGES SHOULD BE SENT TO *				
* CUSTOMER SUPPORT *				
* ATTN: LORALEE STICKEL *				
* B1 - 1 *				
* 22 CROSBY DRIVE *				
* BEDFORD, MA 01730 *				
* TO INSURE PROPER CREDIT DO NOT MAIL *				
* YOUR PAYMENT TO THIS ADDRESS. THIS *				
* ADDRESS IS FOR CORRESPONDENCE ONLY. *				

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Please detach this section and send with payment.
PLEASE SEND REMITTANCE TO: DATE: APRIL, 1999 INVOICE NO.: 6192049
INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9U50 INVOICE AMT.: 84.24
P.O. BOX 98616
CHICAGO, IL 60693

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SERVICE YOUR DATA NEEDS.

Interactive Data
IAL TIMES Information

490916

DATE 06/08/1999

CHECK NUMBER 490916

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00192049	030042	84.24		84.24
					\$*****84.24

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FORMS CONTROL NO.

490916

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE 06/08/1999
CHECK NUMBER 490916

PAY EXACTLY	
*****84.24	*****84.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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PLEASE SEND REMITTANCE TO: DATE: APRIL, 1999 INVOICE NO.: 6192049
 INTERACTIVE DATA CORPORATION ACCOUNT NO.: 9050 INVOICE AMT.: 84.24
 P.O. BOX 98616
 CHICAGO, IL 60693

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SERVICE YOUR DATA NEEDS.

Interactive Data
FINANCIAL TIMES INFORMATION

Interactive Data

TIMES Information

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*** INVOICE ***

PAGE 1

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	MAY, 1999
INVOICE NUMBER	5988059
INVOICE DATE	MAY, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE or write to Micro Product Support at the above address.

TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
10 11:02A	81	HIST CORP/GOVT VALUATIONS	.057240	4.64
10 11:02A	70	TCP/WDCI PRIME SECONDS	.007488	0.52
31 0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	79.08
				AMOUNT
				84.24
				0.00
				0.00
				0.00
				0.00
				0.00
				NET
				84.24
				84.24
***** * ANY ADDRESS CHANGES SHOULD BE SENT TO * * * CUSTOMER SUPPORT * * ATTN: LORALEE STICKEL * * B1 - 1 * * 22 CROSBY DRIVE * * BEDFORD, MA 01730 * * * TO INSURE PROPER CREDIT DO NOT MAIL * * YOUR PAYMENT TO THIS ADDRESS. THIS * * ADDRESS IS FOR CORRESPONDENCE ONLY. * *****				
Monthly electronic investment pricing May 99 13903 999-999 - 098-0320-510.2866				

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* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-11-99 DEPARTMENT HEAD _____

MEMO

495578

DATE

07/29/1999

CHECK NUMBER

495578

REMITTANCE ADVICE

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00988059	030045	84.24		84.24

*****84.24

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FORMS CONTROL NO.

495578

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997
(209) 937-8321 • www.stocktongov.com

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE
07/29/1999

CHECK NUMBER
495578

PAY EXACTLY	
*****84.24	*****84.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

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Monthly electronic investment paying May 99
13903 999-999 - 098-0320-510.2266

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* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE:

7-22-99

[Signature]
DEPARTMENT HEAD

MEMO

Interactive Data

COMMERCIAL TIMES Information

Crosby Drive
Bedford, MA 01730

**** INVOICE ****

PAGE 2

CITY OF STOCKTON
ATTN: L. PATRICK SAMSELL
FINANCE DEPARTMENT
PURCHASE ORDER NO. 0176659
425 N. EL DORADO ST
STOCKTON, CA 95202

FOR PERIOD ENDING	JUNE, 1999
INVOICE NUMBER	5896069
INVOICE DATE	JUNE, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
or write to Micro Product Support at the above address.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
6/30	0:00A	0	DATAFEED MONTHLY MINIMUM	.000000	71.51

			MONTHLY USAGE	AMOUNT	NET
			LOCAL TAX	84.24	
			STATE TAX	0.00	
			FEDERAL TAX	0.00	
			TOTAL TAX	0.00	84.24
			BALANCE		84.24

* ANY ADDRESS CHANGES SHOULD BE SENT TO *					
* CUSTOMER SUPPORT *					
* ATTN: LORALEE STICKEL *					
* B1 - 1 *					
* 22 CROSBY DRIVE *					
* BEDFORD, MA 01730 *					
* TO INSURE PROPER CREDIT DO NOT MAIL *					
* YOUR PAYMENT TO THIS ADDRESS. THIS *					
* ADDRESS IS FOR CORRESPONDENCE ONLY. *					

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* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-28-99 _____
DEPARTMENT HEAD

MEMO

COUNTING

Interactive Data

ANCIAL TIMES Information

Crosby Drive
 Iford, MA 01730

**** INVOICE ****

PAGE 1

CITY OF STOCKTON
 ATTN: L. PATRICK SAMSELL
 FINANCE DEPARTMENT
 PURCHASE ORDER NO. 0176659
 425 N. EL DORADO ST
 STOCKTON, CA 95202

FOR PERIOD ENDING	JUNE, 1999
INVOICE NUMBER	5896069
INVOICE DATE	JUNE, 1999
ACCOUNT NUMBER	9U50

For questions regarding this statement or other aspects of our service, please call 1-800-IDC-LINE
 or write to Micro Product Support at the above address.

DATE	TIME*	UNITS**	DESCRIPTION	RATE	AMOUNT
5/01	12:11P	197	TCP/WDCI PRIME SECONDS	.007488	1.48
5/01	12:15P	79	LATEST CORP/GOVT VALUATIONS	.042400	3.35
5/18	6:15P	79	LATEST CORP/GOVT VALUATIONS	.042400	3.35
5/18	6:15P	147	TCP/WDCI EVENING SECONDS	.005616	0.83
5/29	6:39P	79	LATEST CORP/GOVT VALUATIONS	.042400	3.35
5/29	6:39P	66	TCP/WDCI EVENING SECONDS	.005616	0.37

\$84.24
monthly electronic investment pricing for - June 99
 13903
 048-0320-510-20-66
 999-999

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 * ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-1-99

 DEPARTMENT HEAD

MEMO

496039

DATE 08/03/1999

CHECK NUMBER 496039

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997

13903

DETACH THIS STUB BEFORE CASHING CHECK

DESCRIPTION	INVOICE NUMBER	PURCHASE ORD. NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	00896069	030059	84.24		84.24
					*****84.24

THIS CHECK CONTAINS A COPY VOID FEATURE AND IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

FORMS CONTROL NO.

496039

CITY OF STOCKTON, CALIFORNIA
425 N. EL DORADO ST. 95202-1997
(209) 937-8321 • www.stocktongov.com

BANK OF AMERICA
STOCKTON, CA

11-35
1210

DATE 08/03/1999
CHECK NUMBER 496039

PAY EXACTLY	
*****84.24	*****84.24

PAY TO THE ORDER OF

VOID SIX MONTHS AFTER
DATE OF ISSUE

INTERACTIVE DATA CORPORATION
P O BOX 98616
CHICAGO IL 60693-0000

COPY NOT NEGOTIABLE

098-0320-510-20-66
999-999

TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE SHALL GOVERN THE PROVISION OF SERVICES BY INTERACTIVE DATA CORPORATION, UNLESS OTHERWISE AGREED IN WRITING SUCH AS BY EXECUTION OF A STANDARD FORM AGREEMENT FOR SERVICES.

* ALL TIMES EASTERN TIME ** FOR CONNECT TIME, UNITS ARE STATED IN SECONDS

DATE: 7-22-99

DEPARTMENT HEAD

MEMO

CCOUNTING

Sub Exhibit 2

State Controller's Office
 Division of Accounting and Reporting
 Local Reimbursements Section
 Claim Adjustment Detail List

City of Stockton
 Investment Reports (Chapter 783/95)

<u>Fiscal Year</u>	<u>Adjustment Itemized</u>	<u>Amount of Reduction</u>	<u>Total Amount Paid</u>
1995-96	Excessive Time	\$ 9,391	\$ 4,770
	Indirect Costs Overstated	\$ 5,998	
	Total Adjustment Amount	<u>\$ 15,389</u>	
1996-97	Excessive Time	\$ 8,966	\$ 4,192
	Indirect Costs Overstated	\$ 3,304	
	Total Adjustment Amount	<u>\$ 12,270</u>	
1997-98	No Adjustment	\$ -	\$ 31,980
	Total Adjustment Amount	<u>\$ -</u>	
1998-99	No Adjustment	\$ -	\$ 21,867
	Total Adjustment Amount	<u>\$ -</u>	
Total Amount		<u>\$ 27,659</u>	<u>\$ 62,809</u>

LRSF081

DIVISION OF ACCOUNTING AND REPORTING
BUREAU OF LOCAL REIMBURSEMENTS
CLAIM ADJUSTMENT DETAIL LIST

11/12/02
12:48:57

PAYEE NBR: 9839900 CITY OF STOCKTON
PGM NBR: 161 INVESTMENT REPORTS CH 783/95
CHAPTER: 9210-790-0001-1999 FY: 1995/1996 CLAIMED AMOUNT: 20,159.00
FINAL APRVD DATE: 11/10/2000 TOTAL ADJUSTMENTS AMOUNT: -20,159.00
ADJUSTMENT LETTER DATE: 11/10/2000 FINAL APRVD CLAIM AMT: 0.00

ADJ DATE	FNL APR DATE	LTR DATE	TYPE	ADJUSTOR	AMOUNT
11/10/2000	11/10/2000	11/10/2000	D	COACFKS	-5,998.00
INDIRECT COSTS OVERSTATED					
11/10/2000	11/10/2000	11/10/2000	D	COACFKS	-9,391.00
EXCESSIVE TIME					

PROJECTED APPROVED AMOUNT=> 4,770.00

DC982052 More pages...

PAYEE NBR: 9839900 PGM NBR: 161 FY: 1995/1996
PF4= ADD ADJ PF5= MODIFY ADJ PF6= DELETE ADJ PF10= CLMS FOR A PGM/FY

LRSF080

DIVISION OF ACCOUNTING AND REPORTING
BUREAU OF LOCAL REIMBURSEMENTS
PAYMENTS FOR A CLAIM/PAYEE/PROGRAM/FISCAL YEAR

11/12/02
12:50:08

PAYEE NBR: 9839900 PAYEE NAME: CITY OF STOCKTON PGM NBR: 161
CH NBR: 9210-790-0001-1999 PGM: INVESTMENT REPORTS CH 783/95 FY: 1995/1996
TOT FYTD PAID AMT: 4,770.00 BAL DUE CLM: .00 PGM TYPE: MAN
FNL APRVD CLM AMT: .00 BAL DUE ST: .00 1ST TIME PGM: Y

CL TYP	PMT TYP	MAN PAY	DT FILED	CLAIM AMT	ADJUSTMENT AMT	
APPROVED AMT	FNL APRVD AMT	PRO PCT	AMT BEFORE AR	BAL DUE CLAIM		
AR OFFSET AMT	WARRANT AMT	ISSUE DATE	CLAIM SCHED NBR			
A	A04	N	05/20/1998	20,159.00	-15,389.00	
4,770.00	.00	1.00000000		.00		.00
.00	.00	11/14/2000	MA01362A			

A	A03	N	05/20/1998	20,159.00	-15,389.00	
4,770.00	4,770.00	1.00000000		4,770.00		.00
.00	4,770.00	10/14/1999	MA90419A			

DC982051 Last page...

PAYEE NBR: 9839900 PGM NBR: 161 FY: 1995/1996
PF10= CLMS FOR A PGM/FY PF11= WARRANT INFORMATION PF9= INTEREST PAY INFO

LRSF081

DIVISION OF ACCOUNTING AND REPORTING
BUREAU OF LOCAL REIMBURSEMENTS
CLAIM ADJUSTMENT DETAIL LIST

11/12/02
12:51:28

PAYEE NBR: 9839900 CITY OF STOCKTON
PGM NBR: 161 INVESTMENT REPORTS CH 783/95
CHAPTER: 9210-790-0001-1999 FY: 1996/1997 CLAIMED AMOUNT: 16,462.00
FINAL APRVD DATE: 07/30/1999 TOTAL ADJUSTMENTS AMOUNT: -12,270.00
ADJUSTMENT LETTER DATE: 10/12/1999 FINAL APRVD CLAIM AMT: 4,192.00

ADJ DATE	FNL APR DATE	LTR DATE	TYPE	ADJUSTOR	AMOUNT
07/19/1999	07/30/1999	10/12/1999	D	COACJWH	-3,304.00
INDIRECT COSTS OVERSTATED					
07/19/1999	07/30/1999	10/12/1999	D	COACJWH	-8,966.00
EXCESSIVE TIME					

PROJECTED APPROVED AMOUNT=> 4,192.00

DC982051 Last page...

PAYEE NBR: 9839900 PGM NBR: 161 FY: 1996/1997
PF4= ADD ADJ PF5= MODIFY ADJ PF6= DELETE ADJ PF10= CLMS FOR A PGM/FY

LRSF080

DIVISION OF ACCOUNTING AND REPORTING
BUREAU OF LOCAL REIMBURSEMENTS
PAYMENTS FOR A CLAIM/PAYEE/PROGRAM/FISCAL YEAR

11/12/02
12:50:43

PAYEE NBR: 9839900 PAYEE NAME: CITY OF STOCKTON PGM NBR: 161
CH NBR: 9210-790-0001-1999 PGM: INVESTMENT REPORTS CH 783/95 FY: 1996/1997
TOT FYTD PAID AMT: 4,192.00 BAL DUE CLM: .00 PGM TYPE: MAN
FNL APRVD CLM AMT: 4,192.00 BAL DUE ST: .00 1ST TIME PGM: Y

CL TYP	PMT TYP	MAN PAY	DT FILED	CLAIM AMT	ADJUSTMENT AMT	APPROVED AMT	FNL APRVD AMT	PRO PCT	AMT BEFORE AR	BAL DUE CLAIM	AR OFFSET AMT	WARRANT AMT	ISSUE DATE	CLAIM SCHED NBR
A	A01	N	05/20/1998	16,462.00	-12,270.00	4,192.00	4,192.00	1.00000000	4,192.00	.00	.00	4,192.00	10/14/1999	MA90407A

DC982051 Last page...

PAYEE NBR: 9839900 PGM NBR: 161 FY: 1996/1997
PF10= CLMS FOR A PGM/FY PF11= WARRANT INFORMATION PF9= INTEREST PAY INFO

LRSF080

DIVISION OF ACCOUNTING AND REPORTING

11/12/02

BUREAU OF LOCAL REIMBURSEMENTS

12:52:29

PAYMENTS FOR A CLAIM/PAYEE/PROGRAM/FISCAL YEAR

PAYEE NBR: 9839900 PAYEE NAME: CITY OF STOCKTON PGM NBR: 161
 CH NBR: 9210-790-0001-1999 PGM: INVESTMENT REPORTS CH 783/95 FY: 1998/1999
 TOT FYTD PAID AMT: 21,867.00 BAL DUE CLM: .00 PGM TYPE: MAN
 FNL APRVD CLM AMT: 17,256.00 BAL DUE ST: .00 1ST TIME PGM: N

CL TYP	PMT TYP	MAN PAY	DT FILED	CLAIM AMT	ADJUSTMENT AMT	APPROVED AMT	FNL APRVD AMT	PRO PCT	AMT BEFORE AR	BAL DUE CLAIM
						AR OFFSET AMT	WARRANT AMT	ISSUE DATE	CLAIM SCHED NBR	
A	A02	N	01/18/2000	21,867.00	.00	21,867.00	17,256.00	1.00000000	17,256.00	.00
						.00	17,256.00	05/17/2000	MA92348A	.00

E	E01	N	01/15/1999	15,000.00	-10,389.00	4,611.00	4,611.00	1.00000000	4,611.00	.00
						.00	4,611.00	10/14/1999	MA90409A	

DC982051 Last page...

PAYEE NBR: 9839900 PGM NBR: 161 FY: 1998/1999
 PF10= CLMS FOR A PGM/FY PF11= WARRANT INFORMATION PF9= INTEREST PAY INFO