

**RECEIVED**  
June 14, 2016  
**Commission on  
State Mandates**

June 9, 2016

Heather Halsey, Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814

Re: San Bernardino Community College District  
Change of Claimant Contact and Claimant Representative for  
Pending Incorrect Reduction Claims –

- Health Fee Elimination, 10-4206-I-31; and
- Integrated Waste Management, 14-0007-I-11

Dear Ms. Halsey:

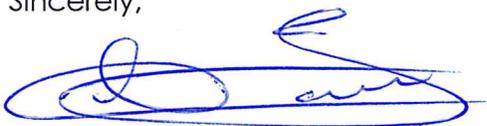
In accordance with the attached email from your office, we would like to change the claimant contact and representative for both of the captioned claims to the following. All correspondence for these claims should be sent to both parties.

Claimant Contact:  
**Jose Torres**, Vice Chancellor  
Business & Fiscal Services  
San Bernardino CCD  
114 S. Del Rosa Drive  
San Bernardino CA 92408  
909-382-4021  
jtorres@sbccd.cc.ca.us

Claimant Representative:  
**Larry Strong**  
Director, Fiscal Services  
San Bernardino CCD  
114 S. Del Rosa Drive  
San Bernardino CA 92408  
909-382-4028  
lstrong@sbccd.cc.ca.us

Thank you for your assistance with this. Please advise if you need anything further.

Sincerely,



Jose Torres  
Vice Chancellor  
Business & Fiscal Services

Attachment

**From:** Jill Magee [<mailto:jill.magee@csm.ca.gov>]

**Sent:** Friday, June 3, 2016 10:38 AM

**To:** Baron, Bruce <[bbaron@sbccd.cc.ca.us](mailto:bbaron@sbccd.cc.ca.us)>; Torres, Jose Felipe <[jtorres@sbccd.cc.ca.us](mailto:jtorres@sbccd.cc.ca.us)>

**Subject:** Designation of Claimant Representative Request for Health Fee Elimination, 10-4206-I-31 and Integrated Waste Management, 14-0007-I-11

Good Morning Mr. Baron and Mr. Torres,

The Commission on State Mandates (Commission) received notice from Mr. Keith Petersen, SixTen and Associates, that, after June 30, 2016, he will no longer represent the San Bernardino Community College District on any matters before the Commission including the two pending Incorrect Reduction Claims *Health Fee Elimination*, 10-4206-I-31; and *Integrated Waste Management*, 14-0007-I-11.

Your prompt response is appreciated so we can comply with due process requirements and update the file accordingly. Therefore, please let us know:

- Would you prefer to identify one claimant contact for both claims or would you prefer Mr. Baron to remain listed as claimant contact for *Health Fee Elimination*, 10-4206-I-31 and Mr. Torres to remain listed for *Integrated Waste Management*, 14-0007-I-11?
- Who will act as the claimant representative to replace Mr. Petersen?

Please submit this information to us by signed letter submitted via US mail to the Commission office and served on all individuals on the mailing list *or* via e-filing using our Dropbox option at <http://www.csm.ca.gov/>

The Commission's regulations require that written materials filed with the Commission be simultaneously served on all parties, interested parties, and interested persons on the mailing list, and accompanied by a proof of service. (Cal. Code Regs., tit. 2, 1181.3) However, this requirement may be satisfied by electronically filing your documents via the Commission's e-filing system. Please see [http://www.csm.ca.gov/dropbox\\_procedures.php](http://www.csm.ca.gov/dropbox_procedures.php) on the Commission's website. The written material will be posted on the Commission's website and the mailing list will be notified by electronic mail of the posting. This procedure will satisfy all the service requirements pursuant to section 1181.3 of the Commission's regulations.

Thank you,  
Jill

**Jill Magee**

Program Analyst

Commission on State Mandates

980 Ninth Street, Suite 300

Sacramento, CA 95814

[www.csm.ca.gov](http://www.csm.ca.gov)

Phone: (916) 323-3562

Fax: (916) 445-0278

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**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

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

On June 14, 2016, I served the:

**Notice of Claimant Representation**

*Health Fee Elimination, 10-4206-I-31*

Education Code Section 76355

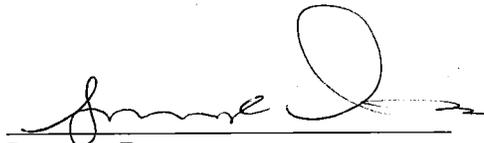
Statutes 1984, 2<sup>nd</sup> E.S.; Chapter 1; Statutes 1987, Chapter 1118;

Fiscal Years: 2003-2004, 2004-2005, 2005-2006 and 2006-2007

San Bernardino Community College District, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on June 14, 2016 at Sacramento, California.



Lorenzo Duran  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 5/31/16

**Claim Number:** 10-4206-I-31

**Matter:** Health Fee Elimination

**Claimant:** San Bernardino Community College District

### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Socorro Aquino**, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522

SAquino@sco.ca.gov

**Bruce Baron**, *Chancellor, San Bernardino Community College District*

114 South Del Rosa Drive, San Bernardino, CA 92408

Phone: (909) 382-4021

bbaron@sbccd.cc.ca.us

**Lacey Baysinger**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254

lbaysinger@sco.ca.gov

**Marieta Delfin**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-4320

mdelfin@sco.ca.gov

**Donna Ferebee**, *Department of Finance*

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274

donna.ferebee@dof.ca.gov

**Susan Geanacou**, *Department of Finance*

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274

susan.geanacou@dof.ca.gov

**Rebecca Hamilton**, *Department of Finance*

Education Systems Unit, 915 L Street, 7th Floor, Sacramento, CA 95814  
Phone: (916) 445-0328  
Rebecca.Hamilton@dof.ca.gov

**Ed Hanson**, *Department of Finance*

Education Systems Unit, 915 L Street, 7th Floor, Sacramento, CA 95814  
Phone: (916) 445-0328  
ed.hanson@dof.ca.gov

**Jill Kanemasu**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 322-9891  
jkanemasu@sco.ca.gov

**Dan Kaplan**, *Fiscal & Policy Analyst, Legislative Analyst's Office*

925 L Street, Suite 1000, Sacramento, CA 95814  
Phone: (916) 319-8353  
Dan.Kaplan@lao.ca.gov

**Anne Kato**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 324-5919  
akato@sco.ca.gov

**Jay Lal**, *State Controller's Office (B-08)*

Division of Accounting & Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 324-0256  
JLal@sco.ca.gov

**Yazmin Meza**, *Department of Finance*

915 L Street, Sacramento, CA 95814  
Phone: (916) 445-0328  
Yazmin.meza@dof.ca.gov

**Robert Miyashiro**, *Education Mandated Cost Network*

1121 L Street, Suite 1060, Sacramento, CA 95814  
Phone: (916) 446-7517  
robertm@sscal.com

**Andy Nichols**, *Nichols Consulting*

1857 44th Street, Sacramento, CA 95819  
Phone: (916) 455-3939  
andy@nichols-consulting.com

**Tim Oliver**, *San Bernardino Community College Districe*

114 South Del Rosa Drive, San Bernardino, CA 92408-0108  
Phone: (909) 382-4021  
toliver@sbccd.cc.ca.us

**Christian Osmena**, *Department of Finance*

915 L Street, Sacramento, CA 95814  
Phone: (916) 445-0328  
christian.osmena@dof.ca.gov

**Arthur Palkowitz**, *Artiano Shinoff & Holtz, APC*

2488 Historic Decatur Road, Suite 200, San Diego, CA 92106  
Phone: (619) 232-3122  
apalkowitz@sashlaw.com

**Keith Petersen**, *SixTen & Associates*

**Claimant Representative**

P.O. Box 340430, Sacramento, CA 95834-0430

Phone: (916) 419-7093

kbsixten@aol.com

**Sandra Reynolds**, *Reynolds Consulting Group, Inc.*

P.O. Box 894059, Temecula, CA 92589

Phone: (951) 303-3034

sandrareynolds\_30@msn.com

**Carla Shelton**, *Commission on State Mandates*

980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 327-6490

carla.shelton@esm.ca.gov

**Jim Spano**, Chief, Mandated Cost Audits Bureau, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 323-5849

jspano@sco.ca.gov

**Dennis Speciale**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254

DSpeciale@sco.ca.gov