

ITEM 18
FINAL STAFF ANALYSIS
STATEWIDE COST ESTIMATE

Elections Code Section 13303

Statutes 2000, Chapter 899 (AB 1094)

Fifteen-Day Close of Voter Registration
01-TC-15

County of Orange, Claimant

Table of Contents

	<u>PDF Pages</u>
Exhibit A	
Claims Data Reported from State Controller’s Office on June 9, 2009.....	2
Exhibit B	
Draft Staff Analysis issued on June 22, 2009.....	4
Exhibit C	
Department of Finance Comments submitted on July 13, 2009.....	19

STATE CONTROLLER'S OFFICE
DAR - LOCAL REIMBURSEMENT SECTION
LIST OF ALL CLAIMS FILED FOR
FIFTEEN DAY CLOSE OF VOTER REGISTRATION
AS OF JUNE 9, 2009

Program Name	Fiscal Year	Payee Name	Claimed Amount
290 FIFTEEN-DAY CLOSE OF VOTER REG	20072008	9924 COUNTY OF MERCED	3,493
	20072008 Total		3,493
290 Total			3,493

Hearing: July 31, 2009
 j:mandates/2001/01tc15/sce/dsa

ITEM ____
DRAFT STAFF ANALYSIS
STATEWIDE COST ESTIMATE

Elections Code Section 13303

Statutes 2000, Chapter 899 (AB 1094)

Fifteen-Day Close of Voter Registration
 01-TC-15

County of Orange, Claimant

EXECUTIVE SUMMARY

All costs claimed for the *Fifteen-Day Close of Voter Registration* program should be disallowed because they were filed for activities that are not reimbursable under this program. Therefore, the proposed statewide cost estimate for fiscal years 2000-2001 through 2007-2008, is **\$0**.

Summary of the Mandate

The test claim statute involves changes to the deadline for voter registration prior to an election.

The Commission on State Mandates (Commission) found that most of the statutory amendments by Statutes 2000, chapter 899, did not mandate a new program or higher level of service within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514, because county elections officials have been required to perform the alleged activities long before the enactment of Statutes 2000, chapter 899. However, the Commission found that the test claim statute did constitute a new program or higher level of service and imposed a state-mandated program on local agencies within the meaning of article XIII B, section 6, for two one-time activities.

Statewide Cost Estimate

Staff reviewed the claims data submitted by one county (County of Merced), and compiled by the State Controller's Office (SCO). The actual claims data showed that one claim was filed for fiscal year 2007-2008 for a total of \$3,493¹. Based on this data, staff made the following assumptions and used the following methodology to develop a statewide cost estimate for this program.

Assumptions

1. *The actual amount claimed for reimbursement may increase if late or amended claims are filed.*
2. *Non-claiming local agencies did not file claims because: (1) they did not incur more than \$1000 in increased costs for this program; or (2) did not have supporting documentation to file a reimbursement claim.*

¹ Claims data reported as of June 9, 2009.

3. *The single claim filed should be audited by the State Controller and reduced, based on the fact that the costs claimed are excessive.*

Methodology

Staff disallowed the total amount claimed (\$3493) by the County of Merced because the 2007-2008 claim is based on activities that are not reimbursable under this program. The proposed statewide cost estimate for fiscal years 2000-2001 through 2007-2008, is \$0 for the *Fifteen-Day Close of Voter Registration* program.

Staff Recommendation

Staff recommends that the Commission adopt the proposed statewide cost estimate of \$0 for costs incurred in complying with the *Fifteen-Day Close of Voter Registration* program.

STAFF ANALYSIS

Summary of the Mandate

The test claim statute involves changes to the deadline for voter registration prior to an election. Prior law allowed voters to newly register to vote, reregister, or change their address, with county elections officials, until the 29th day before an election. After that date, voter registration closed until the conclusion of the upcoming election. The test claim legislation allows new registrations or changes to voter registrations through the 15th day prior to an election.

The test claimant sought mandate reimbursement for costs incurred to register voters from the 28th through the 15th day before elections, such as for: implementation planning meetings; revising training programs; holding an informational media campaign; responding to additional inquiries about the new law; and providing additional personnel to accommodate the increased workload.

The Commission found that most of the statutory amendments by Statutes 2000, chapter 899, did not mandate a new program or higher level of service on county elections officials within the meaning of article XIII B, section 6. Processing and accepting voter registration affidavits and changes of address are not newly required under the Elections Code. County elections officials have been required to perform these activities long before the enactment of Statutes 2000, chapter 899. The test claim allegations generally requested reimbursement for increased staffing expenses, developing and conducting training, and holding planning meetings; these are not new *activities* directly required by the test claim legislation, but instead are *costs* that the claimant is associating with the changed timeframes. Counties are required to perform the same activities they have long performed – accepting new voter registrations and changes of address. The courts have consistently held that increases in the *cost of an existing program*, are not subject to reimbursement as state-mandated programs or higher levels of service within the meaning of article XIII B, section 6.

However, the Commission found that the test claim statute did constitute a new program or higher level of service and imposed a state-mandated program on local agencies within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514 for the following reimbursable activities:

Reimbursable Activities

One-Time Activities

- Amend the polling place notice sent to each voter who registered after the 29th day prior to the election, to include the following: information as to where the voter can obtain a sample ballot and a ballot pamphlet prior to the election, a statement indicating that those documents will be available at the polling place at the time of the election, and the address of the Secretary of State's website and, if applicable, of the county website where a sample ballot may be viewed. (Elec. Code, § 13303, subd. (c), Stats. 2000, ch. 899.)
- Redesign new election software used to amend the polling place notice sent to each voter who registered between the 29th and 15th day prior to the election pursuant to Elections Code section 13303, subdivision (c), as amended by Statutes 2000, chapter 899. Actually sending the notices is not reimbursable.

The claimant filed the test claim on May 17, 2002. The Commission adopted a Statement of Decision on October 4, 2006, and the parameters and guidelines on August 1, 2008. Eligible claimants were required to file initial reimbursement claims with the State Controller's Office

(SCO) by February 3, 2009, and must file late claims by February 3, 2010. The reimbursement period begins on January 1, 2001.

Statewide Cost Estimate

Staff reviewed the claims data submitted by one county (County of Merced), and compiled by the SCO. The actual claims data showed that one claim was filed for fiscal year 2007-2008 for a total of \$3,493.² Based on this data, staff made the following assumptions and used the following methodology to develop a statewide cost estimate for this program.

Assumptions

1. *The actual amount claimed for reimbursement may increase if late or amended claims are filed.*

There are 58 counties in California. Of those, only one filed a single reimbursement claim for this program. If other counties file reimbursement claims or late or amended claims are filed, the amount of reimbursement claims may exceed the statewide cost estimate. However, claimant representatives report that because only a small portion of the test claim was actually determined to be reimbursable, most counties did not incur \$1,000 in costs to be eligible to claim reimbursement.

2. *Non-claiming local agencies did not file claims because: (1) they did not incur more than \$1000 in increased costs for this program; or (2) did not have supporting documentation to file a reimbursement claim.*

Claimant representatives report that many counties did not file reimbursement claims because they did not incur enough costs to be eligible for reimbursement.

3. *The single claim filed should be audited by the State Controller and reduced, based on the fact that the costs claimed are excessive.*

The parameters and guidelines for this program allow reimbursement for the following one-time activity:

amending the polling place notice sent to each voter who registered after the 29th day prior to the election, to include the following: information as to where the voter can obtain a sample ballot and a ballot pamphlet prior to the election, a statement indicating that those documents will be available at the polling place at the time of the election, and the address of the Secretary of State's website and, if applicable, of the county website where a sample ballot may be viewed. (Elec. Code, § 13303, subd. (c), Stats. 2000, ch. 899.)

The County claimed reimbursement for "entering affidavits, validating voters through CalVoter, and processing voter notification cards," which are not activities eligible for reimbursement. The entire claim consists of the salaries and benefits attributed to these non-reimbursable activities, and is claimed under the one-time activity "Amendment of Notice."

Even if the claimed salaries and benefits had been for the reimbursable activity, it is questionable that the notice was first amended in 2007-2008. Since January 1, 2001, the operative date of the test claim statute, there have been five statewide primary elections (2002, 2004, 2006, 2008), four general elections (2002, 2004, 2006, 2008), and three statewide special elections (2003, 2005, 2009). Only two of these elections occurred during

² Exhibit A, claims data reported as of June 9, 2009.

the 2007-2008 fiscal year. Staff finds that unless the County of Merced did not participate in any of the elections preceding those in 2007-2008 fiscal year, it is excessive and unreasonable to claim one-time costs for amending the notice, seven fiscal years after the operative date of the test claim statute.

Staff also finds that the actual costs claimed by the County of Merced were for activities that are not eligible for reimbursement. Thus, the SCO should audit the costs claims based on the fact that the costs claimed are excessive. Thus, all of the costs claimed should be disallowed and stricken from this statewide cost estimate.

Methodology

The proposed statewide cost estimate is based on the single claim filed by the County of Merced. No projections for future fiscal years were included because funding for 2008-2009 cannot occur until fiscal year 2009-2010, and it is probable that no further claims may be filed.

Staff disallowed the total amount claimed (\$3493) by the County of Merced because the 2007-2008 claim is based on activities that are not reimbursable under this program.

The proposed statewide cost estimate for fiscal years 2000-2001 through 2007-2008, is \$0 for the *Fifteen-Day Close of Voter Registration* program.

Staff Recommendation

Staff recommends that the Commission adopt the proposed statewide cost estimate of \$0 for costs incurred in complying with the *Fifteen-Day Close of Voter Registration* program.

01-TC-15

State Controller's Office

Local Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 FIFTEEN-DAY CLOSE OF VOTER REGISTRATION	For State Controller Use Only (19) Program Number 00290 (20) Date Filed (21) LRS Input	PROGRAM <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">290</div>
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(01) Claimant Identification Number 9924		Reimbursement Claim Data		
(02) Claimant Name County Of Merced	(22) FORM-1, (04)(1)(g)	3,175		
Address 2222 M Street	(23) FORM-1, (04)(2)(g)	---		
Merced, CA 95340	(24) FORM-1, (05)	3,175		
	(25) FORM-1, (06)	10		
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (08)	3,493
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (09)	---
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (10)	---
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2007/2008	(30)	
Total Claimed Amount	(07)	(13) 3,493	(31)	
Less: 10% Late Penalty (refer to claiming instructions)	(14)		(32)	
Less: Prior Claim Payment Received	(15)		(33)	
Net Claimed Amount	(16)	3,493	(34)	
Due from State	(08)	(17) 3,493	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

Lisa Cardella-Presto

Date

2-11-09

Lisa Cardella-Presto

Auditor-Controller

Type or Print Name

Title

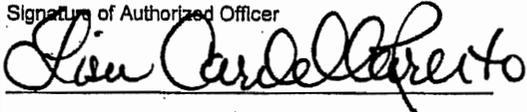
(38) Name of Contact Person for Claim

Telephone Number

(209) 385-7511 x4321

Ronald L. Kinchloe

E-mail Address

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 FIFTEEN-DAY CLOSE OF VOTER REGISTRATION		For State Controller Use Only		PROGRAM 290
		(19) Program Number 00290		
		(20) Date Filed FEB 17 2009		
		(21) LRS Input		
(01) Claimant Identification Number 9924		Reimbursement Claim Data		
(02) Claimant Name County Of Merced		(22) FORM-1, (04)(1)(g)	3,175	
Address 2222 M Street		(23) FORM-1, (04)(2)(g)	---	
Merced, CA 95340		(24) FORM-1, (05)	3,175	
		(25) FORM-1, (06)	10	
Type of Claim	Estimated Claim	(26) FORM-1, (08)	3,493	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (09)	---
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (10)	---
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(08)	(12) 2007/2008	(30)	
Total Claimed Amount	(07)	(13) 3,493	(31)	
Less: 10% Late Penalty (refer to claiming instructions)		(14)	(32)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16) 3,493	(34)	
Due from State	(08)	(17) 3,493	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</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 program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer		Date		
		<u>2-11-09</u>		
Type or Print Name		Title		
Lisa Cardella-Presto		Auditor-Controller		
(38) Name of Contact Person for Claim		Telephone Number		
Ronald L. Kinchloe		<u>(209) 385-7511 x4321</u>		
		E-mail Address		

Program 290	MANDATED COSTS FIFTEEN-DAY CLOSE OF VOTER REGISTRATION CLAIM SUMMARY	FORM 1
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(01) Claimant <i>County of Merced</i>	(02) Fiscal Year <i>2007/2008</i>
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(03) Department	<i>Elections</i>
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Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
One-Time Activities							
1. Amendment of Notice	<i>1857</i>	<i>1318</i>					<i>3175</i>
2. Redesign of New Election Software							
(05) Total Direct Costs	<i>1857</i>	<i>1318</i>					<i>3175</i>

(06) Indirect Cost Rate	[From ICRP or 10%]	<i>10 %</i>
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(07) Total Indirect Costs	[Refer to Claiming Instructions]	<i>318</i>
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(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]	<i>3493</i>
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(09) Less: Offsetting Savings		
(10) Less: Other Reimbursements		

(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]	<i>3493</i>
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Program 290	MANDATED COSTS FIFTEEN-DAY CLOSE OF VOTER REGISTRATION ACTIVITY COST DETAIL	FORM 2
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(01) Claimant <i>County of Merced</i>	(02) Fiscal Year <i>2007-2008</i>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

One-Time Activities

Amendment of Notice

Redesign of New Election Software

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
<i>Deanna Brown - Deputy Registrar of Voters</i>	<i>31.11</i>	<i>8.00</i>	<i>248.88</i>	<i>157.12</i>				
<i>Stacey Cotter - Chief Deputy County Clerk</i>	<i>31.65</i>	<i>4.00</i>	<i>126.60</i>	<i>75.85</i>				
<i>Tammy Lyons - Elections Clerk I</i>	<i>13.91</i>	<i>42.00</i>	<i>584.22</i>	<i>436.59</i>				
<i>Shawnesti Machado - Elections Clerk III</i>	<i>18.50</i>	<i>12.00</i>	<i>222.00</i>	<i>140.73</i>				
<i>Marins Ortega - Elections Clerk III</i>	<i>16.05</i>	<i>37.00</i>	<i>593.85</i>	<i>452.45</i>				
<i>Diana Severson - Elections Clerk III</i>	<i>20.26</i>	<i>4.00</i>	<i>81.04</i>	<i>54.88</i>				
<i>Enter affidavits, validate voters through Cal Voter, scan affidavits for recording, process voter notification cards,</i>								
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page <u>1</u> of <u>1</u>			<i>1856.59</i>	<i>1317.62</i>				

Code	Description		
020	Vacation	-	042 Catastrophic Leave Used
021	Sick Leave Employee	-	101 Workers' Comp
022	Sick Leave Family	-	102 State Disability
023	Holiday Scheduled	-	103 Family Care Leave
024	Personal Holiday	-	104 Approved LOA Medical
025	Comp Time Off	-	105 Approved LOA Personal
027	Management Leave	-	106 Unauthorized LOA
028	Administrative Leave	-	107 Suspension
029	Jury Duty	-	108 Management LTD
030	Breavement Leave	-	109 Management STD
032	Military Leave	-	
033	Sheriff Leave	-	
034	CAO Leave	-	
035	Education Leave	-	
041	Catastrophic Leave Donated	-	

r-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 Help Prev Time Sick Bkwd Frwd Code Main

Stacey Cotter

020	124.00		
021	61.00		2080.00
023	96.00		385.00
024	8.00		
027	96.00		
	<u>385.00</u>		<u>1695.00</u>

Salary 53,638.40 \$ 31.65/hr
 total 85,771.73

benefits = $\frac{32,133.33}{53,638.40} = 59.91\%$

Code	Description		
020	Vacation	042	Catastrophic Leave Used
021	Sick Leave Employee	101	Workers' Comp
022	Sick Leave Family	102	State Disability
023	Holiday Scheduled	103	Family Care Leave
024	Personal Holiday	104	Approved LOA Medical
025	Comp Time Off	105	Approved LOA Personal
027	Management Leave	106	Unauthorized LOA
028	Administrative Leave	107	Suspension
029	Jury Duty	108	Management LTD
030	Breavement Leave	109	Management STD
032	Military Leave		
033	Sheriff Leave		
034	CAO Leave		
035	Education Leave		
041	Catastrophic Leave Donated		

r-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 Help Prev Time Sick Bkwd Frwd Code Main

Digna Severson

020	130.75	2080.00
021	21.25	325.25
022	42.00	<u>1754.75</u>
023	96.00	
024	8.00	
025	27.25	
	<u>325.25</u>	

Salary 35,552.35 \$20.26/hr
 total 59,628.20

benefits = $\frac{24,075.85}{35,552.35} = 67.72\%$

Code	Description		
020	Vacation	-	042 Catastrophic Leave Used
021	Sick Leave Employee	-	101 Workers' Comp
022	Sick Leave Family	-	102 State Disability
023	Holiday Scheduled	-	103 Family Care Leave
024	Personal Holiday	-	104 Approved LOA Medical
025	Comp Time Off	-	105 Approved LOA Personal
027	Management Leave	-	106 Unauthorized LOA
028	Administrative Leave	-	107 Suspension
029	Jury Duty	-	108 Management LTD
030	Breavement Leave	-	109 Management STD
032	Military Leave	-	
033	Sheriff Leave	-	
034	CAO Leave	-	
035	Education Leave	-	
041	Catastrophic Leave Donated	-	

r-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 Help Prev Time Sick Bkwd Frwd Code Main

Marins Ortega

020	57.75
021	30.00
022	55.50
023	96.00
024	8.00
025	20.75
	<u>268.00</u>

2080.00
268.00
 1812.00

Salary 29,084.72 \$ 16.05/hr
 total 51,245.30

benefits = $\frac{22,160.58}{29,084.72} = 76.19\%$

Code	Description		
020	Vacation	042	Catastrophic Leave Used
021	Sick Leave Employee	101	Workers' Comp
022	Sick Leave Family	102	State Disability
023	Holiday Scheduled	103	Family Care Leave
024	Personal Holiday	104	Approved LOA Medical
025	Comp Time Off	105	Approved LOA Personal
027	Management Leave	106	Unauthorized LOA
028	Administrative Leave	107	Suspension
029	Jury Duty	108	Management LTD
030	Breavement Leave	109	Management STD
032	Military Leave		
033	Sheriff Leave		
034	CAO Leave		
035	Education Leave		
041	Catastrophic Leave Donated		

r--PF1--PF2--PF3--PF4--PF5--PF6--PF7--PF8--PF9--PF10--PF11--PF12--
 Help Prev Time Sick Bkwd Frwd Code Main

Shawnesti Machado

020	51.50	2080.00
021	51.75	<u>247.75</u>
023	96.00	1832.25
024	8.00	
025	16.50	
030	24.00	
	<u>247.75</u>	

\$18.50/hr

Salary 33,899.86
 total 55,388.23

benefits = $\frac{21,488.37}{33,899.86} = 63.39\%$

Code	Description		
020	Vacation	042	Catastrophic Leave Used
021	Sick Leave Employee	101	Workers' Comp
022	Sick Leave Family	102	State Disability
023	Holiday Scheduled	103	Family Care Leave
024	Personal Holiday	104	Approved LOA Medical
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028	Administrative Leave	107	Suspension
029	Jury Duty	108	Management LTD
030	Bereavement Leave	109	Management STD
032	Military Leave		
033	Sheriff Leave		
034	CAO Leave		
035	Education Leave		
041	Catastrophic Leave Donated		

r-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 Help Prev Time Sick Bkwd Frwd Code Main

Tammy Lyons

020	26.00	2080.00
021	39.50	215.00
022	18.75	<u> </u>
023	96.00	1865.00
024	8.00	
025	<u>26.75</u>	
	215.00	

\$13.91/hr

Salary	25,945.48
Total	45,334.49

Benefits = $\frac{19,389.01}{25,945.48} = 74.73\%$

Code	Description		
020	Vacation	042	Catastrophic Leave Used
021	Sick Leave Employee	101	Workers' Comp
022	Sick Leave Family	102	State Disability
023	Holiday Scheduled	103	Family Care Leave
024	Personal Holiday	104	Approved LOA Medical
025	Comp Time Off	105	Approved LOA Personal
027	Management Leave	106	Unauthorized LOA
028	Administrative Leave	107	Suspension
029	Jury Duty	108	Management LTD
030	Bereavement Leave	109	Management STD
032	Military Leave		
033	Sheriff Leave		
034	CAO Leave		
035	Education Leave		
041	Catastrophic Leave Donated		

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 Help Prev Time Sick Bkwd Frwd Code Main

Deanna Brown

020	111.00	
021	35.50	2080.00
023	96.00	346.50
024	8.00	
027	96.00	1733.50
	<u>346.50</u>	

\$ 31.11/hr

Salary 53,922.11
 Total 87,963.92

Benefits = $\frac{34,041.81}{53,922.11} = 63.13\%$



July 13, 2009

Ms. Paula Higashi
Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814



Dear Ms. Higashi:

The Department of Finance (Finance) has reviewed the Commission on State Mandates (Commission) draft staff analysis of the proposed statewide cost estimate for Claim No. CSM-01-TC-15, "Fifteen Day Close of Voter Registration."

Finance concurs with the Commission staff recommendation to adopt the statewide cost estimate of \$0 for fiscal years 2000-01 through 2007-08. Finance believes that the total costs for this period are not likely to change. Finance notes:

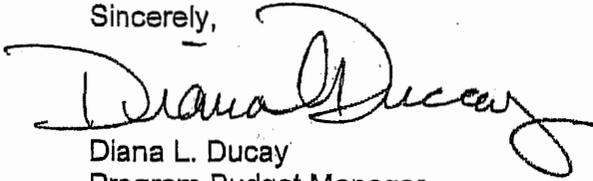
1. Only one claimant submitted a reimbursement claim which may be disallowed if audit findings show the activities claimed are not reimbursable pursuant to the adopted parameters and guidelines.
2. One-time activities found to be reimbursable may not exceed \$1,000 annually for any county.
3. Amending the polling place notices should have occurred before 2009-10. As noted in the draft staff analysis, completing the one-time reimbursable activities for the first time in 2007-08 is unlikely because twelve elections have occurred since the mandate's effective date of January 2001.

As required by the Commission's regulations, a "Proof of Service" has been enclosed indicating that the parties included on the mailing list which accompanied your June 22, 2009 letter have been provided with copies of this letter via either United States Mail or, in the case of other state agencies, Interagency Mail Service.

Ms. Paula Higashi
July 13, 2009
Page 2

If you have any questions regarding this letter, please contact Carla Castañeda, Principal Program Budget Analyst at (916) 455-3274.

Sincerely,

A handwritten signature in black ink, appearing to read "Diana L. Ducay". The signature is fluid and cursive, with a large initial "D" and a long, sweeping tail.

Diana L. Ducay
Program Budget Manager

Enclosure

Attachment A

DECLARATION OF CARLA CASTAÑEDA
DEPARTMENT OF FINANCE
CLAIM NO. CSM-01-TC-15

1. I am currently employed by the State of California, Department of Finance (Finance), am familiar with the duties of Finance, and am authorized to make this declaration on behalf of Finance.

I certify under penalty of perjury that the facts set forth in the foregoing are true and correct of my own knowledge except as to the matters therein stated as information or belief and, as to those matters, I believe them to be true.

July 13, 2009
at Sacramento, CA

Carla Castañeda
Carla Castañeda

PROOF OF SERVICE

Test Claim Name: Fifteen Day Close of Voter Registration
Test Claim Number: CSM-01-TC-15

I, the undersigned, declare as follows:

I am employed in the County of Sacramento, State of California, I am 18 years of age or older and not a party to the within entitled cause; my business address is 915 L Street, 12 Floor, Sacramento, CA 95814.

On July 13, 2009, I served the attached recommendation of the Department of Finance in said cause, by facsimile to the Commission on State Mandates and by placing a true copy thereof: (1) to claimants and nonstate agencies enclosed in a sealed envelope with postage thereon fully prepaid in the United States Mail at Sacramento, California; and (2) to state agencies in the normal pickup location at 915 L Street, 12 Floor, for Interagency Mail Service, addressed as follows:

A-16
Ms. Paula Higashi, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
Facsimile No. 445-0278

B-08
Mr. Jim Spano
State Controller's Office
Division of Audits
300 Capitol Mall, Suite 518
Sacramento, CA 95814

Mr. David Wellhouse
David Wellhouse & Associates, Inc.
9175 Kiefer Boulevard, Suite 121
Sacramento, CA 95826

Ms. Jolene Tollenaar
MGT of America
455 Capitol Mall, Suite 600
Sacramento, CA 95814

D-15
Mr. John Mott-Smith
Secretary of State's Office
1500 11th Street
Sacramento, CA 95814

Ms. Annette Chinn
Cost Recovery Systems, Inc.
705-2 East Bidwell Street, #294
Folsom, CA 95630

A-15
Ms. Carla Castaneda
915 L Street, 12th Floor
Sacramento, CA 95814

Mr. Neal Kelley
County of Orange -- Registrar of Voters
1300 South Grand Avenue, Building C
Santa Ana, CA 92705

Ms. Lindsey McWilliams
County of Solano -- Registrar of Voters
675 Texas Street, Suite 2600
Fairfield, CA 94533

Mr. Allan Burdick
MAXIMUS
3130 Kilgore Road, Suite 400
Rancho Cordova, CA 95670

Mr. Leonard Kaye
County of Los Angeles
Auditor -- Controller's Office
500 W. Temple Street, Room 603
Los Angeles, CA 90012

A-15
Ms. Susan Geanacou
Department of Finance
915 L Street, Suite 1280
Sacramento, CA 95814

Proof of Service
July 13, 2009
Page 2

B-08
Ms. Ginny Brummels
State Controller's Office
Division of Accounting & Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

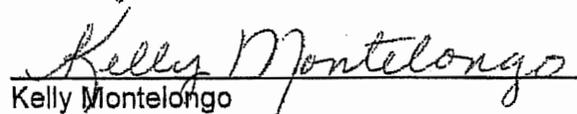
Mr. Glen Everroad
City of Newport Beach
3300 Newport Boulevard
P.O. Box 1768
Newport Beach, CA 92659-1768

Ms. Bonnie Ter Keurst
County of San Bernardino
Office of the Auditor/Controller-Recorder
222 West Hospitality Lane
San Bernardino, CA 92415

Ms. Beth Hunger
Centration Inc.
8570 Utica Avenue, Suite 1900
Rancho Cucamonga, CA 91730

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

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 July 13, 2009 at Sacramento, California.


Kelly Montelongo

ICC: DUCAY, LYNN, CASTAÑEDA, SHELTON, FEREBEE, GEANACOU, FILE

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